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DESCRIPTION

This peer-reviewed journal offers a unique focus on the realm of pain management as it applies to nursing. Original and review articles from experts in the field offer key insights in the areas of clinical practice, advocacy, education, administration, and research. Additional features include practice guidelines and pharmacology updates.

Benefits to authors
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IMPACT FACTOR

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GUIDE FOR AUTHORS

INTRODUCTION

Pain Management Nursing is a refereed journal and the official journal of the American Society of Pain Management Nursing. The purpose of the journal is to provide pain management professionals, particularly nurses, with excellent articles providing insights in the areas of research, evidence-based clinical practice, quality improvement, education, administration, and advocacy. Additional journal features include practice guidelines and pharmacology updates. Submissions must include a specific description of how the content applies to pain management nursing practice.

ARTICLE FORMATS

Articles are typically 3000 to 6000 words (double spaced in APA format) and provide an opportunity to address important topics affecting pain management nursing practice. Topics can vary tremendously and focus on a variety of areas, such as reports of research findings, quality improvement projects, review articles, administrative or leadership challenges, special care considerations for selected patient/family populations (e.g., diabetic, obese, orthopedic, pediatric, older adult etc.), clinical consultations, or assessment tools used in pain management nursing practice. Within PMN, there are also continuing education opportunities. If your submission does not fit into the following formats, please contact the editor to determine if you should submit your work.

Research Articles:

Articles reporting original research are welcomed. These submissions when applicable must adhere to recognized reporting guidelines relevant to research design used in the article. Manuscripts reporting randomized control trials should refer to the Consolidated Standards of Reporting Trials (CONSORT) guidelines, available at https://www.equator-network.org/reporting-guidelines/consort/. For quasi-experimental/non randomize studies, the TREND (Transparent Reporting of Evaluations with Non-Randomized Designs) guidelines are available at https://www.cdc.gov/trendstatement/pdf/trendstatement_TREND_Checklist.pdf. Authors of qualitative studies should also refer to the guidelines known as COREQ (Consolidated criteria for reporting qualitative research) https://www.elsevier.com/__data/promis_misc/ISSM_COREQ_Checklist.pdf. Observational study reports (i.e., case control, cohort, and cross sectional studies) are referred to the STROBE Guidelines at http://www.strobe-statement.org/index.php?id=strobe-home where checklists are also available.

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The journal accepts integrative as well as systematic reviews of qualitative, quantitative or mixed methods research. For systematic and meta-analysis reviews, it is strongly recommended that authors follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, available at: http://www.prisma-statement.org/ in the development of their reviews. Authors presenting meta-syntheses should access the COREQ guidelines already mentioned. As part of any review, authors are expected to include a statement early in their work about the type of review they are presenting and follow the stipulated guidelines. All reviews must contain clearly formulated research questions, explicit methods to identify, select, and critically appraise relevant research, report how data were collected and analyzed data along with a results section, conclusion, and implications of the findings to pain management practice. Meta-analysis (statistical techniques to integrate the results of included studies) may or may not be used to analyze and summarize the results.

Clinical Consultation Articles

The Clinical Consultation is designed to address important, recurrent, and challenging clinical practices for pain management professionals. The primary purpose of this feature is to stimulate discussion and advance pain management nursing and interprofessional practice. Readers should be able to take the practical, evidence-based information contained in the Clinical Consultation article and use it to more effectively manage a persistent clinical practice dilemma. The manuscript should include the following:
Clinical situation (presented as a question and description of an exemplary case study). Example question: What are most salient factors to consider in pain management of older adults following a hip fracture repair? How do you determine if your patient is depressed?

Description of major current evidence-based interventions

Concluding paragraph describing what evidence still needs to be developed and the rationale

References to support your rationale for action

Tables and figures may be used, but are not necessary unless they illuminate the content

**Special Features**

Policy, innovation, or other types of manuscripts that do not fit the previous categories.

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The Publication Manual of the American Psychological Association (APA), 7th edition has the format for references, headings, and other matters. Check here for additional information about APA style: [http://www.apastyle.org/faqs.html](http://www.apastyle.org/faqs.html). Note below that PMN guidelines differ slightly from APA guidelines, for example, the PMN requirements of structured abstract and additional information about authors differ.

Articles should be in a 12-point font, double-spaced, in either Times New Roman or Courier and as a Word document or as Rich Text (this includes all tables and figures) with standard margins (about 1 inch). Fancy typefaces, italics, underlining, and bolding should not be used except as prescribed in the APA guidelines. Articles should be submitted with numbered lines (formatted in the Word document) and the lines should be continuous throughout the document. The majority of articles should be no more than 6000 words including abstract, text, references, tables, and figures, except for the Clinical Consultation that is approximately 2500 words in length. The author is responsible for compliance with APA format and for the accuracy of all information, including citations and verification of all references with citations in the text. Spelling should be in American English.

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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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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.
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*Subdivision - unnumbered sections*

Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

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The content of your paper should determine the level headings used. For quantitative research papers the level headings should include the usual layout such as **Background** (including problem, purpose and significance); **Literature Review; Methods** (including research question, design, & procedures); **Data/Results; Discussion; Implications for nursing education, practice and research**; and **Conclusions**. Be sure to refer to the APA manual for the proper placement of level headings within the manuscript (see APA, 7th ed.,). For reviews, the level headings should include, insofar as possible: **Objectives, Design; Data sources; Review methods; Results; Implications for nursing**; and **Conclusions**.

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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

**Material and methods**

Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

**Results**

Results should be clear and concise.

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This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

**Conclusions**

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

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If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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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).

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A structured abstract that summarizes the content, is required and to be no more than 250 words (not applicable to the Clinical Consultation). The abstract should be on a separate page and not contain references or abbreviations. Abstracts for research articles and quality improvement articles should include Purpose; Design; Methods; Results, Conclusions, and Clinical Implications. Review article abstracts should provide a summary under the following headings, where possible: Objectives; Design; Data sources; Review/Analysis methods; Results, Conclusions, and Nursing Practice Implications. Clinical Consultations: This abstract is 100 words or less and has only two headings: specific clinical issue, major practice recommendations based on best evidence. Abstracts are not required for Editorials or papers about contemporary issues.

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Acknowledgements
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