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DESCRIPTION

*Nurse Education* in Practice aims to publish leading international research and scholarship on the practice of nurse and midwifery related education. The remit of the journal, therefore, spans education and clinical practice. We publish empirical studies and systematic reviews with a view to contributing to the evidence base of nurse and midwifery education in practice.

*Nurse Education* in Practice is a peer reviewed journal which promotes diversity in terms of country, culture, sexual orientation and lifestyle. Submissions to the journal should be theoretically based, methodologically sound and of interest to an international readership. We promote open science and encourage the pre-printing of manuscripts, registration of studies and sharing of data.

IMPACT FACTOR

2022: 3.200 © Clarivate Analytics Journal Citation Reports 2023

ABSTRACTING AND INDEXING

Scopus
EMCARE
PubMed/Medline
PubMed/Medline
CINAHL
Science Citation Index Expanded
Journal Citation Reports - Science Edition
Social Sciences Citation Index
Social Sciences Citation Index
Current Contents - Clinical Medicine
Current Contents - Social & Behavioral Sciences

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INTRODUCTION

*Nurse Education in Practice (NEP)* provides an international forum for research and scholarship on the practice of *nurse and midwifery related education*. We particularly welcome relevant studies into interprofessional learning. *NEP* aims to support evidence informed policy and practice by publishing research, systematic reviews, critical discussion, and commentary of the highest standard. Studies 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.

*Types of papers and word limits*

*NEP* publishes original research, reviews, and discussion papers. We also publish protocols for original studies and reviews. Word length excludes abstract, tables, figures and reference list.

**Research Papers - 5,000 words**

*NEP* 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.

**Reviews and Discussion Papers - 6,000 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’.

**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 aims and scope.

**Editorials**

All editorials are commissioned, and we do not invite submissions under this category. Editorials in *NEP* are not reviewed and are published at the discretion of the Editor-in-Chief.

**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 and midwifery education.

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. We do not publish studies undertaken on animals.

The Editor in Chief and the publishers regret that, while we make every effort to keep manuscript turnaround times low, we cannot respond to requests from or on behalf of authors to accelerate the peer review or decision processes to accommodate the necessity to publish either for higher degrees, appointments or promotion purposes.

**Submission system**

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BEFORE YOU BEGIN

Ethics in publishing

NEP is a supporter of 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 here and the COPE's guidelines here.

The work to be 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). Further information on Ethics in Publishing and Ethical guidelines for journal publication can be found here.

Reporting guidelines

The editors require that manuscripts adhere to recognized reporting guidelines relevant to the research design used and require authors to submit a checklist verifying that essential elements have been reported for all primary research and systematic 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. The guideline used must be indicated in the journal's Author Checklist, which is to be submitted with every paper.

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We strongly encourage the prospective registration of studies and suggest that authors use either the Open Science Framework or the Center for Open Science. Please note that all studies involving patients must be registered and if they are clinical trials involving patients then then must be registered prospectively at an appropriate clinical trials registry. To maintain anonymity, please do not give registration details at submission but do indicate in the abstract where the study is registered and if the manuscript is accepted the full details should then be provided.

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.

Participant details

The personal details of any participants included in any part of a study and in any supplementary materials (including all illustrations and videos) must be removed before submission. Where an author wishes to include case details or other personal information or images of participants 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. More information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals can be found here.

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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 should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor will require from the corresponding author:
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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.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or biased. AI and AI-assisted technologies should not be listed as an author or co-author, or be cited as an author. Authorship implies responsibilities and tasks that can only be attributed to and performed by humans, as outlined in Elsevier’s **AI policy for authors**.

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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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Documents required for submission (overview).
Author Checklist - a brief checklist to ensure that you have provided all essential information. The Author Checklist is available as a word file.
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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 if they wish for these to be published. A template word file to help guide you is available.
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The blinded manuscript must include the following essential elements (except as noted above):

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All submissions (except letters and editorials) should include an abstract of 400 words or less. In general, the following detail is required: Aim; Background; Design; Methods; (include date of study and number of participants) Results; and Conclusions, which should relate to study aims and hypotheses. Abstracts for Discussion Papers should provide a concise summary of the line of argument pursued and conclusions. 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]").

If the study is registered, registration details should be included in the title page and - if the manuscript is accepted - should be moved to the end of the abstract. Abstracts should not include references or abbreviations other than standard system international (SI) units. Abstracts of research papers must be structured and should adopt the headings suggested by the relevant reporting guidelines.

Tweetable abstract

Optionally authors may add a `tweetable abstract` to the end of the abstract as a final section. The tweetable abstract should be 280 characters 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) or Cumulative Index to Nursing and Allied Health (CINAHL) headings where possible.

Give keywords in alphabetical order.

Main manuscript text

Up to 5000 words for original manuscripts and 6000 words for reviews and discussion papers.

Structure: The following structure should be followed: Abstract; Introduction; Methods; Results; Discussion; Conclusion 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).

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 5000 words for original manuscripts and 6000 words for reviews and discussion papers (excluding tables, figures, and references, letters up to 1000 words. Shorter papers are preferred.

Tables and figures: Up to five 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.

Ethical approval and informed consent: details must be given in the methods as specified above.

Abbreviations: No abbreviations should be used other than as specified below in our general notes on style.

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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At revision stage the following documentation is required: a separate "Response to Reviewers" file, which responds point by point to the reviewers' and editors' comments and highlights the changes made. a revised blinded manuscript with changes clearly highlighted. Unless revisions are minor do not simply use your word processor’s 'track changes' - your aim is to help reviewers identify revised sections AND to read / review the revised manuscript.

If you provided low-resolution artwork for review, you should also add files suitable for publication at this stage (see below):

**Style and specific requirements**

**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.

**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.

We recognise that the recipients of healthcare are firstly people. In many cases, it is not appropriate to refer to them as "patients". For example, "people with diabetes" is preferable to "diabetes patients" 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.

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 and midwife are gender neutral terms.

**Abbreviations, acronyms and initialisms**

NEP does not permit the use of abbreviations, acronyms and initialisms (abbreviations for brevity). We make a limited number of exceptions, but we do not allow the use of any abbreviations that are not widely recognised.

The limited exceptions include cases where the abbreviated form has near universal recognition (e.g. USA), 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). For additional guidance, see the editorial policy/style on abbreviations, initialisms and acronyms.

Any abbreviations which the authors intend to use in the body of your paper should be written out in full, followed by the letters in brackets the first time they appear. Thereafter only the letters should be used. Please note that SPSS is the full name of the product, not an abbreviation. Abbreviations used in tables need to be fully defined at the foot of each table where the abbreviation is used.

**Tables**

Please submit tables as editable text and not as images. Tables and figures should not be included in the main manuscript but should be uploaded separately, each on an individual page. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables (maximum 5 tables and figures in the body text) and ensure that the data presented in them do not simply duplicate results described elsewhere in the article.

Additional tables can be submitted as online supplemental material, but these must be referred to in the text (supplemental material table X etc.). Please avoid using vertical rules. Abbreviations used in tables need to be fully defined at the foot of each table where the abbreviation is used.

**Footnotes**

Do not use footnotes other than where abbreviations or other symbols have been used in a table, in which case the notes should be below the table, not the foot of the page.
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. Identify the statistical package used (including version). 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. Please refer to the International Journal of Nursing Studies position paper on reporting statistical significance and p-values to which we adhere.

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In text citations and reference lists will be reformatted to journal style if the article is accepted. The journal uses an author (date) citation style. Please ensure that every reference cited in the text is also present in the reference list (and vice versa). When copying references, please be careful as they may already contain errors. Use of the DOI is highly encouraged.

Unpublished results and personal communications are not to be included the reference list but may be mentioned in the text. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Web references. As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired or can be included in the reference list.

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