

Which articles get published and why? by Roger Watson

I am often asked: ‘which articles get published in *JAN*?’ or ‘what kind of articles are you looking for?’ and I find both questions hard to answer. My honest answer to the first question is: ‘those articles that survive the review process and are then accepted by the editors’ and to the second question: ‘those articles that will meet the criteria in the previous answer.’ I think I know why people ask and it is not merely out of curiosity. They want to see if they can have a shortcut to getting published; if they only knew what got published...they’d write it!

I think this is the wrong way to approach the problem of getting published, and with an 80% rejection rate at *JAN*, there is clearly a problem for approximately 1000 of the people who submit to *JAN* annually. The better question, however, and one I do get asked occasionally is: ‘what can I do to make my article more likely to be published?’ Again, I don’t have an immediate or simple answer, but these people are at least thinking what they can do with their work and their manuscripts to make them more attractive to editors and reviewers. Nevertheless, I thought it was worth giving the issue of what gets published in *JAN* some consideration.

Initial screening

As Editor-in-Chief, I am the first person to see manuscripts after they are submitted. Some authors are surprised at the speed with which they have a verdict of reject on their manuscript; sometimes within minutes after submission. If I happen to be logged into the ScholarOne platform then, as soon as an author submits, I am alerted to the submission. In most cases, it only takes me a few minutes to decide if a manuscript is going forward to the Managing Editor or is being returned to the authors and it is only those manuscripts going forward that have any chance, but no guarantee, of being published. They may not survive the reviewers and the editors to whom they are allocated. I think many authors will be surprised that the decisions

made at this initial filtering stage are not as ‘high-level’ or intellectual as they assume. Editors-in-Chief are relatively simple people, most have full-time academic jobs and an increasing number of manuscripts to process. Decisions must be made based on whether or not a manuscript is likely to meet the requirements of the reviewers and editors and if it does, is it an article that is likely to be read and cited. Be under no illusion, all Editors-in-Chief are looking for citeable articles; publishing articles that have no measurable impact on the field is futile. Therefore, I have listed a series of considerations that I apply to submitted articles. This is neither a formula nor a guarantee of eventual publication and nor do I claim that I make the right decision in every case. We continue to publish articles that never get cited and I am sure I reject some that go on to be accepted and highly cited elsewhere. Our only indication that we are getting something right is the annual increase in citations to *JAN* articles which is also reflected in our steadily increasing impact factor.

Fit

Fundamentally, the articles which get published in *JAN* are those which ‘fit’ the journal. The concept of fit is not easy to articulate but, clearly, it is obvious to me when an article does not fit *JAN*. For example, the article may not in any way be related to nursing. It may be close, for example, a clinical trial of a drug. The latter would not fit, according to our present criteria, as this is within the domains of medicine and pharmacology and will fit much better and medical or a pharmacological journal. It should be relatively easy for a prospective author to gauge whether a manuscript is likely to fit *JAN* by: 1) checking our Aims and Scope; and 2) browsing the contents lists of a few recent volumes. Admittedly, manuscripts which really do not fit the journal are rarely submitted and this does not seem to be a major obstacle for authors. The problems arise for authors of—and most decisions must be made by

me regarding—manuscripts which do fit *JAN*, but which may then be unsuitable for other reasons.

Title

It helps greatly if the title is short and accurate. We specify 20 words maximum for a title, but many authors ignore this. The title should be no more than two lines on a printed page and should tell the Editor-in-Chief—and, ultimately, the reader—what the study is about and, for certain studies, how it was done. Therefore, consider your title carefully, edit it to have as few words as possible and to convey exactly what you did. It is best to avoid questions in the title and it is also best to avoid saying what was found. The types of study where it is advisable to include the design are systematic reviews and clinical trials.

Being international we like our articles to be as widely applicable, globally, as possible and for that reason, we prefer not to see the country where the study was carried out mentioned in the title. Sometimes this can be addressed by editing the title but sometimes it indicates a study which is only locally or nationally applicable. However, if a manuscript is reporting a national survey then, depending on the size and scope, this could be a reason for indicating the country in the title, but the title should also indicate that the study is national.

I also strongly advocate that you do not ‘shoot yourself in the foot’ with the title of your manuscript. Examples of how people do this—in addition to including the country in the title—are to include words like: ‘small’; ‘local’; and ‘preliminary’. If a study is good it does not matter where it is done or how restricted it is geographically, provided you make the importance of the study clear to an international audience. Of course, you cannot misrepresent your work, but you should not apologise for it either. If you use a word such as ‘preliminary’ then what do you mean by this? If it is a pilot study, then it should be described as such and written according to our guidelines for pilot studies. If it is a feasibility study, then

describe it as such. Otherwise, if you have carried out a good study that you consider is worth publishing, then present it in the best possible light and let the editors and reviewers judge its worth.

Abstract

A manuscript submitted to *JAN* with the abstract in the wrong format is likely to be rejected. This is a clear indication that the authors have not read our guidelines and have not checked a typical *JAN* article online or are simply recycling a manuscript that has been rejected by another journal. This is such an easy step to take as we make plenty of our copy free to access online. My view is that if you cannot be bothered to do this then we do not have time to process your manuscript. I take a similarly dim view of manuscripts with the Vancouver referencing system; we use Harvard.

Acceptable type

One common reason for rejecting articles at this early stage is their unacceptability according to the current *JAN* guidelines, and these are updated at least annually. For example, a manuscript may appear to fall within the scope of the journal, but the specific type of study may no longer be acceptable. At the time of writing, those articles which we consider unacceptable are: translations and revalidations of questionnaires; concept analyses; and discussion papers. Whilst implicit, but not explicit in our guidelines, we are also not very interested in articles which measure nurses' or nursing students' attitudes or opinions. We do not accept narrative reviews which have no systematic element, and we do not accept studies arising from service evaluations or clinical audits, especially where no ethical permission has been obtained to use the data for research and publication.

EQUATOR and All Trails compliance

Our guidelines clearly state that, where possible, appropriate EQUATOR guidelines should be followed when preparing manuscripts. The most common of these are the CONSORT and PRISMA checklists for clinical trials and systematic reviews, respectively. In addition, for all intervention studies—not only randomised controlled trials—we expect the study to be registered appropriately. These are remarkable easy things for me to check and, if I am in any doubt, for the managing editor to check; they are frequently omitted. This immediately suggests that the authors have not read our guidelines and casts a very unfavourable light over the manuscript; greatly increasing its chances of being rejected.

Some other considerations

Beyond what I outline above, it is hard to be more specific, but it is never attractive to see the blindingly obvious being restated. Another correlative study on the impact of Diabetes on adolescent mental health or a qualitative study of the impact of stroke on sexual function may well be publishable and contribute to knowledge. However, that contribution will be small given the number of such studies and cannot be a priority for *JAN*. Replication is laudable in research, but it needs to be justified, for example due to methodological weakness or heterogeneity in previous studies. Simply adding ‘in [country]’ is not adequate justification.

I sincerely hope that this editorial has been useful in helping you know to make your manuscript more suitable for submission to *JAN* or even dissuaded you from submitting if your manuscript is not suitable. On the other hand, 20% of the manuscripts submitted to *JAN* do get published. Your challenge is to be in that 20% and my challenge is to ensure that I select the best.

Roger Watson

Editor-in-Chief, *JAN*