INTERNATIONAL EMERGENCY NURSING

An official publication of the European Society of Emergency Nurses (EuSEN) and officially recognised by the National Emergency Nurses Affiliation Inc. (Canada) (NENA)

AUTHOR INFORMATION PACK

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DESCRIPTION

International Emergency Nursing is a peer-reviewed journal devoted to nurses and other professionals involved in emergency care. It aims to promote excellence through dissemination of high quality research findings, specialist knowledge and discussion of professional issues that reflect the diversity of this field. With an international readership and authorship, it provides a platform for practitioners worldwide to communicate and enhance the evidence-base of emergency care.

The journal publishes a broad range of papers, from personal reflection to primary research findings, created by first-time through to reputable authors from a number of disciplines. It brings together research from practice, education, theory, and operational management, relevant to all levels of staff working in emergency care settings worldwide.

Publication Ethics:
This journal is a member of and subscribes to the principles of the Committee on Publication Ethics. This code will guide the editorial board and reviewers in their approach to any ethical issues arising in respect of papers submitted to International Emergency Nursing.

ABSTRACTING AND INDEXING

PubMed/Medline
ASSIA
British Nursing Index
CINAHL
CIRRIE
CISTI
ENB Health Care Database
BDLIC
Social Sciences Citation Index
Science Citation Index Expanded
Current Contents - Social & Behavioral Sciences

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GUIDE FOR AUTHORS

INTRODUCTION
International Emergency Nursing is a peer-reviewed journal devoted to nurses and other professionals involved in emergency care. It aims to promote excellence through dissemination of high quality research findings, specialist knowledge and discussion of professional issues that reflect the diversity of this field. With an international readership and authorship, it provides a platform for practitioners worldwide to communicate and enhance the evidence-base of emergency care. The journal publishes a broad range of papers, from personal reflection to primary research findings, created by first-time through to reputable authors from a number of disciples. It brings together research from practice, education, theory, and operational management, relevant to all levels of staff working in emergency care settings worldwide.

Page charges
This journal has no page charges.

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Please see our information on Ethics in publishing.

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If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms sex and gender should be used correctly.

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Declaration of interest
All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding.

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The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

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**Reporting sex- and gender-based analyses**

**Reporting guidance**

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the Sex and Gender Equity in Research (SAGER) guidelines and the SAGER guidelines checklist. These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

**Definitions**
Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

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**Authorship**

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

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All original contributions and reports will be submitted to double-blind peer review. As an editorial team, we are committed to providing objective, rigorous and fair feedback. Comments made by referees will be provided to all authors.

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Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

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Types of contributions

Research Papers - 2,500-5,000 words The word count includes abstract and references.

Reviews - 2,500-5,000 words Reviews, including:
- systematic reviews, which address focussed practice questions;
- literature reviews (scoping reviews, narrative reviews), which provide a thorough analysis of the literature on a broad topic;
- policy reviews, i.e. reviews of published literature and policy documents which inform nursing practice, the organisation of nursing services, or the education and preparation of nurses and/or midwives).

The word count includes abstract and references.

Case Studies - up to 2,500 words
Case Studies usually document the management of one patient, with an emphasis on presentations that include care given in an emergency setting and involving emergency nurses and/or nurse practitioners. Other features that will be of interest to the reader include cases: that are unusual, rare or where there was an unexpected response to treatment and/or where new diagnostic tools were used and/or that inform readers of new treatment and management options, including relevance to emergency care practice.

Case Studies should be written in a similar format to include the following:
Initial patient presentation
Relevant history
Relevant physical exam findings
Relevant diagnostics
Case progression
Final case outcome
Discussion/Teaching points
References

Please note for Case Studies it is suggested that authors utilise the checklist from the CARE reporting guideline when writing their paper. Although not a requirement, it is strongly recommended that the completed CARE checklist be submitted to the Editor along with the Case Study. The checklists for each reporting guideline, including CARE, can be found on the EQUATOR website.
Graphics that will enhance the case study are encouraged (e.g. photos, diagrams, diagnostics)

Authors must receive, and submit, the appropriate permission from the source(s) to use such images in the final publication. Information or graphics that uniquely identify the patient may only be included if written permission is received from the patient for publication in IENJ.

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**Quality Improvement Projects 2,500-5,000 words**

Improvement projects can be undertaken for a variety of reasons. We encourage the submission of papers that describe initiatives to improve the effectiveness, quality and / or safety of emergency care. Quality Improvement projects should be written in the format below:

**Abstract** (background, local problem, methods, interventions, results, conclusion)

**Background and problem statement** (describe the extent of the problem with reference to the literature)

**Project aims**

**Methods** (context, measures, intervention, ethics, data analysis)

**Results**

**Discussion** (including limitations and relevance to an international audience)

**Overall conclusion/recommendations**

There should be clear rationale for the selection of the intervention i.e., the activity selected to improve the problem. Evidence should support the rationale for selecting the chosen intervention over any other. Ensure relevance for an international audience.

Quality Improvements projects can be led by a team of staff, the collaborative approach taken, and roles of staff should be described.

Where quality improvement projects are aimed at improving direct care delivery, please describe any co-design/involvement with patients/service users.

**needs adding to website**

Reporting guidelines endorsed by the journal are listed below:

**Improvement Projects. - SQUIRE- Standards for Quality Improvement Reporting Excellence.**


**Contemporary Issues - 1,500-2,000 words**

Papers that discuss contemporary issues within emergency care, and stimulate debate, are welcomed. Authors who have ideas which address issues of substantive interest to the field, including those of a controversial nature, should consider submitting a Contemporary Issue piece. The issues must be current and, although they can be of national agenda, they must have international implications or be of relevance to an international audience. Contemporary Issues should be in editorial format, with no abstract, but with keywords and up to 8 references (following the style as outlined in this Guide). Contemporary Issues should be submitted online in the usual way for the journal.

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As is common in journals the Editorial Board welcomes critical responses to any aspect of the journal. In particular Letters that discuss and debate research from recently published works are welcomed. The Editors reserve the right to offer authors of papers the right of rebuttal, which may be published alongside the Letter. To retain currency of discussion and debate, Letters to the Editor should not be submitted that refer to articles that have been published more than six months previously.

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Authors who have ideas for editorials which address issues of substantive concern to the discipline, particularly those of a controversial nature or linked directly to current/forthcoming content in the journal, may contact via Support Center.

**Highlights**

Highlights are mandatory for this journal as they help increase the discoverability of your article via search engines. They consist of a short collection of bullet points that capture the novel results of your research as well as new methods that were used during the study (if any). Please have a look at the examples here: example Highlights.
Highlights should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point).

**Preparation of the Manuscript**

A structured abstract, of your manuscript, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

The sub-headings used in the Abstract should align to sub-headings used within the article.

The abstract should be a maximum of 200 words and should be provided on a separate sheet following the title page.

**Keywords**

Include six or ten keywords. These are to increase the likely accessibility of your paper to potential readers searching the literature. Use the Medical Subject Headings (MeSH(r)) thesaurus or Cumulative Index to Nursing and Allied Health (CINAHL) headings where possible (see http://www.nlm.nih.gov/mesh/meshhome.html).

**Considerations specific to types of research designs**

The editors require that manuscripts adhere to recognized reporting guidelines relevant to the research design used. These identify matters that should be addressed in your paper. These are not quality assessment frameworks and your study need not meet all the criteria implied in the reporting guideline to be worthy of publication in the journal. The checklists identify essential matters that should be considered and reported upon. For example, a controlled trial may or may not be blinded but it is important that the paper identifies whether or not participants, clinicians and outcome assessors were aware of treatment assignments.

For Reviews and Research articles authors are required to submit a checklist from the appropriate reporting guideline together with their paper as a guide to the editors and reviewers. The Reporting Guideline Checklist should be uploaded as a "Checklist" file during the submission process.

Reporting guidelines endorsed by the journal are listed below:


Qualitative researchers might wish to consult the guideline listed below:

Guidance on the submission of Systematic Review and Meta-Analysis Guidelines

All reviews submitted MUST include a PRISMA flow chart and have followed the PRISMA guidelines. These can be accessed via: http://www.prisma-statement.org

PRISMA stands for Preferred Reporting Items for Systematic Reviews and Meta-Analyses. It is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses. The aim of the PRISMA Statement is to help authors improve the reporting of systematic reviews and meta-analyses. We have focused on randomized trials, but PRISMA can also be used as a basis for reporting systematic reviews of other types of research, particularly evaluations of interventions. PRISMA may also be useful for critical appraisal of published systematic reviews, although it is not a quality assessment instrument to gauge the quality of a systematic review.

How it is used and presented can be downloaded from several publications: http://www.prisma-statement.org/usage.htm

Please note that papers will not be accepted for review unless the use of PRISMA guidelines and checklist are evident in the manuscript.

The content of your paper should determine the headings which you use. If yours is a research paper the headings should follow the usual layout; such as: Introduction, Background/Literature, Methods, Data/Results, Discussion, Conclusions. If your paper takes another form you should use the appropriate headings, but do bear in mind that headings should facilitate reading and understanding. You should use only two kinds of headings: major headings should be indicated by bold letters and should be numbered consecutively. Minor/sub headings should be italicised and numbered consecutively under the main heading. For example: Introduction Methods 2.1 Instrument 2.2 Statistical analysis Results

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List funding sources in this standard way to facilitate compliance to funder's requirements:

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*Electronic artwork*

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- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
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A detailed [guide on electronic artwork](#) is available.

**You are urged to visit this site; some excerpts from the detailed information are given here.**

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- TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.
- TIFF (or JPEG): Bitmapted (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.
- TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

**Please do not:**

- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
- Supply files that are too low in resolution;
- Submit graphics that are disproportionately large for the content.

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Where a preprint has subsequently become available as a peer-reviewed publication, the formal publication should be used as the reference. If there are preprints that are central to your work or that cover crucial developments in the topic, but are not yet formally published, these may be referenced. Preprints should be clearly marked as such, for example by including the word preprint, or the name of the preprint server, as part of the reference. The preprint DOI should also be provided.

**References**

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There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct.
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List: Number the references (numbers in square brackets) in the list in the order in which they appear in the text.

Examples:

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