

Beyond the academic essay: Discipline-specific writing in nursing and midwifery

Julio Gimenez*

ELLS, Williams Building, Middlesex University, The Burroughs, London NW4 4BT, UK

Abstract

Although academic writing in higher education has been the focus of research efforts for more than two decades, the specific writing experiences, needs and difficulties of undergraduate nursing and midwifery students have remained largely under-researched. This article reports on a project that investigated the nature and dynamics of academic writing in pre-registration nursing and midwifery at a UK university. The project collected data from a survey completed by 135 students and two focus groups. The article examines the specific genres on these two programmes, the difficulties participating students face when writing them, and their views as to how they can be best supported to do these tasks. It concludes with an analysis of the implications that these issues have for teaching discipline-specific genres in nursing and midwifery and offers some suggestions to respond to such implications.

© 2008 Elsevier Ltd. All rights reserved.

Keywords: Written genres; Discipline-specific writing; Student support; EAP; Writing pedagogy; Nursing and midwifery

1. Introduction

Academic writing has long been recognised as an essential skill university students need to master (Andrews, 2003; Elander, Harrington, Norton, Robinson, & Reddy, 2006; Lea & Street, 1998; Lillis & Turner, 2001; Whitehead, 2002; among others). Research on writing in the British university context indicates that on admission students are already supposed to know at least the basics of academic writing (Elander et al., 2006; Lillis & Turner, 2001; Whitehead, 2002). Lillis and Turner (2001, p. 65) argue that university students are sometimes expected to write with a high degree of precision even before starting their programmes. These views echo the opinion that content lecturers in specific disciplines hold. In one of the few published articles about writing in nursing, Whitehead (2002) argues that there are two fairly common beliefs: students will develop academic writing relatively easily, and they will do it to the expected standards. These assumptions, Whitehead contends, do not always materialise as most nursing students find writing difficult and standards confusing. In her study on the literacy experiences of a nursing student, Leki (2003, p. 87) also refers to the importance that content lecturers attach to academic writing:

Although the College of Nursing did not officially require any specific amount of writing in any of its courses, faculty considered writing an important skill for their graduates to master.

* Tel. +44 20 8411 6523.

E-mail address: j.gimenez@mdx.ac.uk

Although content and writing lecturers' opinions about the importance of academic writing converge, they seem to differ in how they perceive students' needs. Whereas writing lecturers appear to focus on the basic principles of writing (e.g., paragraphing, structuring, referencing) (Kaldor & Rochecouste, 2002), content lecturers seem to take these as given and use 'academic writing' or 'writing skills' as a short-cut for discipline-specific thinking, argumentation, and content (Bazerman, 2005; McLeod, 1989). The interpretation and application of guidelines and marking criteria seem to be another area of disagreement. Research in this area has shown that guidelines and assessment criteria are not always made sufficiently specific to students and may not constitute the 'homogenous set of requirements' they are sometimes believed to be (Lea & Street, 1998; Lillis, 2001; Lillis & Turner, 2001; Norton, 1990). How writing and content lecturers apply these criteria appears to reflect what they teach (writing or content) and how they perceive writing principles (general or discipline-specific).

Studies on how these beliefs, assumptions and disagreements materialise in health care university programmes in general, and in nursing and midwifery pre-registration¹ programmes in particular are rather scant (cf. Leki, 2003; Whitehead, 2002). In fact, applied linguistics has paid little attention to written genres in the health care sector (Candlin & Candlin, 2003) despite its long-standing interest in genre and genre pedagogy (see Hyland, 2002a). To date, the limited published work has focused on either doctor-patient relationships (Frank, 2000; Ibrahim, 2001) or post-registration activity (Parks, 2000; 2001; Parks & Maguire, 1999), possibly reflecting a new direction towards the investigation of workplace genres in applied linguistics and discourse studies (Silva & Brice, 2004). In nursing research has focused on the writing needs of professionals, producing a significant number of publications on workplace writing (Parks, 2000; Parks & Maguire, 1999), with a special emphasis on supporting nurses to publish (see, for example, Oermann, 2005; Tornquist, 1999; Zim & Entwistle, 2002). Similarly, the literature on writing in midwifery has tended to concentrate almost exclusively on post-registration demands (Page, 2000; Taylor, 2000). The specific academic writing experiences of undergraduate nursing and midwifery students, however, have remained under-researched.

This article reports on a project that examined the specific written genres in pre-registration nursing and midwifery, the difficulties students face when writing them and their views on how they can be best helped to do these tasks, all of which have implications for teaching academic writing in these disciplines. The article analyses these pedagogical implications and suggests some strategies to respond to them.

2. Theoretical framework

The academic essay has been named the 'default genre' in higher education (Andrews, 2003; Womack, 1993). It has also been identified as one of the most demanding tasks students have to face and a main source of their frustration (Elander, et al., 2006; Krause, 2001). The influence of the academic essay is recognised to be so strong that its importance is acknowledged even by postgraduate students (Allison, 2004), having become the main vehicle for maintaining the literacy practice Lillis (2001, p. 20) calls "essayist literacy."

However, discipline-specific demands may require students to be fluent in more specific genres, even when they are capable of producing other generic text types (Johns, 1997). Reports, for example, are recognised as a major specific genre in disciplines such as business and engineering (Okoye, 1994; Stanton, 2004). In a recent study, Zhu (2004) found that reports made up 35% of the 242 assignments she analysed at an American college of business administration. Similarly, the reflective essay is one of the main genres in education, nursing and midwifery programmes (Lunsford & Bridges, 2005; Rocha, 2005). Still another discipline-specific example is the care critique, a critical evaluation of the care a patient has received, which is highly representative of many health disciplines, but on which very little if anything has been published.

The limited research available on health-specific genres may have resulted from the strong influence exercised by overarching genres like the 'essay,' usually taught as generic skills in the 'general' writing class. But these "overarching genres and universal skills [...] take on meaning only when they are situated in real contexts of use" (Hyland, 2002b, p. 393). When reports, memos or presentations are taught as universal genres, students from different disciplines need to ultimately adapt them to meet their own discipline-specific needs.

Hyland (2002b) argues for a more contextualised approach to teaching genres. I would argue with Hyland that students should be encouraged to explore and probably differentiate genres not only in terms of their specific structures and lexis but also in the way they reflect the social values of the communities that have generated them. Teaching

¹ The term 'pre-registration' is used for programmes of study nurses and midwives do before they register with a professional council which allows them to practise.

academic writing has mainly followed a “textual approach,” largely ignoring “contexts, participants and practices” (Lillis, 2001, p. 22). In discipline-specific writing the need for specificity has never before been so central, as is the need for researching the production and consumption of disciplinary genres.

3. The study

3.1. The setting and the programmes

This study was conducted at a post-1992 university² in London over the first and second semesters of the 2004–2005 and 2005–2006 academic years. The participating students were enrolled in a BSc Nursing, a Diploma in Higher Education (Advanced) Midwifery or a BSc Pre-Registration Midwifery. The first two are three-year programmes, while the BSc Pre-Registration Midwifery is a two-year programme for registered nurses. Although the writing experience of the students on the midwifery programmes varies, the decision to examine them together was made on the basis of representativeness: they all attend the same writing sessions and are new to the discipline-specific genres. Besides, this seems to be a common mix of students on midwifery programmes in the UK (Nursing and Midwifery Council [NMC], 2006). However, the fact that some of the students are already registered nurses cannot be ignored. The variations introduced by the ‘previous experience’ variable are discussed in Section 4.

3.2. Participants and selection criteria

One hundred and thirty-five students participated in the study, 68 nursing students and 67 midwifery students, 13 of whom were registered nurses. The sample represents 14% of the population on these programmes. Participants were chosen following stratified selection as it was thought convenient to have groups corresponding to levels 1, 2 and 3 of writing rather than years of study.

This selection criterion is significant to the study as the different writing levels make particular demands and thus pose different difficulties. At level 1, coinciding with the first and second semesters of the programmes, the tasks requested of students are more descriptive than argumentative. Level 1 assignments request students, for example, to ‘describe,’ ‘outline,’ or ‘summarize,’ as in ‘describe the factors impacting communication with patients and their families.’ They also expect students to reference their work using a wide range of sources though the main purpose at this level is to show familiarity with the system followed by the university. The nature of the writing tasks reflects that of the modules which at this level aim at introducing students to the theory and the practice of their disciplines as in ‘Introduction to Midwifery Theory and Practice.’

Before students reach the end of their first year, they are requested ‘to engage in more argumentative writing,’ mirroring the change of focus in their content modules. These expectations and requirements mark the transition from level 1 to level 2. At level 2 students are then expected to favour argumentation and critical analysis over description. Likewise, referencing is to support these styles of writing rather than just show familiarity with its mechanics. Level 2 writing would typically include, for instance, critical accounts of care as in the ‘care critique,’ and students are asked to, for example, ‘discuss,’ and ‘critique.’ Level 3 writing is the most analytical. One of the first level 3 tasks at the end of year 2 and sometimes beginning of year 3 requires students to write a proposal for their undergraduate dissertation. Other level 3 tasks include critically discussing case studies and writing the dissertation. This progression from description to argumentation can be put on a cline representing how writing tasks and demands progress over the duration of the programmes, becoming less descriptive and more analytic as students reach the end of their degrees. This is illustrated in Fig. 1.

As to the composition of the groups in the study, Table 1 shows the breakdown by discipline and writing level. Also indicated in the table is the distribution of the 13 students with a nursing degree.

The students on these programmes come from a variety of cultural, ethnic, linguistic and educational backgrounds. Some of them start their degrees after finishing ‘A levels,’³ others after Access courses,⁴ and still others after an Advanced Vocational Certificate of Education (AVCE).⁵ This range of previous educational experiences was reflected in the

² Post-1992 universities are former polytechnics that gained university status in 1992.

³ ‘A levels’ are qualifications taken during the optional final two years of secondary education in the UK.

⁴ ‘Access courses’ provide preparation for higher education to mature students with few other qualifications.

⁵ AVCE is a qualification which leads to higher education or employment.

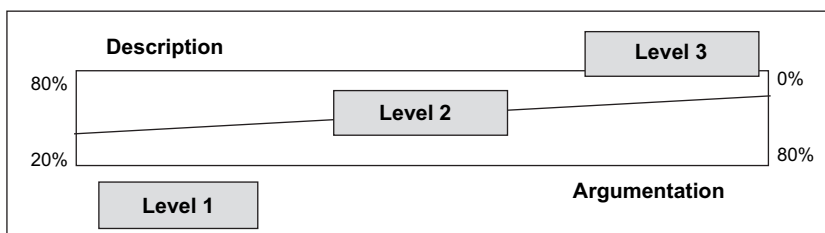


Fig. 1. The description-argumentation cline (Adapted from Gimenez, 2007, p. 26).

composition of the sample. Students were also asked to specify their country of origin and whether English was their first, second or additional language. Apart from the UK, the participating students came from Cyprus, Ghana, Jamaica, Kenya, Nigeria and Zimbabwe, and spoke different varieties of English, Greek, Swahili, Twi, Ibo, Shona, and Ndebele.

It was anticipated that English, being the second or the additional language of some of the students, would be a variable of significance in the study. This, however, was not intended to mean that students whose first language was English were expected to be able to write academically without any difficulty, or that English was going to be the only problem for some of the students. Rather, English was used as an ‘intervening variable’ that would allow the researcher to examine how students speaking English as a first, second or additional language differ in experiences, needs and difficulties. Table 2 shows the breakdown of the participants’ use of English by discipline.

3.3. *Materials and procedures*

The main study followed a pilot which took place in the first semester of the 2004–2005 academic year. Its purposes were to identify the profile of the participating groups, make contact with their content lecturers, arrange for possible dates for data collection and try out the questionnaire, one of the data collection instruments. The pilot group consisted of four students (two nursing and two midwifery students) who were not included in the main study which started after the items in the questionnaire were calibrated following the feedback from this group.

The questionnaire had two sections. Section one was about the students and their programmes and section two about how they viewed academic writing. Section two included questions on the most frequently requested genres on their programmes, how difficult they found these genres, and what they did before, during and after writing. Although the students had to choose their answers from a closed set, they could use the ‘Other’ category to expand on their answers, or complete an ‘add your comments’ section. Once calibrated, the questionnaire was administered to the groups during the main study and the answers computed using SPSS.

The qualitative data for the study originated from two focus groups, one for each discipline. The initial questions for the focus groups were designed after the questionnaire data had been analysed and included features and differences of writing by level, writing difficulties and marking criteria. Six students participated in the focus groups on

Table 1
Composition of groups by discipline and level

Discipline	Level 1	Level 2	Level 3	Total
Nursing	21	21	26	68
Midwifery	18	28(5*)	21(8*)	67(13*)
Total	39	49	47	135

* Number of students who had finished a nursing degree.

Table 2
Composition of groups by use of English

Discipline	English L1	English L2	English AL	Total
Nursing	33	27	8	68
Midwifery	42	25	0	67
Total	75	52	8	135

a voluntary basis, and care was taken to have the three writing levels, as well as the different academic and linguistic backgrounds represented in the two groups. The resulting data were transcribed and coded using AQUAD 5 for qualitative data. A description of the notation system used is provided in [Appendix A](#).

4. Findings and discussion

This section presents the main findings of the study and discusses them in relation to the research objectives.

4.1. Written genres in nursing and midwifery: A taxonomy

The answers to the questionnaire provided the information for the classification of genres by discipline, one of the main aims of the study. [Table 3](#) shows the breakdown of genres by discipline and the percentage of answers each genre received. A short description of the main genres in the table is given in [Appendix B](#).

Percentages in [Table 3](#) show that in cases like the ‘care critique’ 30% of the students failed to recognise it as a typical genre. This may indicate that they simply overlooked this option among a vast number of other options in a rather complicated survey or that they thought other genres were more representative. The fact that almost 20% of the students in the midwifery group were registered nurses may explain why ‘portfolios’ and ‘discharge summaries’ were selected as typical genres when, in fact they are only representative in nursing. In other cases such as the ‘argumentative essay’ students may have not recognised the name given to the genre as they are commonly referred to as ‘level 3 essays’ by most content lecturers. The anonymous nature of the survey did not allow for these ‘cases’ to be followed up to find out the reasons why students chose or failed to choose a given genre, something which did not occur in the pilot study. Instead, four content lecturers, two from each programme, were contacted and they confirmed the representative nature of the genres the students had identified.

Table 3
Common genres in nursing and midwifery

Genre/discipline	Level 1	Level 2	Level 3	Total
Care critique				
Nursing	4.4%	0%	0%	4.4%
Midwifery	17.9%	23.9%	29.9%	71.6%
Care plans				
Nursing	11.8%	0%	16.2%	27.9%
Midwifery	9.0%	3.0%	3.0%	14.9%
Case studies				
Nursing	0%	10.3%	38.2%	48.5%
Midwifery	10.4%	6.0%	6.0%	22.4%
Article reviews				
Nursing	10.9%	32.0%	10%	52.9%
Midwifery	9.0%	11%	9.0%	29%
Portfolios				
Nursing	11.8%	0%	38.2%	50.0%
Midwifery	9.0%	6.0%	6.9%	20.9%
Reflective essay				
Nursing	39%	13.2%	4.0%	56.2%
Midwifery	19.4%	38.8%	17.9%	76.1%
Discharge summaries				
Nursing	0%	32%	35%	67%
Midwifery	4.4%	0%	0%	4.4%
Argumentative essay				
Nursing	7.4%	1.5%	39.2%	48.1%
Midwifery	22.4%	22.4%	34.3%	79.1%

Table 4
A taxonomy of specific genres in nursing and midwifery

Genre	Level	General	Nursing	Midwifery
Essay	1–2	✓	×	×
Reflective essay	1–2	×	✓	✓
Care plans	1–2	×	✓	×
Discharge summaries	2	×	✓	×
Article reviews	2–3	×	✓	×
Case studies	2–3	×	✓	×
Care critique	2–3	×	×	✓
Portfolios	2–3	×	✓	×
Argumentative essay	3	✓	✓	✓
Dissertation	3	✓	✓	✓

Table 3 shows that the care critique is a frequent genre at different writing levels in midwifery and highly infrequent in nursing. Discharge summaries, on the other hand, appear to be highly frequent in nursing, especially at levels 2 and 3, whereas student midwives are not asked to produce them. The 4.4% shown for midwifery in the table may have been generated by 3 students who were already graduate nurses. Similarly, care plans and case studies are more frequent in nursing than in midwifery.

Table 3 also shows at what level of writing each genre is most frequently required, thus establishing not only what genres need to be taught on each of these programmes but also when they should be most conveniently introduced in the writing class. Teaching nursing students to write discharge summaries when they are writing at level 1, for example, has little pedagogical value as this genre is required at levels 2 and 3. Similarly, teaching reflective writing to midwifery students at level 3 may come as a disappointment as the reflective essay is a typical level 2 genre.

Table 4 shows a summary of the results and compares the genres in the discipline-specific taxonomy with the typical genres in writing for general purposes, thus indicating the ‘specificity domain’ in writing for nursing and midwifery, shown in the shaded area.

As seen in this table reflective writing is the only kind of writing that nursing and midwifery students share at levels 1 and 2, together with argumentative and dissertation writing at level 3. Whereas nursing students at levels 1 and 2 are seen to spend most of their time and effort writing genres that are mostly descriptive such as care plans, midwifery students get involved in more cognitively demanding tasks, such as the care critique, which require a higher degree of critical thinking. This difference in demands indicates that the transition from description to argumentation shown in Fig. 1 gets implemented differently on the two programmes, pointing to some interesting variations between the two disciplines.

An indication of how this implementation occurs is shown in Figs. 2 and 3 for nursing and midwifery respectively. The figures map the genres in Table 3 onto Fig. 1 to show how the genres are distributed along the description-argumentation cline and to provide a ‘map of genre’ by discipline.⁶ The levels and styles categories in the figures serve to indicate that although many genres are recycled along the cline, their cognitive and linguistic demands increase by level. This observation has implications for writing the same genres at different levels, which is explored in more detail in the next section.

4.2. Difficulties in writing nursing and midwifery genres

The questionnaire also asked the students to rank the genres they had identified from most to least difficult.

Table 5 shows the genres that presented difficulties to the students by level of writing. Because students were asked to choose genres they found difficult to produce, Table 5 only shows the percentages of students who had chosen a given genre. The reflective essay is reported as the most challenging task for nursing students, probably because they are asked to produce their first reflective piece at the beginning of the programme. This request correlates with the expectations that students should write with a high level of mastery even at the beginning of their programmes mentioned by Lillis and Turner (2001). Despite the practice they may have had when producing their first reflective

⁶ I am grateful to one of the reviewers for suggesting this.

Levels	1	2	3
Style	Argumentative		
Genres			Discharge summaries Care plans Case studies Portfolios Article reviews Argumentative essays Dissertation
		Discharge summaries Reflective essays Case studies Article reviews Dissertation proposal	
	Care plans Reflective essays Portfolios Article reviews		
Style	Descriptive		

Fig. 2. Nursing genres by level.

piece, nursing students reported experiencing a similar difficulty at level 2. This indicates that reflective writing is not a simple task, especially when students have to deploy more complex cognitive skills (see 4.2.1). Article reviews and dissertations compete for the second place in the ranking of difficult genres in nursing. Both pieces are cognitively demanding and require students to be able to critically examine evidence and evaluate the worth of their own and other people’s writing.

It is interesting to notice that most of the difficulties reported by the nursing group are spread over levels 2 and 3. This lends some support for the idea that, except for reflective writing, at level 1 and beginning of level 2 nursing students devote most of their time writing descriptive genres. Towards the end of level 2 and beginning of level 3, students get involved in more demanding genres such as article reviews and the undergraduate dissertation.

Also shown in Table 5, students in midwifery reported other difficulties. Reflective writing was reported as much less difficult for student midwives and although dissertation writing was also among their worries, midwifery students found it less demanding. As mentioned before, the fact that some students on this programme were registered nurses may have influenced the results as they would have had previous exposure to some of the cognitive and linguistic demands of the typical genres in midwifery. Although it is fair to say that most genres in nursing and midwifery are different, some of the cognitive demands and writing skills they require are similar. Despite their previous writing experience, midwifery students found argumentative writing the most challenging task, especially at level 2. The care

Levels	1	2	3
Style	Argumentative		
Genres			Reflective essays Care critiques Argumentative essays Dissertation
		Reflective essays Care critiques Argumentative essays Article reviews Dissertation proposal	
	Reflective essays Case studies Care critiques Argumentative essays		
Style	Descriptive		

Fig. 3. Midwifery genres by level.

Table 5
Most difficult genres in nursing and midwifery

	Level 1	Level 2	Level 3	Total
Reflective essay				
Nursing	41.9%	48.4%	0%	90.3%
Midwifery	0%	35.1%	17.6%	52.7%
Dissertation				
Nursing	0%	0%	72.2%	72.2%
Midwifery	4.0%	0%	53.0%	57.0%
Argumentative essay				
Nursing	4.4%	0%	63.4%	67.8%
Midwifery	0%	57.7%	23.1%	80.8%
Care critique				
Midwifery	4.0%	37.8%	37.8%	79.6%
Article reviews				
Nursing	0%	72.4%	0%	72.4%
Case studies				
Nursing	0%	28.6%	29.5%	58.1%

critique ranks second and poses equal difficulties at levels 2 and 3. This apparent contradiction can be explained by the fact that writing at level 3 is always more cognitively demanding and requires students to deploy complex skills such as critical analysis and argumentation.

The difficulties students face can be grouped into cognitive, linguistic and sociolinguistic. Comments about these difficulties were also made at the focus group sessions, some of which are used to support the discussion in the following sub-sections.

4.2.1. Cognitive difficulties

The cognitive difficulties students pointed out can be further classified into general and discipline-specific. General cognitive demands are associated with levels of writing rather than with specific disciplines. The most frequent general cognitive difficulties were:

- Critical analysis;
- Evaluating source material; and
- Supporting claims with evidence.

Critical analysis and critical skills have long been recognised as central to learning and academic success in higher education (Bailin et al., 1999; Cottrell, 2005; Elander et al., 2006). However, there is little consensus as to what they entail and how they should be assessed (Elander et al., 2006). ‘Critical’ is sometimes used as an umbrella term that encompasses various skills, but it is not always sufficiently explained. This is reflected in the comments some students participating in the focus groups made:

...but the typical comment ‘this is not critical enough’ that you sometimes get in your feedback doesn’t help much does it? (Sara,⁷ midwifery student)

yeah...I sometimes wonder how can I make this more reflective more critical when I’m not at all sure what they mean you know (Lydia, nursing student)

The second general cognitive demand that the students mentioned was critical analysis. Critical analysis is closely associated with being able to evaluate source material especially at levels 2 and 3 of writing when referencing

⁷ All names are pseudonyms.

becomes more strategically incorporated into students' own writing. Some of the students specified that being able to evaluate sources was a real challenge:

How can you tell something is good enough you need to have read loads to be able to tell (Andrea, nursing)

I sometimes feel you know I have to say something negative about what I'm reading... I don't know I feel they expect me to... you know what I mean (Aurelia, midwifery)

Aurelia's views resonate with the experience of many other students on these programmes who sometimes confuse 'evaluation' and 'critique' with 'criticism' and thus feel they are expected to give negative views of the sources for their assignments.

As to the use of evidence to support claims, students, especially at level 1, sometimes fail to recognise the real value of referencing their work. They usually see referencing as a requirement to get a passing grade, and ask questions like 'how many references do I need to use for this assignment?' This approach to referencing may have been reinforced by most lecturers' idea that at this level they want to see if students know the mechanics of referencing. Knowing the mechanics, however, falls short of helping students to meet the demands made at higher levels of writing when they have to evaluate sources to support and challenge their claims. This difficulty was also referred to by students:

it's easier when you start...(exactly) but then when you have to write...er... say a care critique, for example, referencing is a different game, isn't it? That's...that's where your problems start (that's it) = laughter = (Betty, midwifery)

By describing referencing as a "game," Betty shows that she has internalised the rationale behind referencing in academic writing, going beyond its mere mechanics. The "game" also requires students to know how to support their claims with evidence. Some interesting comments students made relate to the concept of 'evidence' in nursing and midwifery:

Also I find it difficult to use my experience, clinical experience I mean, as evidence to support claims... (Jane, nursing)

I think it's easier to use say...I I don't know articles... journal articles to support the point you're trying to make you know than use your experience on clinical placements to do it you know (Anan, midwifery)

These comments call our attention to the need for exploring the different forms that 'evidence' can take in these disciplines, to avoid considering only published sources as evidence; a tendency that is ideologically subscribed to in higher education.

The other cognitive demands students mentioned can be grouped as discipline-specific:

- Cognitive process(es) involved in writing the specific genres;
- Appropriate model(s) for a given genre; and
- Link between theory and practice.

Incorporating processes (e.g., the reflective process) involved in writing specific genres was frequently classified as taxing. Although nursing students are very familiar with reflection and the reflective process, they usually find it difficult to structure a reflective account, mainly due to the shifts in the time frame that reflection involves. These shifts and their relationship with the structure of reflective texts are particularly challenging for students who speak English as a second or additional language.

A related difficulty is posed by having to choose an appropriate model to use in a given genre. To use reflective writing as an example again, students reported finding it difficult to structure their account following a model for reflection (e.g., Gibbs' (1988) reflective cycle or Johns' (2004) guided reflection). The choice of an experience upon which they wish to reflect and of a model to show how they have profited from the experience will determine the way they will have to structure their account most effectively. The logical connection between experience, model and the structure of the account may prove exacting for even the most seasoned student writers.

Another discipline-specific difficulty students highlighted was linking theory to practice. Students in nursing and midwifery are required to show how theory informs practice and how practice shapes theory in most written

assignments. They are normally requested to work from practice to theory, showing how the experience they have gained on their clinical placement is reflected in the literature. A related difficulty is writing about the gaps between theory and practice they usually experience at the wards where they are placed.

Discipline-specific cognitive and, to a lesser extent, linguistic demands may pose certain challenges also for the writing lecturer. There sometimes seems to be a very fine dividing line between writing, content and discipline-specific skills. It is not always possible to see where the task and responsibilities of the academic writing lecturer finish and those of the content lecturer start. In this twilight zone, skills like critical thinking may get ignored as both lecturers may think they are the responsibility of the other.

4.2.2. Linguistic and sociolinguistic difficulties

The linguistic difficulties identified by the students can also be grouped into general and discipline-specific. The most common general linguistic demands were:

- Signalling the relationship between question and assignment;
- Using language that reflects critical skills; and
- Showing their stance as writers.

Many students reported finding it difficult to use language to establish a clear relationship between the focus of the assignment question and that of the assignment itself. This linguistic difficulty is often strengthened by an uncertainty as to what the essay question means or what the lecturer expects as an answer.

Also reported by many of the students was the need to be able to identify those linguistic devices that would allow them to signal their critical analysis and evaluation. As two students in the focus group put it:

that's exactly the point... how can you tell them you're being critical...I mean I know I'm critiquing but I sometimes don't have the words to say I am (Vicky, midwifery)

it's not only being critical it's putting it into words isn't it that's...that's when I feel I need help (Dimitra, nursing)

The lack of a linguistic repertoire appropriate for describing their cognitive skills was also mentioned in relation to showing their stance as writers. Some stated that it was really challenging to find the right kind of verb, for example, to show how as writers they related with the sources they had read. Equally demanding, they said, was establishing their position in relation to the claims made in the sources they had chosen. Selecting the right verb or adverb to support or challenge other people's claims was also ranked as demanding.

As to the discipline-specific linguistic difficulties, the students named:

- Projecting an impersonal voice;
- Making explicit reference to processes and models used for the assignment; and
- Making the link between theory and practice.

Although not all disciplines adhere to the same norms of impersonality, nursing and midwifery students are required to 'project an impersonal voice and avoid the first person singular.' This presents them not only with problems in terms of how to be linguistically absent from the texts, but also, and probably more seriously, with conflicts of ownership, identity (Ivanic, 1998) and authority (Hyland, 2001). As two students commented in relation to reflective writing:

How can you talk about your own experience, your own reflections using she? How can you refer to yourself as the student midwife when you're actually talking about you yourself? (Vicky, midwifery)

I never know how to write about it you know... It's like talking about somebody else, writing about them as if you hadn't been there it's so weird...when I read what I've written you know I feel it belongs to somebody else (Claire, nursing)

Another linguistic difficulty the students identified was having to make reference to the processes and models in their assignments without disrupting the flow of their own text. They found it demanding to establish implicit links between

the act of reflecting upon their own personal experience on a clinical placement, for example, and referring to a model for reflection at the same time. This challenge also held true for the linguistic realisation of the link between theory and practice that students are required to make, something they also pointed out in relation to the cognitive demands. Many students reported finding it hard to link the personal (clinical experience) with the general (the literature).

As to the group of students who speak English as their second or additional language, their main difficulty was to be able to produce a version of English which resembled the ‘institutionalised version,’ as one student described it in the focus group:

make it sound more academic you know... more ‘standard English’ as they tell you in the feedback (Blessing, nursing)

In most cases, ‘standard English,’ the institutionalised version, differs from the variety they speak and write. Although their English is not ungrammatical, they are sometimes forced to change the way they speak in class presentations, for example, or the way they write their assignments because they are expected to use the standard norm. Students who speak Nigerian or Jamaican English are a point in case as their varieties of English are considered ‘to deviate’ from the norm. Typical differences in these varieties included the ‘unmarked’ plural forms (e.g., “many reason”), the use of particles to replace tenses (e.g., “she been in labour”) and different forms of auxiliary verbs (e.g., “he use to smoke heavily”). It is worth noticing that these differences are considered ‘standard’ in Jamaican and Nigerian English.

Apart from the conflicts of ownership, identity and authority discussed above, the lack of recognition of their own variety has caused some students to feel ‘othered’:

it’s funny you know...I mean I sometimes feel I’m no longer myself...that I’ve had to become a different me you know like having to speak a different language like you know somebody else’s (Flora, midwifery)

4.3. Support for discipline-specific writing in nursing and midwifery

To establish how students on these programmes can be best supported, I first investigated what they usually do after finishing their first draft. It emerged that nursing students are less used to checking the grammar of their assignments, which shows their lack of awareness of the role that grammar plays in their assignments, even when ‘correct grammar’ is part of the marking criteria, and their lack of attention to the marking criteria. Both groups of students seem to be equally aware of the importance of structuring and organising texts well. The two groups, however, show significant differences in the importance and value they attach to having their assignments read by their peers, having it proof-read, and making sure their assignments meet the marking criteria.

Asked how they could be best supported, most students identified three main areas as significantly helpful: team teaching, customised support and tutorials. Table 6 shows responses in percentages. The difference in percentage in team teaching may have been produced by the fact that the system has been more effectively implemented on the midwifery programme. This also explains why midwifery students found tutorials less helpful and why the nursing students thought of customised support as less helpful.

Table 6
Most helpful writing support in nursing and midwifery

	Level 1	Level 2	Level 3	Total
Team teaching				
Nursing	3.2%	13.5%	23.5%	40.2%
Midwifery	19.4%	35.3%	42.8%	97.5%
Customised support				
Nursing	7.9%	7.4%	10.4%	25.7%
Midwifery	19%	33.5%	41.2%	93.7%
Tutorials				
Nursing	19.1%	30.8%	30%	79.9%
Midwifery	16.1%	17.6%	23.5%	57.2%

5. Implications for teaching

Several interesting implications for teaching academic writing on these programmes arise from the discussion presented in the previous section.

One of the main implications from this study is the clear need for academic writing in higher education to become more discipline-specific. Students' responses to the questionnaire and their comments in the focus groups point to the fact that there is little value in teaching them genres they may never be required to produce such as the 'general' academic essay. Rather, it would be more sensible to identify exactly what genres students are requested, what cognitive processes are associated with producing them, and what standards they are required to achieve. This needs to be cooperatively researched, involving not only students but also content lecturers.

Coupled with this is the need to find out at what stages these genres would be more appropriately taught. Programme contents are graded from easy to difficult or simple to most complex. These grading criteria and the tasks set at the different stages may be more sensible indications for planning the contents of the discipline-specific writing class. As suggested in this article, using levels of writing rather than years of study as a planning guide may prove more effective and helpful to students.

An examination of the students' comments on their experiences in discipline-specific writing suggests that they should be encouraged to critically examine the context of production for the genres they have to write (Johns & Swales, 2002). This would help them understand the contexts and the audiences they are addressing not as 'fixed and homogenous' entities (Lillis, 2001, p. 24) but as "sites of negotiation." Students can be helped to critically analyse and 'disentangle' the different and even conflicting views that content lecturers sometimes have about what is required to produce a given genre. If students recognise that lecturers will have different expectations on what they have to do, and they manage to clarify those with their lecturers, they will be able to write a more successful assignment.

Teaching discipline-specific writing should also take into account the difficulties students face when writing to 'the expected standard.' As discussed in the previous section, difficulties will probably relate to the cognitive, linguistic and sociolinguistic areas that are normally involved in discipline-specific writing. The difficulties reported by students could lead to an exploration of how they feel they can be best supported, forming the basis upon which customised support could be designed. Customised support can also incorporate content lecturers to help students understand what is actually expected of them as writers and how they should interpret the marking criteria for the writing task, thus bringing producers and consumers of texts closer together.

Strategies for responding to the implications explored above will certainly need to be context specific. There are, however, some which may apply to contexts similar to the one described in this paper. Setting up a team teaching scheme seems to be central as content lecturers will provide most of the information writing lecturers need to develop customised teaching. The midwifery students in this study felt that this has been one of the most helpful kinds of teaching and support they have had for writing their assignments. In my personal experience, exam and assignment preparation sessions have been the most useful for team teaching. In these sessions students are able to ask questions relating to both content and writing and have answers that are completely focused on producing an effective written assignment.

Working with content lecturers and involving students in course, workshop and seminar planning will allow writing lecturers to move beyond the academic essay and identify discipline-specific genres. By the same token, the writing lecturer will be able to decide when a given genre should be most effectively introduced, thus avoiding disappointment and loss of motivation. Team teaching will also help both content and writing lecturers see where the boundaries between discipline-specific and writing specific skills and principles lie. It is sometimes very difficult, if not impossible, to discuss critical skills, for instance, without any reference to content. Having to deal with content in a critical manner may unnecessarily burden writing lecturers if they are not specialists in the area.

Identifying the needs of students to produce discipline-specific genres will also assist writing lecturers in deciding on nature of their courses. In the context of this study, midwifery students need to explore the benefits of peer review, whereas nursing students need to learn how to use the marking criteria to their own advantage.

6. Conclusion

This article has reported on a study that investigated the dynamics of discipline-specific writing in nursing and midwifery at a UK university. Using data from a questionnaire and comments from two focus groups, it has analysed the

results in relation to three main areas of concern. It has first identified the discipline-specific genres that nursing and midwifery students are requested to produce, then explored the difficulties students are faced with and has finally examined the best possible ways the students can be helped to produce these genres.

The results of this study have obviously been limited by the same nature of discipline and context-specific writing. However, it is believed that some lessons can be learnt from the study and some strategies can be adequately adapted in similar teaching/learning contexts. It is also hoped that it will encourage more discipline-specific research, helping to bridge the gap between the teaching of general genres such as the academic essay and the specific needs of students on particular programmes of study.

Acknowledgements

I am indebted to the participants in this study; without their input this project would not have been possible. I'd also like to thank Ken Hyland for his comments as editor and two anonymous reviewers for their useful observations.

Appendix A. Notation system used in transcripts

Text words that have been emphasised.

(text) overlap.

[...] inaudible or incomprehensible parts.

=text = comments by the transcriber.

Appendix B. Description of genres

Care critique	A systematic, critical and impersonal analysis of the care provided to a patient.
Care plans	Documents that provide a detailed description of the plan of care to be provided to a patient.
Discharge summaries	A summary of hospitalization produced when a service user is referred or discharged from the care of one team to that of another.
Reflective accounts	An account of a past event which is reflected upon in order to learn from its strengths and weaknesses.

References

- Allison, D. (2004). Creativity, students' academic writing, and EAP: exploring comments on writing in an English language degree programme. *Journal of English for Academic Purposes*, 3(3), 191–209.
- Andrews, R. (2003). The end of the essay? *Teaching in Higher Education*, 8(1), 117–128.
- Bailin, S., Case, R., Coombs, J. R., & Daniels, L. B. (1999). Conceptualising critical thinking. *Journal of Curriculum Studies*, 31(3), 285–302.
- Bazerman, C. (2005). A response to Anthony Fleury's "Liberal education and communication against the disciplines": A view from the world of writing. *Communication Education*, 54(1), 86–91.
- Candlin, C. N., & Candlin, S. (2003). Health care communication: a problematic site for applied linguistics research. *Annual Review of Applied Linguistics*, 23, 134–154.
- Cottrell, S. (2005). *Critical thinking skills. Developing effective analysis and argument*. Basingstoke: Palgrave Macmillan.
- Elander, J., Harrington, K., Norton, L., Robinson, H., & Reddy, P. (2006). Complex skills and academic writing: a review of evidence about the types of learning required to meet core assessment criteria. *Assessment and Evaluation in Higher Education*, 31(1), 71–90.
- Frank, R. A. (2000). Medical communication: non-native English speaking patients and native English speaking professionals. *English for Specific Purposes*, 19(1), 31–62.
- Gibbs, G. (1988). *Learning by doing. A guide to teaching and learning methods*. Oxford: Further education unit, Oxford Polytechnic.
- Gimenez, J. (2007). *Writing for nursing and midwifery students*. Basingstoke: Palgrave.
- Hyland, K. (2001). Humble servants of the discipline? Self-mention in research articles. *English for Specific Purposes*, 20(3), 207–226.
- Hyland, K. (2002a). Genre: language, context and literacy. *Annual Review of Applied Linguistics*, 22, 113–135.
- Hyland, K. (2002b). Specificity revisited: how far should we go now? *English for Specific Purposes*, 21(4), 385–395.
- Ibrahim, Y. (2001). Doctor and patient questions as a measure of doctor-centeredness in UAE hospitals. *English for Specific Purposes*, 20(4), 331–344.

- Ivanic, R. (1998). *Writing and Identity: The discursive construction of identity in academic writing*. Amsterdam: Benjamins.
- Johns, A. M. (1997). *Text, role, and context: Developing academic literacies*. Cambridge: Cambridge University Press.
- Johns, A. M., & Swales, J. M. (2002). Literacy and disciplinary practices: opening and closing perspectives. *Journal of English for Academic Purposes*, 1(1), 13–28.
- Johns, C. (2004). *Becoming a reflective practitioner*, (2nd ed.). Oxford: Blackwell Publishers.
- Kaldor, S., & Rochecouste, J. (2002). General academic writing and discipline specific academic writing. *Australian Review of Applied Linguistics*, 25(2), 29–47.
- Krause, K.-L. (2001). The university essay writing experience: a pathway for academic integration during transition. *Higher Education Research & Development*, 20(2), 147–168.
- Lea, M., & Street, B. (1998). Student writing in higher education: an academic literacies approach. *Studies in Higher Education*, 11(3), 182–199.
- Leki, I. (2003). Living through college literacy: nursing in a second language. *Written Communication*, 20(1), 81–98.
- Lillis, T. (2001). *Student writing. Access, regulation, desire*. London: Routledge.
- Lillis, T., & Turner, J. (2001). Student writing in higher education: contemporary confusion, traditional concerns. *Teaching in Higher Education*, 6(1), 57–68.
- Lunsford, R. F., & Bridges, B. (2005). *The Longwood guide to writing* (3rd ed.). New York: Longman.
- McLeod, S. (1989). Writing across the curriculum: the second stage, and beyond. *College Composition and Communication*, 40(3), 337–343.
- Nursing and Midwifery Council. (2006). Becoming a midwife in the UK. <<http://www.nmcuk.org/aArticle.aspx?ArticleID=2100>> Retrieved 16 November, 2006.
- Norton, L. S. (1990). Essay writing: what really counts. *Higher Education*, 20(4), 441–442.
- Oermann, M. (2005). *Writing for publication in nursing* (2nd ed.). Philadelphia: Lippincott Williams & Wilkins.
- Okoye, I. (1994). Teaching technical communication in large classes. *English for Specific Purposes*, 13(3), 223–237.
- Page, L. (Ed.). (2000). *The new midwifery: Science and sensitivity in practice*. Edinburgh: Churchill.
- Parks, S. (2000). Professional writing and the role of incidental collaboration: evidence from a medical setting. *Journal of Second Language Writing*, 9(2), 101–122.
- Parks, S. (2001). Moving from school to the workplace: disciplinary innovation, border crossing, and the reshaping of a written genre. *Applied Linguistics*, 22(4), 405–438.
- Parks, S., & Maguire, M. R. (1999). Coping with on-the-job writing in ESL: a constructivist-semiotic perspective. *Language Learning*, 49(1), 143–175.
- Rocha, A. G. (2005). *The reflective essay: A guide to personal discovery*. Greenwich, CT: Information Age Publishing.
- Silva, T., & Brice, C. (2004). Research in teaching writing. *Annual Review of Applied Linguistics*, 24, 70–106.
- Stanton, N. (2004). *Mastering communication*. Basingstoke: Palgrave.
- Taylor, B. J. (2000). *Reflective practice: A guide for nurses and midwives*. Sydney: Allen & Unwin.
- Tornquist, E. M. (1999). *From proposal to publication: An informal guide to writing about nursing research*. New York: Prentice-Hall.
- Whitehead, D. (2002). The academic writing experiences of a group of student nurses: a phenomenological study. *Journal of Advanced Nursing*, 38(5), 498–506.
- Womack, P. (1993). What are essays for? *English in Education*, 27(2), 42–59.
- Zhu, W. (2004). Writing in business courses: an analysis of assignment types, their characteristics, and required skills. *English for Specific Purposes*, 23(2), 111–135.
- Zim, G., & Entwistle, C. (2002). *The smart way: Introduction to writing for nurses*, (2nd ed.). Toronto: W.B. Saunders.

Julio Gimenez is senior lecturer at Middlesex University and visiting lecturer on the MA in Applied Linguistics at the University of Cordoba, Argentina. His research interests lie in academic and workplace literacies, narrative discourse and communication in the workplace.