AORN JOURNAL
Official journal of Association of periOperative Registered Nurses (AORN, Inc.)

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DESCRIPTION

Vision:
The AORN Journal will be an indispensable resource recognized for scholarly, evidence-based, peer-reviewed articles that convey standards of excellence and innovations in the delivery of perioperative nursing.

Aims and Scope:
The AORN Journal provides professional perioperative registered nurses with evidence-based practice information needed to help meet the physiological, behavioral, safety, and health system needs of a diverse patient population.

Journal content supports the clinical, research/quality improvement, education, and management strategies related to the nurses role in caring for patients before, during, or after operative and other invasive and interventional procedures in ambulatory and inpatient settings.

AUDIENCE

Perioperative nurses, managers and directors

IMPACT FACTOR

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Vision & mission
Vision: The AORN Journal will be an indispensable resource recognized for scholarly, evidence-based, peer-reviewed articles that convey standards of excellence and innovations in the delivery of perioperative nursing.

Mission: The AORN Journal provides professional perioperative registered nurses with evidence-based practice information needed to help meet the physiological, behavioral, safety, and health system needs of a diverse patient population.

Journal content supports the clinical, research/quality improvement, education, and management strategies related to the nurses role in caring for patients before, during, or after operative and other invasive and interventional procedures in ambulatory and inpatient settings.

Seven main article categories
Clinical: Clinical articles present new skills or knowledge related to perioperative patient care, provide an empirically or clinically based review of a disease state and surgical procedure, or analyze the current literature related to a topic. Clinical articles may be written in first person or third person as appropriate (Appendix B).

Management: Management articles provide concise, up-to-date information that helps readers understand a perioperative management process, policy, procedure, or issue. Management articles may contain information about trends in management and the surgical environment, changing policies and regulations, administrative issues, and developments in clinical practice and technology that affect managers, directors, and supervisors in perioperative settings. Management articles may be written in first person or third person as appropriate (Appendix C).

Research: Research manuscripts are final reports of completed original clinical, educational, health systems, health policy, or historical investigations. Research produces new information that adds to the body of knowledge about perioperative nursing practice, management, or education. Research results should be generalizable or transferable to settings or populations beyond the setting and sample of the study. Manuscripts should include the research aims or questions, a brief review of relevant literature, theoretical or conceptual framework, research design and methods, results, discussion, and implications for perioperative nursing. The research design may be quantitative, qualitative, or mixed design. For quantitative methods, justification of the desired sample size and evidence of measurement reliability and validity supporting the investigators use of the research instruments in the study being reported are essential. Reports of studies involving human participants must include a description of the level of institutional review board review and approval, and methods used to ensure protection of participants rights, including informed consent. All results obtained in the study must be reported in one manuscript. Pilot study results should not be reported in a separate manuscript; they should be included in the report of the main study. Research manuscripts must be written in the first person (Appendix D).

Quality Improvement (QI): Quality improvement manuscripts describe a project that was carried out at the author's place of employment to determine the best solution to a practice issue. The results of QI projects cannot be generalized beyond the institution in which they are conducted, and therefore are not considered research manuscripts. However, QI project reports should include evidence of Institutional Review Board (IRB) review if human participants were involved, and should adhere to accepted scientific standards for data collection, including evidence of measurement reliability and validity. Quality improvement articles should be written in first person (Appendix E).

Education: Education articles describe perioperative educational practices that are of interest to nurses in academia, staff nurse educators, mentors, or anyone responsible for developing educational materials and disseminating information to nursing students, perioperative nurses, other perioperative team members, and patients. Education articles may be either didactic or clinical in nature. Education articles may be written in first person or third person as appropriate (Appendix F).

Literature Review: A systematic review is a summary of the clinical literature. It is a critical assessment and evaluation of all research studies that address a particular clinical issue. Researchers should use an organized method of locating, assembling, and evaluating a body of literature on a
particular topic using a set of specific criteria. A systematic review typically includes a description of finding of the collection of research studies. The systematic review also may include a quantitative pooling of data, called a meta-analysis (Appendix K).

**Concept Analysis:** Concept analyses are original manuscripts reporting on a single concept relevant to perioperative nursing. The manuscript should include purpose and uses, method of analysis, concept definition, defining characteristics, and model case. (Appendix L).

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**Quality Improvement (QI):** The maximum length is 4,000 words. For more information, please review "Suggested Structure for a Quality Improvement Manuscript" (Appendix E).
Education: The maximum length is 4,000 words. For more information, please review "Suggested Structure for an Education Manuscript" (Appendix F).

Literature Review: For more information, please review "Comprehensive Literature Reviews" (Appendix K).

Acknowledgements
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