



Author Guidelines for *Journal of Doctoral Nursing Practice*

Journal of Doctoral Nursing Practice is a biannual, peer-reviewed publication focused on clinical excellence of the application of evidence-based practice of doctoral nursing. The mission of the *Journal of Doctoral Nursing Practice* is to support the advancement of the comprehensive and integrated roles doctorally-prepared advanced practice nurses have within the healthcare system

Articles submitted for consideration discuss improving patient experiences and improving the health of populations while reducing costs. They should address areas of health outcomes; case/clinical studies; practice issues including management, scope of practice, health policy, health disparities, and reimbursement; ethical dilemmas; legal issues; and business practices.

Manuscript Preparation and Review

Manuscripts must be submitted electronically as a Word document and should be double-spaced with one-inch margins and the font set to Times New Roman (12 point). A title page separate from the main manuscript must include the title; the names, academic degrees, and primary affiliations of all authors; and the name, mailing address, e-mail address, and telephone number of the corresponding author. The main body of the manuscript should include a title page without author identifiers and should conform to the *Publication Manual of the American Psychological Association, 7th Edition*. Digital files for any figure should conform to tiff at 300 ppi or eps. Please include written permission for previously published materials. A brief (≤ 200 words), structured abstract is required for all manuscripts and should include the following headings: Background, Objective, Methods, Results, Conclusions, and Implications for Nursing. Following the abstract, authors should provide a list of four keywords or phrases which describe the scientific content of the article and will be used for indexing in bibliographic databases.

Manuscripts submitted are for the exclusive use of the *Journal of Doctoral Nursing Practice* and should not have been previously published or be presently under consideration for publication elsewhere. It is a requirement for the journal to receive a signed Copyright Transfer Agreement (CTA) for all contribution types. This has been integrated into the submission process so authors no longer need to download a separate form. All authors who submit their manuscripts to the journal agree to transfer copyright ownership to Springer Publishing Company in the event that the article is accepted and published in this journal. In the event that your paper is rejected or withdrawn, the rights revert back to you.

Manuscript Submission

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Authors may direct queries regarding the ScholarOne system to: Koren Thomas at kthomas@springerpub.com.

ARTICLE TYPES

Quality Improvement Contribution. These manuscripts identify a clinical practice issue and describe the generally accepted quality improvement steps to achieve the intended outcome towards clinical improvement. Authors are strongly encouraged to use SQUIRE Guidelines for quality improvement reporting (Qual Saf Health Care 2009;17(Suppl 1):i13-i32). Maximum length of manuscript: 3,000 words (not including abstract, tables, figures, and references) with no more than a total of eight tables and/or figures.

Clinical Briefs. These manuscripts are short reports that pertain to evidence-based practice, business of practice, clinical case reports, ethics and law, health policy, education, administration/management, leadership/mentorship, or interprofessional practice. Maximum length of manuscript: 1,500 words (not including abstract, tables, figures, and references) with no more than a total of five tables and/or figures.

Clinical Practice Contribution. These manuscripts are full-length, expanded versions of Clinical Briefs and pertain to evidence-based practice, business of practice, clinical case reports, ethics and law, health policy, education, administration/management, leadership/mentorship, or interprofessional practice. Maximum length of manuscript: 3,000 words (not including abstract, tables, figures, and references) with no more than a total of eight tables and/or figures.

Case Studies. These manuscripts present cases of interest related to enhancing clinical practice. The manuscript begins with a paragraph that discusses the reason for selecting the case, which is followed by the case vignette. The remaining portion of the manuscript utilizes scholarly inquiry to define the problem and describe the underlying condition and associated challenges. Best clinical evidence for practice is presented to provide a rationale for therapeutic interventions and actions taken to resolve the case. Recommendations for future practice and building evidence from practice may be presented. Maximum length of manuscript: 2,500 words (not including abstract, tables, figures, references) with no more than a total of four tables and/or figures and no more than 30 references.

Systematic Review with or without Meta-Analysis. These manuscripts critically assess clinical topics in the literature that address factors including cause, diagnosis, prognosis, therapy, or prevention. All data sources should be searched and selected systematically for inclusion. The search, selection, and critical assessment process should be described in the manuscript. Authors are strongly encouraged to use PRISMA Guidelines to guide their reviews (Ann Intern Med 2009;151(4):264-269). For each data source, describe the type of study, population, intervention, exposure, and outcomes. Maximum length of manuscript: 3,000 words (not including abstract, tables, figures, references) with no more than a total of eight tables and/or figures and no more than 50 references.

Original Research Contribution. These manuscripts include intervention studies, cohort studies, observational studies, pilot studies, survey research, cost-effectiveness analyses, and decision analyses. Each manuscript should clearly state aim(s)/objective(s), hypothesis(es), setting and sample, design

and methods, the intervention, outcome measures, results, limitations, discussion, and conclusions. For reporting randomized, controlled trials, authors are strongly encouraged to use the CONSORT 2010 Statement (Ann Intern Med 2010;152(11):726-732). Maximum length of manuscript: 3,000 words (not including abstract, tables, figures, references) with no more than a total of eight tables and/or figures.

Authors may direct submission queries and requests to our editorial office:

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