



PROFESSION AND SOCIETY

Quality of Author Guidelines in Nursing Journals

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Abstract

Purpose: The aims of this study were to (a) describe the information provided in author guidelines in nursing journals, (b) assess the completeness of this information, and (c) identify the extent and types of reporting guidelines used in nursing journals.

Design: Content analysis of author guidelines for 245 nursing journals included in the Directory of Nursing Journals maintained at the International Academy of Nursing Editors website.

Methods: Using Research Electronic Data Capture, data on 19 criteria for completeness were extracted from published author guidelines. Additional details about journal requirements, such as allowed length of manuscripts and format for the abstract, were also recorded. Reliability was established by simultaneous review of 25 journals (10%) by the research assistant and a senior member of the research team.

Findings: Author guidelines were easily accessible at journal websites or through links to download the information. A majority (73.5%) had completeness scores of 75% or higher; six journals had guidelines that were 100% complete. Half of the journals used the American Psychological Association reference style, and 26.3% used the American Medical Association style. Less than one fourth had stated requirements to use reporting guidelines such as Consolidated Standards of Reporting Trials (CONSORT) and Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).

Conclusions: Author guidelines for nursing journals are generally complete and informative. Although specific reporting guidelines such as CONSORT and PRISMA improve the accuracy and completeness of manuscripts on various types of studies, most nursing journals do not indicate use of these for manuscript preparation. Editors who want to improve their author guidelines should use the 19 criteria for completeness as a gauge for updating and revision.

Clinical Relevance: Nurses rely on the published literature to inform their practice and ensure that it is based on evidence. Guidelines for publishing in the scholarly literature assist clinicians and scholars to ensure that published articles are complete, current, concise, and accurate.

When writing for professional communication, authors rely on the guidelines published in a journal to ensure that their manuscripts are clear, complete, and formatted according to the style of the journal. Editors rely on guidelines so that they receive appropriate manuscripts for peer review. Author guidelines, also called information for authors, should contain essential information about the journal, types and formats of articles that are published, specifics on manuscript preparation, reporting standards and guidelines to use, disclosure of conflicts of interest (COI) and criteria for authorship, and other requirements of the journal. These instructions are the link between authors, editors, and peer reviewers and the main channel of communication during the manuscript submission and review process. Instructions should be clear and comprehensive and provide guidance to the author who is writing a manuscript for submission. Not preparing a manuscript according to the journal's requirements delays the review process and in some cases, may lead to rejection of the paper. Detailed and complete author guidelines for a journal result in fewer questions among authors and may lead to higher quality of manuscripts submitted to the journal. Complete and comprehensive content in the author guidelines also confirms the credibility of the journal.

Although a few studies have been done on authorship of nursing articles and adherence of nursing journals to standards for reporting clinical trials and systematic reviews, no studies have examined the content of author guidelines of nursing journals. Thus, the aims of this study were to (a) describe the information provided in author guidelines in nursing journals, (b) assess the completeness of this information, and (c) identify the extent and types of reporting guidelines (e.g., Consolidated Standards of Reporting Trials [CONSORT]) used in nursing journals. This review of author guidelines reveals characteristics of nursing journals, which have not been previously described.

Literature Review

The Uniform Requirements for Manuscripts Submitted to Biomedical Journals, first published in 1979, has expanded from an outline of required components of a manuscript to a more robust set of guidelines that address ethical concerns, provide greater transparency, and emphasize editorial preferences of journals as outlined in instructions for authors (Kojima & Barron, 2010). The guidelines, developed by the International Committee of Medical Journal Editors (ICMJE, 2017) are now referred to as the *Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals*. They cover roles and responsibilities (e.g., defining

author contributions, COI); publishing and editorial issues (e.g., scientific misconduct, overlapping publications); and manuscript preparation (<http://www.icmje.org/recommendations/>). There are more than 600 journals that follow these recommendations, and of those, 39 have the word “nurse” or “nursing” in their titles (<http://www.icmje.org/journals-following-the-icmje-recommendations/>). The ICMJE suggests that journals incorporate the recommendations into their author guidelines.

Several studies have analyzed the completeness of author guidelines, although none have provided a comprehensive analysis in nursing journals (Horvat, Mlinaric, Omazic, & Supak-Smolcic, 2016; Meerpohl, Wolff, Niemeyer, Antes, & von Elm, 2010). A few studies have addressed ethical issues within the nursing literature. Kennedy, Barnsteiner, and Daly (2014) surveyed corresponding authors of 422 articles published in 10 nursing journals to determine whether their co-authors met the authorship criteria outlined in the ICMJE Recommendations. They found that 42% of articles reported honorary authors, or those who are named as authors without having met the authorship criteria, and an additional 28% of articles had instances of ghost authorship in which those who met authorship criteria were not named as authors. A study on COI statements published in the supportive and palliative oncology literature, including some in the *International Journal of Palliative Nursing*, found 51% of 848 studies did not report COI related to the study, and 88% did not report COI outside the study (Hui et al., 2012).

Guidelines have been developed to improve the reporting of varied types of studies: these are referred to as reporting guidelines. Reporting guidelines include the CONSORT, Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), Standards for Quality Improvement Reporting Excellence (SQUIRE), and Strengthening the Reporting of Observational Studies in Epidemiology (STROBE), among others. The Enhancing the Quality of Transparency of Health Research (EQUATOR) Network is a portal of guidelines to use when conducting and reporting different types of study designs. Currently there are 370 reporting guidelines, with more under development (EQUATOR Network, 2017). These guidelines help authors in preparing a manuscript that accurately describes the study and is complete. All relevant information about a study needs to be reported for readers to assess its validity (Meerpohl et al., 2010).

A few studies have demonstrated a need within the nursing literature for more detailed reporting of systematic reviews and clinical trials. A study of nursing journals' endorsement of the PRISMA statement indicated that only 30 of 107 journals recommended or

required the statement (Tam, Lo, & Khalechelvam, 2017). While there were no significant differences in adherence to the PRISMA statement between systematic reviews and meta-analyses published in journals endorsing PRISMA versus those in journals that did not, Tam et al. (2017) recommended that journals require authors to follow these guidelines.

In a study analyzing the requirement of and adherence to the CONSORT statement and trial registration for randomized controlled trials (RCTs), Jull and Phyu Sin (2015) found that 7 of 15 nursing journals promoted the use of CONSORT, and 3 of those also endorsed trial registration. Those RCTs published in journals endorsing CONSORT had a lower risk for bias for blinding and more complete follow-up, while those published in journals promoting trial registration were three times more likely to be registered. The authors found an inadequate reporting of trials and recommended a stronger editorial position on adherence, such as by only publishing trials that have been registered and involving reviewers in checking for trial reporting (Jull & Phyu Sin, 2015). In a similar study of 96 trials published in four nursing journals, 37% of the RCTs did not meet at least half of the criteria of the CONSORT checklist used to determine adherence to the standards. One journal began recommending the use of CONSORT during the study, and this caused a significant increase in CONSORT scores for RCTs published within that journal (Smith et al., 2008).

Methods

Review Process and Form

The author guidelines of all of the journals ($n = 249$) in the Directory of Nursing Journals at the International Academy of Nursing Editors (INANE) website (<https://nursingeditors.com/journals-directory/>) were reviewed. The directory is a collaborative venture between INANE and the publication, *Nurse Author & Editor*. This list was selected as the journals are vetted based on the Committee on Publication Ethics (COPE) Principles of Transparency and Best Practice in Scholarly Publishing (COPE, 2014). The directory includes journals that are published in print, online only, or a combination of print and online. It also includes journals that require a subscription to access content, are open access (authors pay to publish and for their article to be freely available on the Internet), and are hybrid, that is, subscription journals that offer an option for open access. The vetting process ensures that there are no journals that are described as predatory (Oermann et al., 2016). The directory is updated in real-time as new or revised information is received by the list maintainers.

Table 1. Completeness Criteria for Evaluation

Criteria
Instructions for authors available at the website or link to download
Purpose of the journal stated
Description of audience/journal readers
Types of articles published in the journal
Guidelines about required sections/content
Abstract required
Key words required
Specification of the length of manuscript in words or pages
Specification of maximum number of tables and figures
Identification if the journal is peer reviewed
Description of the peer review process
Style for references identified
How citations are to be presented in the manuscript is stated
Examples of citations in proper format are presented
Guidelines for permission to use copyrighted material identified
Guidelines for authorship identified
Guidelines related to originality/proper attribution identified
Guidelines related to conflict of interest identified
Clear procedure for transfer of copyright identified

Using the ICMJE Recommendations, COPE best practice guidelines for editors (COPE, 2011), and the literature review, a data capture form was developed to record the information provided in the author guidelines for the 249 journals. The form listed 19 content areas that were considered important to be included in author guidelines (**Table 1**). These content areas were consistent with a study by Nambiar, Tilak, and Cerejo (2014) on the quality of author guidelines of journals in the biomedical and physical sciences. If the information was present, it was answered as a yes or no question. For some areas additional details were recorded, for example, the maximum length of a manuscript in pages or words, reference style used in the journal and other information provided to authors about citations, reporting guidelines required by the journal, and fees (if any) for publication.

Data Collection and Analysis

A database was created in Research Electronic Data Capture (REDCap; Harris et al., 2009) for the study. For each journal, the research assistant (RA) located the author guidelines using the link at the Directory of Nursing Journals. The RA reviewed the guidelines and entered the information into REDCap. For the first five journals, the RA and a senior member of the research team reviewed the author guidelines together to establish a baseline of consistency for data entry. For the next 25 journals (10%), the same person reviewed the data entries made by the RA and verified their accuracy to ensure reliability, at which point the entry was

verified in REDCap. After that, the RA entered data independently. If the RA had any questions or concerns about an entry, the second author reviewed and corrected the entry before it was marked as complete in REDCap. The RA also contacted the second author with any questions about the status of a journal, information about the editor or publisher, or availability of author guidelines. Through this process, four entries were deleted from the Directory of Nursing Journals and the REDCap database. The final number of journals reviewed was 245.

A completeness score was calculated for each journal based on the number of required content areas ($n = 19$) that were present in the author guidelines, with scores ranging from 0 to 19 (see **Table 1**). Items that comprised the completeness score were not weighted; all were considered equally important. Categorical variables were described with frequency and percent, and continuous variables were described using mean, standard deviation, median, and range (minimum, maximum). Data were analyzed using SAS/STAT software version 9.3 (2010; SAS Institute Inc., Cary, NC, USA).

Results

Of the 245 nursing journals in the final sample, the majority of publishers were from the United States ($n = 149$, 61.6%), followed by the United Kingdom ($n = 61$, 25.2%). All but five of the journals (97.9%) included author guidelines (instructions for authors) at the journal website or via a link to download them.

Manuscript Preparation

The vast majority of the author guidelines of nursing journals described the purpose or mission ($n = 210$, 88.2%) and readers ($n = 203$, 85.3%) of the journal. Nearly all of the journals also specified the types of articles that would be published ($n = 228$, 95.8%) and provided guidelines for preparing each of those manuscript types ($n = 226$, 95.0%).

Most of the journals reviewed required an abstract and used two formats: a structured abstract with headings ($n = 104$, 48.2%) or narrative (without headings; $n = 80$, 37.0%). Thirty-two journals that required an abstract, however, did not provide any information about its format. The maximum word length for abstracts ranged from 40 to 500, with a median of 200 words. Key words are critical for indexing articles, and the majority of journals ($n = 174$, 75.0%) asked authors to provide these terms with their submission. The median number of key words to be provided by authors was 6 and ranged from 3 to 20.

Table 2. Reporting Guidelines Used in Nursing Journals

Guideline	<i>n</i> (%)
Consolidated Standards of Reporting Trials (CONSORT)	57 (23.9)
Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)	47 (19.7)
Standards for Quality Improvement Reporting Excellence (SQUIRE)	33 (13.9)
Strengthening the Reporting of Observational Studies in Epidemiology (STROBE)	29 (12.2)
Consolidated Criteria For Reporting Qualitative Research (COREQ)	18 (7.6)
Enhancing the Quality of Transparency of Health Research (EQUATOR)	14 (5.9)

The majority ($n = 197$, 83.1%) of the author guidelines specified the maximum length of manuscripts allowed by the journal, which is critical information for authors. Typically, the maximum length was stated in words ($n = 125$, 63.5%) versus pages ($n = 72$, 36.5%). Word length ranged from 1,200 to 8,500 words (median 4,000 words), and number of pages ranged from 8 (briefs) to 40 (median 20 pages). In preparing a manuscript, authors need to know not only the length allowed but also how many tables and figures can be included with the paper. Only 43 (18.2%) of the author guidelines included this information.

Reference style is an important issue for authors. Reference styles that were specified in the author guidelines included the style manual of the American Psychological Association (6th ed.; APA, 2009; $n = 105$, 50.2%), followed by the style manual of the American Medical Association (10th ed.; AMA, 2007; $n = 55$, 26.3%) and Harvard style ($n = 37$, 17.7%). Journals tend not to limit the number of references that can be included with a paper: only 44 (18.1%) of the author guidelines stated a limit on the number of references, ranging from 3 to 150 (for a systematic review) with a median of 40.

Reporting Guidelines

Although specific reporting guidelines such as CONSORT and PRISMA improve the accuracy and completeness of manuscripts on various types of studies, most instructions for authors did not require their use for preparing manuscripts. For journals that did, the three most common were CONSORT, PRISMA, and SQUIRE (**Table 2**).

Editorial Processes and Ethical Requirements

Nearly all ($n = 232$, 96.2%) of the journals stated in their author guidelines that they were peer reviewed,

Table 3. Ethical Requirements Stated in Author Guidelines

Ethical requirement	<i>n</i> (%)
Disclosure about conflicts of interest	189 (79.4)
Criteria for authorship (who can be named as author)	138 (58.2)
Guidelines related to manuscript originality/proper attribution	204 (85.7)
Guidelines for permission to use copyrighted material	204 (85.7)
Clear procedure for transfer of copyright to publisher	194 (81.5)

and half of the journals ($n = 131$, 57.2%) described their peer review processes. Descriptions of ethical requirements such as disclosure of COI should be included in all author guidelines. However, there was variability across nursing journals regarding this information (Table 3). All journals should indicate criteria for authorship or refer authors to these criteria, but only 138 (58.2%) of the journal guidelines addressed this.

More than half ($n = 139$, 59.2%) of the author guidelines of nursing journals specified fees for publication ranging from \$83 to \$4,000 (median \$2,640). The majority of the fees were for open access ($n = 126$; 90.6%); of this group, the fee was optional for 119 (94.4%) of the journals, designating them as hybrid journals. Only 7 (5.6%) of the nursing journals were solely open access. The remainder of the fees that were identified were for printing color pictures or figures ($n = 6$; 4.3%); a "submission or publication fee" ($n = 4$; 2.9%), and other miscellaneous fees, such as exceeding the maximum number of pages or color images ($n = 3$; 2.2%).

Completeness of Author Guidelines

The completeness score was based on the number of required content areas (out of 19) that were present in the author guidelines. A total of 238 journals had sufficient information to calculate a completeness score, which ranged from 3 to 19 with a median of 15 ($M = 14.67$, $SD = 2.97$). Six journals (2.5%) had a completeness score of 19. However, perfection is an elusive goal, and perhaps it is better to consider journals that had 14 or more elements (75%) that recorded yes for a completeness score. Using that criteria, 175 (73.5%) had completeness scores of 14 or more. By contrast, there were only 3 journals (less than 1%) with a completeness score of 3 (2.5%).

Discussion

Overall, findings of this study revealed that scholarly nursing journals have information for authors that is easily accessible on the journal website or through a link that allows guidelines to be downloaded. In addition, the

majority of guidelines reviewed meet completeness criteria at a standard of 75% or better, with a small number of journals ($n = 6$) achieving 100% completeness. As noted earlier, the items comprising the completeness score were not weighted; all were considered equally important. At the individual journal level, an editor may have certain criteria that are considered to be more important or essential, while others are not relevant to the types of article the journal publishes. This may be a basis for some journals having less than 100% completeness in their author guidelines. On the other hand, missing items may reflect an unintentional omission, which would benefit from correction. Editors who want to enhance their author guidelines should review their current requirements against the 19 criteria in Table 1. Revisions can then be made based on criteria that are missing or weak, resulting in increased clarity in their guidelines.

Nambiar et al. (2014) assessed the completeness and clarity of author guidelines in biomedical and physical science journals. The primary categories of information to be included were grouped into five areas: aims and scope of the journal, submission and postsubmission processes, formatting instructions, ethical requirements, and authorship. No journal provided all of the information in their instructions for authors. The mean combined completeness and clarity score was 47.5%. Formatting instructions were the most complete category (60.2%), but information about authorship was the least complete (only 42.5% of the author guidelines provided information about authorship criteria, resolution of authorship issues, and copyright). Similarly, in a study of 25 medical laboratory technology journals, all defined the scope of the journal, and 92% defined their editorial policies (Horvat et al., 2016). However, only half (52%) of the author guidelines explained the peer review policy and process. Most of the journals required disclosure for COI ($n = 24$, 96%). The author guidelines for the nursing journals reviewed in this study exceeded all of these thresholds.

Ethical issues related to publication are important and an ongoing area of concern for editors, peer reviewers, authors, and publishers. Of the five ethical requirements listed in Table 3, it was a positive finding that the majority of journal guidelines include this information, at levels close to or exceeding 80%. One area for improvement, however, is in the "criteria for authorship," with only 58.2% of the guidelines including this information. Based on the findings of Kennedy et al. (2014) reporting honorary (42%) and ghost (28%) authorship in nursing publications, it is clear that many authors do not understand the guidelines put forth by the ICMJE and perhaps are not aware of them. We recommend that editors review their guidelines carefully for information about authorship and consider adding more detail on this topic. It

might be useful to reference journal policy regarding who qualifies for authorship versus who should be thanked in an acknowledgement, thus providing additional guidance for authors.

Most nurse authors are familiar with the reference style they used in their nursing programs for papers, research projects, theses, and dissertations. This study confirmed that APA style is predominant in nursing journals (51%) followed by AMA style (26%). Harvard style was third at 18%. It should be noted that Harvard is not really a style but rather a format of (author, date) citations similar to APA (Chernin, 1988). The fact that over 75% of journals reviewed use one of two styles should be reassuring to authors—there is no need to believe that it is necessary to learn or master multiple styles to publish in the nursing literature. A working knowledge of APA and AMA styles will probably suffice in most authorial situations. Use of reference management software to format references and style papers also will help authors to prepare their citations accurately (Chinn, 2016).

A study of 70 instructions for authors in pediatrics journals revealed 78% required disclosure of COI (Meerpohl et al., 2010). Our findings showed similar results, with 79.4% including a COI statement. Likewise, in the Meerpohl et al. (2010) study, endorsement of reporting guidelines in pediatric journals was limited; only 14 journals (20%) mentioned the CONSORT standards, and of these, only 3 required authors to use them. The other reporting guidelines were mentioned infrequently. Findings in our study were similar, with less than one fourth referring to the CONSORT guidelines and lower numbers for the others (see **Table 2**).

In a study by Sims, Henning, Wayant, and Vassar (2016) of 27 emergency medicine journals, 11 (40.7%) did not mention any reporting guideline in their instructions for authors. The ICMJE guidelines ($n = 18$, 66.7%) and CONSORT ($n = 15$, 55.6%) were included most often. Tunis, McInnes, Hanna, and Esmail (2013) evaluated whether the reporting of systematic reviews and meta-analyses improved in radiology journals since the publication of PRISMA and if use of PRISMA was associated with study quality, measured by the Assessing the Methodological Quality of Systematic Reviews (AMSTAR) criteria. They evaluated 130 studies from 11 journals. Prior to PRISMA, articles included a mean of 20.9 of the 27 items that should be reported. After publication of PRISMA, this number increased to 22.6, a slight improvement. Completeness of reporting using PRISMA, however, was associated with a higher quality of studies based on AMSTAR. The value of suggesting or requiring that authors use reporting guidelines to structure their manuscripts and report their findings must be balanced against the type of manuscripts published in the

journal and the potential confusion presented to authors by suggesting “guidelines within guidelines.” This study revealed that reference to reporting guidelines in the information for authors in nursing journals at this moment is somewhat low. This finding might be interpreted as editors proceeding cautiously with regard to guideline recommendation versus lack of awareness that guidelines exist. Editors and authors who have limited knowledge about the various reporting guidelines should make this a priority for learning.

An additional consideration about reporting guidelines is their use on a voluntary versus required basis. For example, a journal might not suggest or require use of the SQUIRE guidelines for reporting a quality improvement study. However, an author may choose to follow these guidelines to ensure the report is complete and there is sufficient detail for readers to replicate the study and implement the intervention in their own settings. Authors should refer to relevant reporting guidelines when writing their manuscripts. The EQUATOR Network (<http://www.equator-network.org/>), with its database of 370 reporting guidelines, is an excellent resource for authors.

In a study of 600 journals, Resnik, Tyler, Black, and Kissling (2016) found that 62.5% included a policy on authorship. The most frequent types of policies related to criteria for authorship (99.7%) and acknowledgments (97.3%). In this study, 138 journals (58.3%) had guidelines for authorship. A higher percentage (85.7%; $n = 204$) had guidelines for originality and proper attribution.

In an interesting footnote, one of the four journals that was removed from the Directory of Nursing Journals through the review process had changed publishers, and the new publisher was, in fact, one that had been identified previously as predatory. A review of articles from this journal revealed a dramatic downward shift in quality pre- to post-purchase in 2014 (Oermann et al., 2016, 2018). This is mentioned as a reminder that all authors need to be vigilant to carefully assess journals prior to manuscript submission and not get caught by publishing in a predatory journal, as no one is immune to this problem (Cobey, 2017; Nicoll & Chinn, 2015).

Conclusions

The findings of this study suggest that author guidelines for the 245 scholarly nursing journals that were reviewed are, in general, complete and provide sufficient guidance for authors to prepare manuscripts in accordance with required editorial policies. In addition, an interesting finding is that there is not a plethora of reference styles required by different journals—an author with a working knowledge of APA and AMA styles will be well

served in the majority of cases when writing for publication in nursing.

An area of consideration is the suggestion or requirement to use reporting guidelines, such as CONSORT or PRISMA. This review found that the suggestion to use such guidelines is low at less than 25%. Editors need to carefully consider whether adding this information will make their author guidelines longer, and potentially more confusing, or will add value to authors who seek to publish in their journals.

Editors of nursing journals face the complex challenge of balancing the pragmatic considerations of publishing with the more erudite purposes for which the journal exists. Length of manuscripts, numbers of references, formatting styles, reporting standards, and other requirements reflect the editorial quality of the publication but also place limitations on the journal's substantive content. The requirements of the journal, such as allowed word or page length or number of references, should be considered by authors when selecting a journal for submission of a manuscript. Some studies and topics may not be adequately communicated in a shorter paper or in a journal that limits the number of references. Authors can send a query to the editor asking if these requirements can be waived for their particular manuscript; if not, another journal might be more appropriate. All who participate in the process of publishing—editors, authors, publishers, and consumers—contribute to the development of the professional literature, which ultimately aims to advance the discipline.

Clinical Resources

- Committee on Publication Ethics: <https://publicationethics.org/>
- EQUATOR Network: <http://www.equator-network.org/>
- International Academy of Nursing Editors. Writing for publication: <https://nursingeditors.com/resources/writing-for-publication/>
- International Committee of Medical Journal Editors. Recommendations: <http://www.icmje.org/recommendations/>

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