

Journal of Doctoral Nursing Practice

Manuscript Submission Instructions

Journal of Doctoral Nursing Practice (JDNP) is a triannual, peer-reviewed publication focused on clinical excellence of the application of evidence-based practice of doctoral nursing. The mission of the Journal 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.

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Manuscript Preparation and Review

Manuscripts should be submitted electronically on the JDNP ScholarOne Manuscript Central site:
<https://mc.manuscriptcentral.com/jdnp>.

Authors may direct queries to our editorial office: kthomas@springerpub.com.

Style and Page layout

Body: The manuscript should be a Word file or Word-compatible file such as ODT. There should be no design elements or running heads and the body text should be 12-14 point double-spaced text with one-inch margins on each side. Acceptable fonts include Times New Roman, Georgia, or easy-to-read sans-serif fonts such as Helvetica or Arial. (Double-Blind peer review: please make sure that no author or affiliations are named in the submission unless it is a final revision). The style should conform to the Publication Manual of the American Psychological Association, 7th Edition.

For length, see Manuscript Types.

Abstract: 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.

Title page: Upload separately from the main manuscript. This is the authoritative version of the final title, author names and order, academic degrees, and primary affiliations of all authors. The name, mailing address, e-mail address, and telephone number of the corresponding author should be displayed beneath the author list under the heading CONTACT AUTHOR.

Images: Digital files for any figure should be submitted as JPG, PNG, TIFF or EPS. Non-EPS files must be large enough to be sharp at actual size and should be 300 ppi.

Please include written permission for previously published materials.

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.

Manuscript 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 I):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). Integrative Literature Reviews and Scoping Reviews are also accepted. 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 (ses), 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.

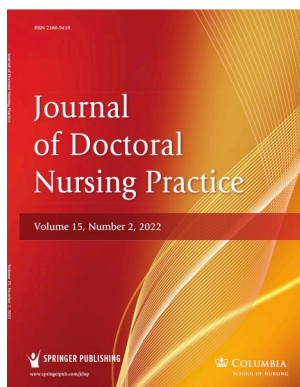
DNP Student Author Guidance.

Manuscripts describing scholarly work completed to meet the requirements of a DNP program are welcome. Please follow these steps to ensure that your article will meet journal standards.

1. Manuscripts must align with the JDNP author guidelines.
2. Manuscripts must align with the JDNP focus of clinical excellence in the application of evidence-based practice of doctoral nursing. Articles submitted for consideration discuss clinical practice and patient care; case studies; practice issues,

including management, scope of practice, and reimbursement; ethical dilemmas, legal issues, and business practices; innovative methods of teaching and evaluating advanced practice; and profiling the scholarly nature of the clinical practice of nursing.

3. Manuscripts that describe DNP projects must align with national education standards related to DNP projects, including 1) AACN Doctor of Nursing Practice: Current Issues and Clarifying Recommendations Report from the Task Force on the Implementation of the DNP (August 2015) and 2) AACN Essentials for Professional Nursing Practice Project descriptions (2021).
4. Authors are strongly encouraged to use SQUIRE Guidelines for quality improvement reporting (Qual Saf Health Care 2009;17(Suppl 1):i13-i32) as appropriate.
5. Practice sites should be deidentified unless express approval has been granted by the site.
6. Authors should describe the work as a practice scholar and should avoid use of “DNP project” in the manuscript. Suggested language includes non-academic language including but not limited to: “A quality improvement initiative was designed to...”, “This process improvement project...” or “An evidence-based practice change was implemented to...”.
7. Author should not refer to themselves as a student but rather a practice-focused role such as “project leader” or “team leader.”



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