

## **AUTHORS GUIDELINES**

### **Inspira- Journal of Anesthesia and Critical Care Nursing**

Manuscripts may be written in Norwegian or English language.

Submit the manuscript to the Editor Ann-Chatrin Leonardsen:

[dleo@online.no](mailto:dleo@online.no) or [inspira789@gmail.com](mailto:inspira789@gmail.com)

We follow a double-blinded peer review process.

#### *About the journal*

Inspira present research and systematic reviews of specific interest to anesthesia and critical care nurses. Authors have to confirm that the manuscript has not been published or submitted for publication elsewhere. However, parts of the manuscript may have been presented as abstract or poster in scientific meetings or symposiums.

#### *General manuscript description*

Manuscript with attachment(s) is submitted as a Word-document (.doc format), using Cambria or Times New Roman, font 12. and 1.5 cm line-spacing.

**Headings in bold**, *sub-headings in cursive*. Otherwise, use plain text.

Figures and tables should be presented on separate pages after the reference, but in the same document as the main manuscript.

The manuscript title should be short (maximum 20 words), informative, and enticing.

The title and the headings should not contain abbreviations.

Abbreviations and terminology must be written out at first presentation in text.

References: According to the Vancouver reference system (see "references" below).

Authors are encouraged to have their manuscript professionally edited before submission to make sure the Norwegian/ English is of high quality.

Word limitations: Maximum 3000 words for quantitative research, and 5000 words for

qualitative research and literature reviews (excluding abstract, figures, tables, and references).

### *Manuscript contents*

#### 1. Letter to editor

Letter to editor should describe what the manuscript adds to earlier research/knowledge, in what way it is interesting to anesthesia- and critical care nursing, as well as whether the manuscript has been published as abstract or poster. Conflicts of interest or financial interests must be stated. The letter to editor should not exceed 1 page.

#### 2. Title page

The title page should include:

- Manuscript title
- Author name(s), title (RN, MNsc/MSc, PhD), affiliations and addresses
- Affiliations should be numbered consecutively
- Corresponding authors' address, email and phone number
- Word count (excluding title, abstract, text in figures/tables, and references)
- Number of figures/tables

#### 3. Abstract

A short abstract should be structured under the following headings:

- Background
- Objective
- Methods
- Results
- Conclusion

Word count: 300 words

Three to five keywords should be identified

Norwegian manuscripts must include an English abstract

#### 4. Main text

Please structure the text according to IMRAD: Introduction-Methods-Results-Discussion.

*Introduction/background:* describe why the issues are interesting and important to explore.

*Objective:* must be presented as hypothesis/research question(s) or aim(s)

*Methods:* research design, data collection methods, procedures (including when data were collected), analysis. Approvals (i.e., REK-Regional Committees for Medical and Health Research Ethics/Norwegian Centre for Research Data, or similar) should also be included in the method section, or a clarification of why approvals are not needed.

Ethics/ethical perspectives included in the methods section.

*Results:* Tables should be self-explaining, easy to read and interpret, and not exceed ½ page. Do not repeat information from tables/figures in the text. Include information of where figures/tables should be placed in text (**please insert figure/table here**). We recommend that authors of quantitative research articles discuss their analyses and results with a statistician before submitting the manuscript.

*Discussion:* results should be discussed in relation to the objective(s) and relevant, international, peer-reviewed research. Reliability/validity issues may be included in the discussion section, or in the method section. Please use sub-headings (i.e. Reliability and validity or Methods discussion). Limitations should be included at the end of the method section, including consequences for the interpretation of findings.

*Conclusion:* A short summary, implications for clinical practice, further research or development of theory should be included. The conclusion has to be supported by the results/interpretation of results.

#### 5. Figures and tables

The manuscript should include maximum 5 figures and/or tables. Each figure/table should be numbered consecutively as they appear in the text. Use short and informative headings, placed prior to tables and directly after figures. Include information of where figures/tables should be placed in text (**please insert figure/table here**). However, the final placement is decided by the editor.

#### 6. References

References should be prepared according to the Vancouver reference style. Please give numbers consecutively as they appear in the text, in parenthesis, and the corresponding number in the reference list. Use up to five authors, then “et al”. Web-based references must include a correct web-address, as well as date of download. Use DOI (digital object identifier) where available.

Examples:

1. de Witt L, Ploeg J. Critical appraisal of rigour in interpretive phenomenological nursing research. *J Adv Nurs* 2006;55:215–29.
2. Fraser DM, Cooper MA. *Myles Textbook for Midwives*. London: Churchill Livingstone; 2003.
3. Dahl K, Heggdal K, Standal S. *Sykepleiedokumentasjon*. I: Kristoffersen NJ, Nortvedt F, Skaug E-A. (red). *Grunnleggende Sykepleie*. Oslo: Gyldendal Akademisk; 2005.
4. Foucault M. Truth and power. I: Gordon C. (red). *Power/Knowledge: Michel Foucault*. New York: Pantheon Books; 1980 (s. 78–101).
5. Sosialdepartementet. Ny forskrift om kvalitet i pleie- og omsorgstjenesten 7/2003. 2003.
6. Lov av 2. juli 1999 nr. 4 om helsepersonell (Helsepersonelloven). Tilgjengelig fra: <http://www.lovdatab.no/all/tl-19990702-064-008.html> (nedlastet 15.11.2007).
7. Karterud D. *Den etiske akten. Den caritative etikken når pasientens fordringer er av eksistensiell art (doktoravhandling)*. Åbo: Åbo Akademis Förlag; 2006.
8. Leonardsen ACL, Grøndahl VA, Ghanima W, Storeheier E, Løken TA, et al. Evaluating patient experiences in decentralised acute care using the Picker Patient Experience Questionnaire; methodological and clinical findings. *BMC Health Services Research* 2017; 17:685. Doi: 10.1186/s12913-017-2614-4.

In text:

Morse (1) eller Redmond (2) asserts that the [...]

More than two reference: (1-5), (1,3,8) or (2-5,8,10)

## **Submitting the manuscript**

Authors may suggest 1-2 competent reviewers, who must claim "no conflicts of interest", and that they have not collaborated professional.

### *The peer-review process*

We aim at achieving a short review period for submitted manuscripts. Editor blinds the manuscript before, together with the editorial board, decides whether the submitted manuscript should be rejected, sent back to authors for initial revisions, or to peer-review. We use a double-blinded review process, where both authors' and peer-reviewers' names are anonymized. We acknowledge that it may be possible to recognize authors due to the relatively limited research area nationally.

Authors are kept updated by the editor.

Submitted manuscripts are assessed using the following the criteria:

- Are the themes/objectives/results relevant for healthcare personnel?
- Do the manuscript align with the Journals' scope?
- Do the manuscript meet quality criteria for research articles?

The editor/editorial board may reject the manuscript before it is sent to peer-review. All manuscripts must follow the "Author guidelines??, InspirA-Journal of Anesthesia and Critical Care Nursing". Manuscripts that are not in-line with these instructions will be returned to authors even if they align with the Journals' scope.

### *Submitting a revised manuscript*

1. Following the peer-review process, authors receive the manuscript with comments from reviewers, (editorial board) and editor.
2. Revisions should be marked using the "track changes" function, or similar, in a document marked "Manuscript with track changes"
3. Authors should also include a clean copy of the manuscript, without "track changes", marked "Revised manuscript"

4. A letter to reviewers and editor/editorial board should include a description of changes made, and meet all comments/questions stated by reviewers/editor.

### *Accept*

The author will be noticed by the editor when or if the manuscript has been accepted for publication.

### *Authors/co-authors*

Authorship should follow the criteria as stated in the Vancouver convention on authorship, as presented by the International Committee of Medical Journal Editors (ICMJE). This include: 1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND 2. Drafting the work or revising it critically for important intellectual content; AND 3. Final approval of the version to be published; AND 4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Author contributions should be described. Contributors not fulfilling the Vancouver convention may be mentioned as “Contributors” or “Acknowledgements”, directly prior to the references.

### *Conflicts of interest*

A statement of conflicts of interest should include information that may impact publication. Fundings/financial support need to be reported.