

## GUIDE TO ABSTRACT WRITING

1. Organize the information about your study or project as follows:

### **TITLE / AUTHORS(s)**

Position: Centre the title above the text.

Length: 1 - 2 lines.

Content: Include central topic and major variables. Identify all contributing authors. List the presenting author first, and/or underline name.

### **PURPOSE / TOPIC**

Position: Introduces the text.

Length: 1 - 3 sentences.

Content: Clearly capture the major focus or significance of study/project. State the purpose to address a gap in knowledge, service or program. Identify key variables/theory/concepts. Define terms. Indicate clearly if the work is completed or in progress.

### **PROCEDURES / METHODS / INTERVENTIONS**

Position: Immediately follows purpose.

Length: 1 - few sentences.

Content: Include enough detail for comprehension about:

- study or program design and methods
- sample size, type, selection method
- instruments, protocols, procedures
- interventions, treatments
- highlight new techniques
- validity, reliability issues
- data sources/analysis/manipulations

### **RESULTS / FINDINGS**

Position: Immediately follows methods

Length: Few sentences.

Content: A summary of the major & important findings. Statistics and significance levels where applicable. Highlight contradictions of theories.

### **DISCUSSION / CONCLUSION**

Position: At the end of the text

Length: 1 - few sentences.

Content: Relate findings to study purpose. Include research implications, recommendations and suggestions. Highlight new relationships. Identify implications for practice/research.

## 2. Seek Constructive Critique and Revise

The input and assistance of others in writing and editing the abstract will improve its quality. A detailed description of the project/study cannot be included in the abstract. The following strategies may help you reduce and improve your abstract:

- combine ideas or words
- eliminate unnecessary detail and less significant information, and unnecessary words
- use numbers instead of words (e.g. replace 'twenty' with '20')
- replace long words and phrases with short simple words
- keep the emphasis on the findings and conclusions
- remove, clarify or replace ambiguous information and jargon
- retain detail about data, statistics, significance and methods
- read for overall logic, focus, consistency and rigour
- proofread for accuracy, spelling, grammar and typing errors.

These guidelines were prepared by Patricia McKeever, Associate Professor and Kelvin Britten, Student Nurse and Research Assistant, Faculty of Nursing, University of Toronto. They are based on the references cited below.

American National Standards Institute Inc. (1979). American National Standard for writing abstracts. ANSI, Z39. 14.

American Psychological Association (1983). Publication manual of the American Psychological Association. (3rd Ed.) APA: Washington.

Day, R.A. (1988). How to Write and Publish a Scientific Paper. (3rd Ed.) New York: Oryx Press. Ch. 6: How to Prepare the Abstract.

Fuller, E.O. (1984). Preparing an abstract of a nursing study. Nursing Research, 32(3), 316-317.

Haller, K.B. (1988). Writing effective research abstracts. American Journal of Maternal Child Nursing, 13, 74.

Lindquist, R.A. (1993). Strategies for writing a competitive research abstract. Dimensions of Critical Care Nursing, 12(1), 46-53.

Stromberg, M. (1981). The fine art of writing a research abstract: Research Abstracts rejected for publication. Oncology Nursing Forum, 8, 67-69.

Tornquist, E.M. (1986). From proposal to publication: an informal guide to writing about nursing research. Menlo Park, CA: Addison-Wesley.

## SAMPLE ABSTRACT

### MEASUREMENT OF BALANCE IN SURVIVORS OF ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) IN CHILDHOOD

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Survivors of ALL in childhood have been identified with balance problems <sup>(1)</sup>.

**Purpose:** The objectives of this study were to extend these observations by measuring the displacement and velocity of the body centre of pressure (COP), a measure of "sway" <sup>(2)</sup>.

**Methods:** The subjects included 79 children who were at least one year post-treatment for ALL and 83 age-matched controls. Testing was carried out using the balance subset of the Bruininks-Oseretsky Test of Motor Proficiency (BOTMP) <sup>(3)</sup> and various sway tests challenging the systems maintaining balance (e.g. Standing on foam with eyes closed – visual input is removed and proprioceptive input is attenuated).

**Results:** Patients were significantly different ( $p < .01$ ) from controls, across all age groups, in two sway conditions where they were required to balance over a narrow base of support (REO) and with their eyes closed (REC) as illustrated in the figure for one of the age groups. Of the patients tested, 32% were unable to complete REC. Further investigation of this subgroup of patients (25/79) revealed that 44% were at a high risk of relapse, 64% were male, 60% had been diagnosed at younger than age 5 and 80 % had undergone cranial irradiation as part of their therapy. The BOTMP score for 44% of this subgroup was less than 9. Only 2 of the control subjects were unable to complete this task.

**Conclusion:** It is proposed that these persistent impairments in balance are a consequence of intensive multi-agent chemotherapy and cranial irradiation.

