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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GUIDE FOR AUTHORS

1 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).

1.2 General guidance and preferred article types

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
Submission to this journal is online at https://www.editorialmanager.com/ns/default.aspx.

1.4 Elsevier Researcher Academy
Researcher Academy is a free e-learning platform designed to support early and mid-career researchers throughout their research journey. The "Learn" environment at Researcher Academy offers several interactive modules, webinars, downloadable guides and resources to guide you through the process of writing for research and going through peer review. Feel free to use these free resources to improve your submission and navigate the publication process with ease.

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 ICJME 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.

To aid editorial decisions about distinctiveness and to avoid redundant or duplicate publication, we ask that you provide full references of any publications drawing on the same data in the journal’s Author Checklist. If the sources are not readily available, please upload a copy of the manuscript as supplementary material for editors to consider. If other publications are under review or in preparation this should be mentioned in your letter to the Editor. If the sources are not readily available, please upload a copy of the manuscript as supplementary material for editors to consider.

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.

Please note: While we require authors to use reporting guidelines to structure their report and ask them to submit the relevant checklist, there is no need to refer to the guidance used in the paper itself. If the guidance is cited it should never be cited as a source for methods as opposed to guidance on reporting.

2.4 Study Registration
All clinical trials (as defined by the International Committee of Medical Journal Editors) must be registered in a publicly accessible trials registry and registration must have taken place before any participants were recruited. Please cite the registry, registration number, date of registration and, where relevant, date of first recruitment in both the abstract and in the body of the paper. Details of registration will be reviewed to ensure the manuscript is consistent with the registered study and so authors should not redact registration details (see below 'blinded manuscript'). For all other study types, including systematic reviews, we strongly encourage prospective registration.

2.5 Informed consent and ethical approval
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.

2.6 Patient details
The personal details of any patient included in any part of the article and in any supplementary materials (including illustrations and videos) must be removed before submission. Where an author wishes to include case details or other personal information or images of patients or any other individuals in an Elsevier publication, appropriate consents, permissions and releases must be obtained by the author. Written consents must be retained by the author but copies should not be provided to the journal unless specifically requested. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals (see https://www.elsevier.com/about/policies/patient-consent).

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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. Everyone who meets these criteria should be listed as an author. You will be asked to confirm this on submission.

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.

For transparency, authors must submit a file outlining individual contributions to the paper for all authors and named contributors using the relevant CRediT roles: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Software; Supervision; Validation; Visualization; Roles/Writing - original draft; Writing - review & editing. This contribution statement will be published with the paper.
Statements should be formatted with the names first and CRediT role(s) following. For all named authors the details provided in the statement must match the requirements for authorship (More details and an example) and authors must ensure that all contributions are properly acknowledged.

2.9 Changes to authorship
Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. It is important that all authors agree this. Any addition, deletion or rearrangement of author names in the authorship list is at the discretion of the editor and must be requested before the manuscript has been accepted. The Editor will require from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the change. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

2.10 Conflict of interest
All authors must disclose any financial and personal relationships with other people or organizations that could influence their work. Potential conflicts of interest do not necessarily preclude publication and authors are advised to err on the side of transparency and openness in declaring any relevant relationships.
Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Details must be included at the end of your manuscript and in a file that must be uploaded on submission. We recommend you use the ICMJE standard form to help you prepare this declaration. If there are no conflicts of interest then please state this: 'Conflicts of interest: none'. See also https://www.elsevier.com/conflictsofinterest.

2.11 Role of the funding source
You must identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated. If you received no external funding (i.e. other than your main employer) please state 'no external funding' https://www.elsevier.com/funding.

3 Manuscript Preparation
3.1 Documents required for submission (overview).
Information included in the title page can be extracted to populate the submission system reducing the need for you to rekey important information. Follow the detailed guidance in our MS word template to aid successful extraction.

Title page: (with author details) - This should include the title, authors' names and affiliations, and a complete address for the corresponding author including telephone and e-mail address. Twitter handles for one, or all, authors may also be included on the Title Page. The page should also include the abstract and keywords. A template word file to help guide you is available.

Author Checklist is available as a word file. (not applicable to letters and editorials)

Reporting guideline checklist: Please upload a completed reporting guidelines checklist for the relevant research design detailing where the areas covered by the guideline are addressed in the manuscript. For discussion papers and non-systematic reviews, letter or editorials, where no checklist applies, upload a file with 'reporting guideline not applicable'. There is no need to refer to the guidance used in the paper itself. Reporting guidelines should never be cited as a source for methods.

Blinded manuscript: (no author details) - The main body of the paper including contribution statements, references, figures, tables and any acknowledgements. This should not include any identifying information, such as the authors' names or affiliations although any study registration details should not be redacted so registration and protocols can be considered at review (see review below). Please ensure that the manuscript includes page numbers for ease of reference during the review process. A template word file to help guide you is available.

Declaration of potential conflict / competing interests: A statement detailing any actual or potential competing interests that could have appeared to influence the work reported in this paper. Please complete and upload the Declaration of Interest template which is available as a word file.

Data availability: To foster transparency, we require you to state the availability of your data in your submission. Where possible we encourage authors to share data by default using a publicly available archive. If your data is unavailable to access or unsuitable to post, you will have the opportunity to
indicate why during the submission process. The statement will appear with your published article on ScienceDirect. For more information, visit the Data Sharing page. For more information see below (Sharing research materials and data).

**Supplementary material:** Papers whose primary function is to report the development of scales, measures, questionnaires or other instruments must include a copy of the scale (and where relevant an English translation) as supplementary material. Other supplementary material can also be submitted (for example additional tables and figures) but must be cited in the manuscript.

**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.

**Affiliations:** Give the authors’ affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript immediately after the author’s name and in front of the appropriate address. Provide the full detail of each affiliation, including the country name.

**Corresponding author:** Clearly indicate who will handle correspondence at all stages of refereeing and publication. This responsibility includes answering queries about the research that may arise after publication.

**Present/permanent address:** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author’s name. The address at which the author actually did the work must be retained as the main affiliation address.

**Abstract:** All submissions (except letters and editorials) should include an abstract of 400 words or fewer. Abstracts of research and review papers must be structured and should adopt the headings suggested by the relevant reporting guidelines. Abstracts for Discussion Papers should provide a concise summary of the line of argument pursued and conclusions. Abstracts should not include references or abbreviations other than standard system international (SI) units and common statistical terms (e.g. t-test, ANOVA).

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.

**Anonymity:** The manuscript file should contain no details that readily identify authors to prospective reviewers. However, we recognise that on occasion essential information or the nature of the work itself may make it impossible to guarantee anonymity to authors. While the journal endeavors to maintain a double blind-review process as far as possible, we give priority to transparent reporting and prospective registration. As it is important that reviewers are able to verify that reporting is complete and consistent with protocols to avoid (for example) selective outcome reporting or undocumented protocol changes, authors are not permitted to redact registration numbers for review. Authors may exercise discretion in relation to redacting details of prior research.

The blinded manuscript must include the following essential elements (except as noted above):

**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.

3.4 Supplementary material

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.

4 Style and specific requirements

4.1 Language (usage and editing services)

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier’s WebShop.
4.2 Abbreviations
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 used used in tables if needed but need to be fully defined in a footnote for each table where the abbreviation is used. For additional guidance, see the editorial policy/style on abbreviations, initialisms and acronyms.

4.3 Use of inclusive language
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.

4.5 Statistics
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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