DESCRIPTION

The International Journal of Nursing Studies (IJNS) provides a forum for original research and scholarship about health care delivery, organisation, management, workforce, policy and research methods relevant to nursing, midwifery and other health related professions. The IJNS aims to support evidence informed policy and practice by publishing research, systematic and other scholarly reviews, critical discussion, and commentary of the highest standard.

The journal particularly welcomes studies that aim to evaluate and understand complex health care interventions and health policies and which employ the most rigorous designs and methods appropriate for the research question of interest. The journal also seeks to advance the quality of research by publishing methodological papers introducing or elaborating on analytic techniques, measures, and research methods.

The journal has been publishing original peer-reviewed articles of interest to the international health care community since 1963, making it one of the longest standing repositories of scholarship in this field. The IJNS offers authors the benefits of:

- A highly respected journal in its field with consistently high impact
- Indexed in major databases: PubMed, Medline, Thomson Reuters - Science Citation Index, Scopus, Thomson Reuters - Social Science Citation Index, CINAHL and the BNI (British Nursing Index).
- A truly global readership
- Highly efficient editorial processes: average time from submission to first decision of 4 weeks
- Rapid initial screening for suitability and editorial interest
- Excellent peer reviewers drawn from a range of health service research disciplines
- Final online publication as soon as 2 weeks post-acceptance.

The IJNS endorses the Equator Network (http://www.equator-network.org/) an international initiative that seeks to improve reliability and value of research literature in health care by promoting transparent and accurate reporting of studies. We ask our authors to make use of appropriate
reporting guidelines to ensure excellence in scientific reporting. Guidelines for authors can be accessed at https://www.editorialmanager.com/NS/default.aspx.

Authors are also welcome to submit to IJNS’s open access companion title, International Journal of Nursing Studies Advances, which welcomes excellent original research, reviews and discussion relevant to nursing, midwifery and other health related professions around the globe.

AUDIENCE

Nurses, midwives, educators, administrators and researchers in all areas of nursing and caring sciences.

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INTRODUCTION
The International Journal of Nursing Studies (IJNS) provides a forum for original research and scholarship about health care delivery, organisation, management, workforce, policy and research methods relevant to nursing, midwifery and other health related professions. The IJNS aims to support evidence informed policy and practice by publishing research, systematic and other scholarly reviews, critical discussion, and commentary of the highest standard. Papers should address issues of international interest and concern and present the study in the context of the existing international research base on the topic. Studies that focus on a single country should identify how the material presented might be relevant to a wider audience and how it contributes to the international knowledge base.

1.1 Types of papers and word limits
The IJNS publishes original research, reviews, and discussion papers. Full papers can be a maximum of 7000 words in length (excluding references and 1 in tables or figures), although shorter papers are preferred. In addition we publish shorter editorials and letters, which comment on current or recent journal content.

1.1.1 Research Papers — 2,000–7,000 words
IJNS publishes original research that matches the aims and scope of the journal. Research papers should adhere to recognised standards for reporting (see guidance below and the Author Checklist). Instrument development or validation papers are only considered if accompanied by a copy of the full instrument, included as a supplementary file at submission stage so it can be published as an appendix online if accepted.

1.1.2 Reviews and Discussion Papers — 2,000–7,000 words
We publish systematic reviews (addressing focused research questions) and broader literature reviews (such as scoping reviews). We also publish discussion papers, which are scholarly articles of a debating or discursive nature. In all cases, there must be engagement with and critical analysis of a substantive body of research or other scholarship. Systematic reviews should adhere to recognised standards for reporting (see guidance below and the Author Checklist). We welcome papers that introduce or elaborate on novel or under used methods, or approaches to analysis with substantial significance for the discipline. Such papers can be submitted as a review or discussion paper as appropriate and should represent significant advances and / or be authoritative accounts of the ‘state of the art’.

1.1.3 Letters to the editor — up to 1000 words
Designed to stimulate academic debate and discussion, the Editor invites readers to submit letters that refer to and comment on recent content in the journal, introduce new comment and discussion of clear and direct relevance to the journal's aim and scope or briefly report data or research findings that may not warrant a full paper. Letters are restricted to a maximum of 10 references, from up to 5 authors

1.1.4 Editorials — up to 1000 words
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, should contact the Editor in Chief (ijns@kcl.ac.uk).

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Selection of papers for publication is based on their scientific excellence, distinctive contribution to knowledge (including methodological development) and their importance to contemporary nursing, midwifery or related professions. We strongly recommend prospective authors to consult our editorial on common reasons papers are rejected, which outlines avoidable pitfalls as well as the types of articles we prefer https://doi.org/10.1016/j.ijnurstu.2016.03.017.
Our criteria for publication is based on significant contribution to science, reducing important uncertainty and / or raising new questions. Provided studies are properly designed and adequately powered, statistically significant results are not a criteria for publication decisions. The journal welcomes replication studies that seek to verify important results where replication is designed to reduce genuine uncertainty or confirm an important new finding. Prospective authors of such studies can submit the background and methods, describing why and how studies were conducted, for a preliminary review prior to submitting a full paper.
We are unlikely to publish studies of new instruments unless the instrument is useful for directly guiding clinical practice (e.g. diagnostic/ screening instruments) and there is validation against a robust criterion. Preliminary instrument development studies indicating the need for further development, translations from one language to another and other pilot studies are unlikely to be accepted.

Authors are also welcome to submit to IJNS's open access companion title, International Journal of Nursing Studies Advances, which welcomes excellent original research, reviews and discussion relevant to nursing, midwifery and other health related professions around the globe. We do not publish studies undertaken on animals.

1.3 Submission system
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2 Before You Begin
A Microsoft Word template is available to help guide your manuscript preparation.

2.1 Ethics in publishing
The IJNS endorses the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals, issued by the International Committee for Medical Journal Editors (ICMJE), and to the Committee on Publication Ethics (COPE) code of conduct for editors. Our guidelines should be read in conjunction with this broader guidance. The ICMJE requirements can be found at http://www.icmje.org/ and the COPE’s guidelines at http://publicationethics.org.

The work described in your article must have been carried out in accordance with The Code of Ethics of the World Medical Association for experiments involving humans (Declaration of Helsinki) and research on health databases (Declaration of Taipei) https://www.wma.net/what-we-do/medical-ethics/. Further information on Ethics in Publishing and Ethical guidelines for journal publication can be found at: https://www.elsevier.com/authors/journal-authors/policies-and-ethics

2.2 Multiple, redundant or concurrent publication
Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis), that it is not under consideration for publication elsewhere, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright holder. Preprints can be shared anywhere at any time, in line with Elsevier's sharing policy. Sharing your preprints e.g. on a preprint server will not count as prior publication.

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Relevant results from the wider study must be referred to in the paper and the relationship between this and other publications from the same study must be made clear. It is not sufficient to simply cite a prior publication, rather text must clearly state that results are from the same study. Please see https://doi.org/10.1016/j.ijnurstu.2008.07.003 for more detailed guidance.

2.3 Reporting guidelines
Manuscripts must adhere to recognized reporting guidelines relevant to the research design used. Authors must submit a checklist verifying that essential elements have been reported for all primary research and reviews. We suggest that you consult the guidelines at an early stage of preparing your manuscript. You can search for the correct guideline for your study using the tools provided by the EQUATOR network: http://www.equator-network.org/

The guideline used must be indicated in the journal's Author Checklist, which is to be submitted with every paper. The journal will ask reviewers to verify authors' adherence to the appropriate reporting guidelines.
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Informed consent must be sought from participants who are able to give it and this should be documented in the paper. Where informed consent is not obtained, consistent with recognised ethical principles and local legal frameworks this must also be documented in your paper. Ethical approval must be stated at an appropriate point in the article. The approving body and approval number should be identified in the manuscript. If the study was exempt from such approval the basis of such exemption and the regulatory framework must be described.

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Other individuals who made substantial contributions that fall short of the criteria for authorship (e.g., collecting data, providing language help, writing assistance or proofreading the article) should not be listed as authors but should be acknowledged as 'contributors' at the end of the manuscript with their contribution specified. For papers with ten or more authors, we ask that you give a collective name for the research group (e.g. ATLAS Research Group) to appear at the front of the article and list all authors at the end of the paper.

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Revised manuscripts: Authors should indicate the main changes to the manuscript by highlighting the relevant text sections. Tracked changes should not be used unless the changes are very minor. Please submit only one version of the revised manuscript.

CRediT contributions statement: For transparency, authors must submit a file outlining individual contributions to the paper for all authors and named contributors using the relevant CRediT roles (see https://www.elsevier.com/authors/policies-and-guidelines/credit-author-statement).

Covering letter - to the Editor (optional) in which you address any matters you may wish the editors to consider (for example requests for exceptions to policy or the relationship of this work to other studies, elaboration on potential conflicts of interest).

3.2 Title page
The title page should include the following. It will not be seen by reviewers.

Title: The title should be concise and informative. The journal requires titles for research and review papers to be in the format Topic (or question): method (e.g. Nurse staffing in intensive care units: a systematic review). The country in which the study was conducted should not normally be named in the title unless it is an essential element (for example a national survey).

Author names: Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration.

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When reporting quantitative results in the abstract, report parameter estimates and confidence intervals in preference to p-values (e.g. "risk of death was reduced [Odds ratio 0.9, 95% confidence interval 0.87-0.92]" rather than "risk of death was significantly reduced [p=0.001]")

Study registration details (e.g, ISRCTN number) and registration date should be included at the end of the abstract.

Tweetable abstract: Optionally authors may add a 'tweetable abstract' to the end of the abstract. The tweetable abstract should be 140 characters (not words) or fewer (to allow people using it to add additional hashtags, links to the article and other twitter handles). Tweetable abstracts should provide the main conclusions or the key message of a paper in a way that is easily understood.

Keywords: Provide between four and ten key words that accurately identify the paper's subject, purpose, method and focus. Use the Medical Subject Headings (MeSH) thesaurus (see http://www.nlm.nih.gov/mesh/ meshhome.html) or Cumulative Index to Nursing and Allied Health (CINAHL) headings where possible. Give keywords in alphabetical order.

3.3 Blinded manuscript
You can choose to submit your manuscript as a single file to be used in the refereeing process. It should contain high enough quality figures for refereeing. If you prefer to do so, you may still provide all or some of the source files for tables and figures at the initial submission. Please note that individual figure files larger than 10 MB must be uploaded separately.
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Contribution of the Paper: All submissions (with the exception of Letters and Editorials) should include "Contribution of the Paper" statements comprising a series of short single sentence bullet points under the headings "What is already known" (2 or 3 bullets) and "What this paper adds" (2 or 3 bullets). The statements should be placed at the beginning of the manuscript file.

'What is already known' should identify existing research knowledge relating to the specific research question / topic, rather than general background detail. 'What this paper adds' should summarise new knowledge (outcomes) as opposed to offering process statements of what the paper does.

"We have demonstrated in this review that nurse-led intermediate care reduces hospital stay but increases total inpatient stay" (outcome), NOT "We considered in this review the impact of nurse-led intermediate care on acute stay and total inpatient stay" (process)

Main manuscript text: For most papers the basic structure: Abstract, Introduction, Methods, Results, Discussion should be used. Authors should consult the relevant reporting guidelines for their methods and complete the relevant checklist to ensure essential detail is included (see our Author Checklist and the equator Network: http://www.equator-network.org/).

Details of ethical approval and study registration must be included in the methods section. As part of the discussion, authors should describe limitations of the work. A sub-heading before the final conclusions is recommended.

Word limits: Full papers up to 7000 words (excluding tables, figures, and references), editorials up to 1000 words and letters up to 1000 words. Shorter papers are preferred.

Tables and figures: Up to 5 in total. The corresponding caption should be placed directly below the figure or table. Additional tables / figures (including large tables) can be included as supplementary material, which must be cited in the text (e.g. see supplementary material table X).

References: 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 and references are complete and accurate. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the article number or 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.

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Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. Supplementary material must be cited in the text with a reference to the file and, if necessary, tables / figures within it (e.g. see supplementary file 1, table 6).

Supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). If you wish to make changes to supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files.

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We do not permit the use of abbreviations, (including acronyms and initialisms). Limited exceptions include SI units, statistical terms and tests (e.g. df, t, ANOVA) and instruments and products that are generally identified by their initials or an abbreviation (e.g. SF36, SPSS). Abbreviations may be
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Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing that might imply that one individual is superior to another on the grounds of ethnic background, sex, culture or any other characteristic, and should use inclusive language throughout. We ask authors to consider that the term 'race' is closely associated with ideologies of scientific racism and has no clearly defined scientific meaning. Its use as a simple description / categorisation of people should be avoided.

Authors should ensure that writing is free from gender bias, for instance by using 'he or she', 'his/her' instead of 'she' or 'her', and by making use of job titles that are gender neutral (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess'). Nurse is a gender neutral term.

We recognise that the recipients of healthcare are firstly people and should be referred to as such. For example, "people with diabetes" is preferable to "diabetes patients" or "diabetics" although recipients of health care in general might be referred to as patients in some circumstances. Never refer to people as 'sufferers' or 'victims' of a condition.

4.4 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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Standard methods of presenting statistical material should be used. Where methods used are not widely recognised explanation and full reference to widely accessible sources must be given. Wherever possible give both point estimates and 95% confidence intervals for all parameters estimated by the study (e.g. group differences, frequency of characteristics). Exact p-values should be given to no more than three decimal places. Do not interpret non-significant results as evidence that there is no difference / relationship. The term 'statistically significant' (not just 'significant') should be used to refer to the result of tests and the term clinically important should be preferred to the term clinically significant.
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