Over the past two decades, gaining access to and disseminating nursing knowledge has become a major goal for nurse clinicians. This is evidenced by the significant increase in the number of journals, books, newsletters, and Internet resources focusing on nursing issues. This escalation in access to and dissemination of knowledge is not only exciting but also challenging. Clinical nurses who decide to write for publication must adhere to certain ethical principles in writing and publishing. Nurses reading published materials want assurance that information and knowledge are accurate and trustworthy. Violations of underlying ethical principles can result in serious consequences, as readers and editors cannot verify all assertions made by authors. Dishonesty also can ruin an author’s reputation (La Follette, 1992; Malone, 1998).

Ethical integrity is essential to writing and publication. Important ethical concerns to consider while writing a manuscript include etiquette, fraudulent publication, plagiarism, duplicate publication, authorship, and potential for conflict of interest. Strategies have been developed to prevent or detect ethical violations, and use of these strategies will enhance ethical integrity when preparing a manuscript for publication.

**Fraudulent Publication and Plagiarism**

You need to understand the umbrella term fraudulent publication, as it encompasses several concepts, including plagiarism, fabrication, and falsification. The Department of Health and Human Services (DHHS) offers the following definition.

“Misconduct in science means fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting or reporting research. It does not include honest error or honest differences in interpretation” (Public Health Service, 1989; p. 32449).

Fraud or misconduct can occur for a variety of reasons, including human nature (status, power, fame) and circumstances of environment (competition, pressure to get ahead, inadequate supervision, grades in courses) (Chop & Silva, 1991; Clark, 1993; King et al., 1997). Although the extent of scientific fraud is unknown, the federal government created two reporting and investigating agencies solely for scientific misconduct: the Office of Scientific Integrity (OSI) in 1981 and the Office of Scientific Integrity Review (OSIR) in 1989. OSI, housed in the Office of the Director of the National Institutes of Health (NIH), supervised the implementation of established rules and regulations regarding fraud. OSIR, organizationally placed within the Public Health Service, was responsible for establishing and overseeing policies and procedures related to fraud by grant recipients. It made recommendations to the Secretary of Health and Human Services regarding sanctions when fraud occurred. The two offices were combined in 1992 to form the Office of Research Integrity (ORI), which has the authority to investigate allegations of scientific misconduct. The office has had more than 1,000 allegations since its inception—at least 20% of which required formal investigation (Sly, 1997).

Nursing has, to date, avoided public anger related to scientific fraud, but, as a profession, it must be aware of this potential. As an author, you or other nurses may become involved in the controversies surrounding fraud as you increasingly collaborate with colleagues in the biomedical and psychosocial sciences.

**Plagiarism**

Plagiarism is a significant violation of truthfulness and involves stealing intellectual property or taking credit for other individuals’ work (Berg, 1990; Berk, 1991; King et al., 1997; Malone, 1998; Rogers, 1993). As you begin writing for publication, be careful to avoid plagiarism, which may not be a deliberate act but an oversight. You are ethically obligated to abide by the standards of good writing, which preclude plagiarism. The responsibility for plagiarism lies ultimately with you, the writer.

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Although no definitive answers exist, the question of whether self-plagiarism occurs is an issue. Some authors have written several chapters for several different books that are changed only slightly. Each manuscript is copyrighted when published. Because you, as the author, no longer own the rights to these words, you should not plagiarize them. Most editors and reviewers would argue that self-plagiarism is unethical. Thus, you cannot copy your own material for a new manuscript without permission. You can, however, copy your material if you own the copyright. Alternatives include using quotes around short phrases of your own work and citing appropriate references (Blancett, 1993; King et al., 1997). If you are new to writing and publishing, you may wish to seek advice from expert authors, faculty members, or editors or refer to recommendations to avoid plagiarism (Rogers, 1993) (see Figure 1).

Other questions related to plagiarism include the following.

- Should all levels of plagiarism, ranging from paraphrasing without any citation to copying verbatim, be treated the same?
- What due process is needed to validate plagiarism?
- Should the intentional plagiarist be treated differently than the unintentional plagiarist?
- Is a poster considered a published work that is written up in an article?

In regard to the last question, the editors of the *New England Journal of Medicine* have taken the position that posters are equivalent to abstracts, thus, they can be displayed without jeopardizing a manuscript. Each journal, however, should develop a policy related to poster presentation and subsequent publishing.

Rogers (1993) provided numerous recommendations for avoiding plagiarism (see Figure 1), ranging from using quotation marks around material taken verbatim from a source to attempting to summarize the information. These recommendations are especially helpful for novice writers.

**Duplicate Publication**

Also known as redundant publication, duplicate publication involves publishing the same material, in the same format, in more than one journal, book, or Internet resource (King et al., 1997; Malone, 1998; Sly, 1997). Some editors are developing policies in an effort to prevent duplicate publication. As editor of the *New England Journal of Medicine*, Ingelfinger developed a policy that allows a manuscript to be published only if it has not been submitted elsewhere (Angell & Kasirer, 1991; King et al.).

The practice of single submission (one submission of one manuscript to one journal at a time and no resubmission to another journal until a written rejection has been received) is essential to protect the writer and publisher. Editors must have exclusive rights to the manuscript (Copp, 1993). The principle of single submission does not eliminate consideration for publication of any paper previously rejected by another journal. The primary responsibility for preventing duplicate publication remains with the author. You should inform editors of any potential duplicate publications.

The question of how many articles could or should be generated from a project is unanswerable. Figure 2 lists criteria for determining when material may be considered “duplicate.”

The number of authors who deliberately publish duplicate papers is unknown. One article described a 12% duplicate publishing rate over four years (Boots et al., 1992), whereas Blancett, Flanagan, and Young (1995) discovered a 28% duplicate publishing rate. Multiple ramifications result from duplicate submissions and publications, ranging from consumption of valuable resources (e.g., journal space, editorial and reviewer time) to further encouraging the “publish or perish” phenomenon (Angell & Relman, 1989; Bishop, 1984; Blancett et al.; Yarbro, 1995) (see Figure 2).

Occasionally, editors will agree to duplicate publications under certain conditions, including agreement by editors of both journals, a second version that accurately reflects the primary article, or a footnote in the second paper informing the reader of the primary article (Blancett, 1991). The literature provides numerous recommendations for authors and editors to help prevent duplicate publication (see Figure 3). These recommendations may be helpful to clinicians who are new authors or when the question of submission of multiple articles on a single project arises.

If you are a novice author, you may not be sure what determines whether material is considered “duplicate.” Think about the questions presented in Figure 4 to determine if material may be redundant.

**Authorship Issues**

Authorship issues consistently surface in nursing and other professions. Even if you are experienced with the publication process, you are likely to have observed such situations with colleagues or acquaintances. Issues tend to arise when writing a manuscript with multiple authors. Authorship disagreements can lead to embarrassment, anger, animosity, bitterness, wrecked friendships, and destruction of professional relationships and, ultimately, can damage careers. You must assume some responsibility for accuracy of your written material, but how much responsibility is reasonable (Baird, 1984; De Tornay, 1984; King et al., 1997; Klein & Moser-Veillon, 1999; Sly, 1997)?

The following is one definition regarding authorship that frequently is endorsed.

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**Figure 1. Recommendations to Avoid Plagiarism**

*Note.* Based on information from Rogers, 1993.

- Use quotation marks around words taken verbatim from a source.
- Change no part of a quotation within the context of the sentence.
- Use single marks for a quotation within a quotation.
- Use ellipses (a space and three periods) for a part of the quotation omitted.
- Use brackets around added words.
- Limit the use of direct quotes.
- Attempt to paraphrase the information, or summarize the information derived from a variety of sources using one’s own words.

**Figure 2. Criteria for Duplicate Publications and Their Ramifications**

*Note.* Based on information from Blancett, 1991; Blancett et al., 1995; Smith et al., 1991; Yarbro, 1995.

**Criteria**

- Identical content
- Highly similar articles with minimal modifications
- Several articles when one would be enough
- Sequential articles about the development of work
- Similar articles for various disciplines

**Ramifications**

- Consumption of resources (space in journal and editor/reviewer time)
- Inundation of the system with already published ideas rather than new material
- Encouragement of the publish-or-perish phenomenon
- Potential of professional liability for the author
- Possible violation of copyright when the author publishes duplicate information
- Inflation of the importance of a topic/study
- Reward for less productive authors who may overload the literature
Recommendations for Authors
- Obtain the “Information for Authors” from the journal.
- Read the journal’s policies carefully.
- Talk to the editor of the journal regarding proposed manuscript if a concern about possible duplication exists.

Recommendations for Editors
- Spell out the journal’s concept of duplicate publishing and opposition to this practice.
- Request that the author send copies of related materials previously published.
- Remind authors of the journal’s policies on submission.
- Attend scientific meetings to share the journal’s policies with potential authors.
- Use peer review.

Figure 3. Recommendations for the Prevention of Duplicate Publication
Note: Based on information from Yarbrough, 1995.

“All persons designated as authors should qualify for authorship. Each author should have participated sufficiently in the work to take public responsibility for it. Authorship credit should be based only on substantial contributions to: a) conception and design, or analysis and interpretation of data; b) drafting the article or revising it critically for important intellectual content; and on c) final approval of the version to be published. Conditions (a), (b), and (c) must all be met.” (International Committee of Medical Journal Editors [ICMJE], 1988, p. 259).

In addition to all authors needing to take responsibility for a published manuscript, no one who is responsible for a part of an article should be omitted from authorship. Thus, determining the appropriate number of authors is difficult (Klein & Moser-Veillon, 1999).

Inclusion of many individuals as authors of papers resulting from multicenter trials is common and should be a concern for nurses in specialties such as oncology (Klein & Moser-Veillon, 1999). Most definitions include the criterion that authors should have made “sufficient contributions” to be able to take responsibility for the manuscript (Kassirer & Angell, 1991). Thus, a clinician or research assistant who only contributed by enrolling patients in a study should not be listed as an author.

A related concept to authorship is acknowledgement. People who provide financial assistance and technical support or were committee members should be acknowledged but not recognized as authors (Klein & Moser-Veillon, 1999). Examples of specific contributions that might warrant acknowledgment include sources of funding, provision of expert technical assistance, review and critique of a manuscript, assistance with statistical analysis and interpretation, or participation in the formulation of ideas or planning of a project. Even acknowledgments are becoming a problem as manuscripts increasingly include length and detail (Kassirer & Angell, 1991). Be careful not to acknowledge individuals whose contribution is within their normal job responsibilities (King et al., 1997).

Some journals have begun to limit the number of authors listed in the reference to four or six (e.g., New England Journal of Medicine, Lancet). Others suggest that authorship should only appear as a footnote on the title page with each author’s contribution (Sly, 1997).

Potential Solutions to Authorship Issues

To avoid authorship problems, some journals are promoting responsibility by creating uniform requirements; however, these may be overly restrictive. Editors and authors need to work together to develop appropriate guidelines (Klein & Moser-Veillon, 1999).

King and colleagues (1997) suggested five key areas of activity that will help to prevent or resolve almost any authorship issue (see Figure 5). They are (a) initial and ongoing communication among authors, (b) identifi- cation of authors’ individual needs, preferences, and goals, (c) use of established authorship guidelines, (d) use of a systematic process of determining and implementing authorship, and (e) editorial intervention when necessary.

The most significant solution recommended is communication, which should occur both initially and throughout the project. Specifically, you, as an author, must discuss authorship as the project is beginning. You should reach agreement on authorship and acknowledgments and put decisions in writing. Throughout the project, you should revisit these agreements and communicate progress on all phases of publication to other authors (Fain, 1997; King et al., 1997; Malone, 1998).

When involved in a group activity, determining authorship and identifying each individual’s personal and professional needs, preferences, and goals related to publication...
Communication
- Hold discussions at the beginning of project.
- Reach agreement on authorship and acknowledgement.
- Revisit decisions throughout the project.
- Communicate progress on manuscripts.
- Inform colleagues of submissions and outcomes.
- Reach agreement on revised submissions.

Identification of Individual Needs
- Identify personal and professional needs, preferences, and goals.
- Use information to make publication plans.
- Use established authorship criteria.

Use of Systematic Process
- Hold discussions early.
- Agree on number of papers, authors, and author order, and have back-up plans if people do not meet obligations, submission plans, and arbitration mechanisms.
- Document everything in writing.
- Revisit the agreements periodically.

Editorial Intervention

**Figure 5. Potential Solutions to Authorship Issues**

Potential Conflict of Interest

Conflict of interest arises when personal interests are compromised or have the appearance of compromising your ability to carry out professional duties objectively (Biaggioni, 1993). Attention to intellectual and financial conflicts of interest has prompted professional organizations and editors of professional journals to institute and periodically review policies and procedures to ensure that disclosure is required of potential presenters and authors.

Organizations have prepared guidelines to assist investigators, universities, and other institutions to deal with actual or potential conflicts of interest. The American Federation for Clinical Research and the Association of American Medical Colleges have established guidelines regarding public disclosure of information. The American Medical Association and the Pharmaceutical Manufacturer’s Association have proposed guidelines regarding ethical support from pharmaceutical companies. Professional organizations, including the Oncology Nursing Society, have developed disclosure policies. Before publishing an article, the author may benefit from reviewing and discussing potential conflict of interest issues. You, as an author, must check with your institution and publisher/editor to determine the current policies and guidelines.

Intellectual Conflict of Interest

A definition of intellectual conflict of interest includes situations in which general knowledge may contradict what is reported. For example, most authors cite references supporting their work, but some may either incorrectly cite the references or the references do not adequately support their point. When authors submit a manuscript, they are asked to follow guidelines of the journal. To help prevent intellectual conflict of interest, authors are asked to indicate to the editor whether they have published the same or a substantially similar manuscript in another book or journal (Blancett, 1993).

Financial Conflict of Interest

Financial conflicts of interest surfaces when a financial association exists between the author(s) and a commercial company. For example, authors may have received consistent financial support from a journal or drug company for their work and its results. In some instances, studies may not have been possible without this financial support. Although investigators in most instances acknowledge support, the question of the integrity of the results remains. Individuals who receive such support should be careful that their actions not be seen as promoting a particular product. Financial disclosure is required of authors when submitting manuscripts to most professional journals. This policy protects individuals from any kind of suspicion. Guidelines related to financial conflict of interest are displayed in Figure 7.

No right or wrong answers exist to questions of conflict of interest. Case studies are used frequently in seminars and classes on writing and publishing to facilitate discussion of this topic. Conflict of interest should continue to be discussed, and policies and guidelines should be developed and followed closely to safeguard the scientific integrity of nursing. Clinical nurses may be less aware of potential conflicts of interest, policies, and guidelines. You, as an author, must ask colleagues, reviewers, and editors to help you determine if you have a conflict of interest.

Controversies may arise related to the use of instruments that are developed and tested by others without giving them proper credit. The location of appropriate acknowledgement in the manuscript also is a concern. If you seek and obtain it, you are obligated to transmit the results to the original developer. Reviewing copyright law, style manuals, and publishers’ copyright transfer forms may be necessary (Blancett, 1993).

Carpentino (1993) offered recommendations for students, clinical nurses, faculty, deans and chairs, managers and consultants, and editors (see Figure 6). The challenge for nursing is maintaining both personal and collective professional integrity.
• Acknowledge all research support.
• State any financial relationship between author(s) and commercial or educational products.
• Describe affiliations with direct interest in the subject manner (e.g., employment, stock ownership, consultancies, honoraria).
• Adhere to “Information for Authors” guidelines.

**Figure 7. Guidelines for Disclosure of Actual/Potential Conflict of Interest for Authors**

**Conclusion**

As nurses, we need to maintain high standards of scholarly work and stress the importance of integrity in the dissemination of knowledge. Scholarly work must be conducted responsibly and ethically. It may be helpful to keep in mind what Fulghum (1989) taught us about kindergarten, “Don’t take things that aren’t yours,” “play fairly,” and “share everything.” These are important principles for authors to remember.

**References**


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**Rapid Recap**

**Ethical Issues in Writing and Publishing**

- **Author etiquette** refers to the courtesies and considerations that an author employs when preparing a manuscript and communicating with an editor.
- **Fraudulent publication** is a term that includes plagiarism, fabrication, and falsification.
- **Plagiarism** refers to the theft of intellectual property (e.g., stealing someone’s idea for an article) or taking credit for another individual’s work.
- **Duplicate publication** also is known as redundant publication and involves publishing the same material in the same format in more than one journal, book, or Web site.
- **Authorship issues** frequently arise when two or more authors are involved in a writing project and can be minimized by clearly delineating authorship roles prior to beginning the project.
- **Conflict of interest** may arise when personal interests are compromised or have the appearance of compromising an author’s ability to objectively perform duties.
- **High standards and ethical integrity** must be maintained when writing for publication.