INTRODUCTION

*Enfermería Clínica* is a peer-reviewed scientific journal that is a useful and necessary tool for nurses from the different areas of nursing (healthcare, administration, education and research) as well as for healthcare professionals involved in caring for persons, families and the community. It is the only Spanish nursing journal that mainly publishes original research. Its objectives are to promote the dissemination of knowledge, promote the development of evidence in care and contribute to the integration of research in clinical practice. These objective is pursued throughout the different sections that comprise the Journal: Original Articles and Short Original Articles, Special Articles, Patient Care and Letters to the Editor. There is also an Evidence-Based Nursing section that includes two kinds of articles: comments about original articles of special interest written by experts, and evidence synthesis articles based on bibliographic reviews.

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**Types of article**

**Editorial.** This section will consider comments and reflections on any new topic related to care or to health sciences in general, that may be of interest to Nursing professionals.

Editorials will usually be commissioned by the editorial board, although the Journal is open to proposals on topics and authors that may be able to develop them.

**Originals.** Original research studies carried out using qualitative or quantitative methodology, or both, will be published in this section. Systematic reviews on any aspect related with care will also be considered for this section. The originals quantitative methodology must not exceed 3,000 words. The maximum number of literature references will not exceed 30, and there will be no more than 6 Tables or Figures.

Their structure will be: Introduction, Method, Results, and Discussion. It will include an structured abstract (Objective, Method, Results, and Conclusions), in Spanish and in English, of a minimum of 250 words each one.

The maximum number of authors allowed for these types of articles will be 6.

*Originals with Qualitative Methodology*
The original manuscripts with qualitative methodology will not be adapted to all the sections of the proposed structure, but they could take the following order: Introduction, Method, Results, and Discussion, and Conclusions. If the type and content of the study so requires it, the number of words of the body of the manuscript could be extended to 25,750 characters with spaces, and the number of references, up to 40.

The recommendations to follow for manuscripts that have used quantitative methodology must be taken into account in the Abstract and the Introduction. The rest of the sections must contain sufficient information on the development of the study.

In the Method section it must give all the information necessary so that the readers may know how the study has been carried out. Thus, therefore it must explain the theoretical starting point, the design type followed must be described and justified. It must be explained how the participants have been selected, to mention the sample saturation, the contrasting of results with other participants / informants, the search for negative cases, mechanisms for ensuring information saturation, etc. It must described how the information collection techniques were used.

The results and discussion must be based on the rigour of the empirical data collected. It must differentiate in the text where the results are obtained from the participants are mentioned and the opinion of the authors, which must be based on the information of the participants. The most relevant data must be selected and identified with the initials of the groups or participants, for example, G1, G2, ACM, etc. The conclusions have to specify the response to the study question considered, indicating the contribution that it provides for the understanding of the phenomenon studied and indicating the relevance for patients and nurses.

**Brief Originals.** Research studies with the same characteristics as originals will be considered for this section, but on a smaller scale (series with a reduced number of observations, research studies with very specific aims and results), that may be published in a more abbreviated form. The maximum length of the text will be 9,400 characters with spaces, and up to 2 Tables and/or Figures will be allowed, and up to 10 literature references. The structure of these articles will be the same as Originals (Introduction, Method, Results, and Discussion), with a structured Resumen/Abstract (Objective, Method, Results, and Conclusions), in Spanish and in English, of 250 words each one.

Original articles and Short Originals include a section in which it summarises what is known on the topic and the new contributions of the study carried out. For this, it must include a text with two sub-sections that jointly must not exceed 500 characters (spaces included), with one paragraph indicating on the one hand “What is known” on the subject, and on the other hand “What it contributes”, in the study presented.

*The maximum number of authors allowed for these types of articles will be 6.*

**Reviews.** These types of articles may be on various topics, among which are highlighted: the approach to topics associated with research methodology, specialties, academic and professional development of Nursing or any other type of article in English or Spanish, of which the Editorial Team may consider its contents to be of great relevance for Nursing and in accordance with the currents trends at national and international level.

The Editorial Team is open to any suggestions by authors or interested groups in which the knowledge of a specific or novel aspect of the profession is updated. Its length must not exceed 16,750 characters with spaces, and up to 30 references.
The maximum number of authors allowed will be 6.

**Nursing Care.** In this section, articles will be published that deal with the current state of knowledge on specific aspects, experiences or interventions of Nursing that may be of great interest, particularly based on the experience of the author or authors. Their topics could include, not only problems in the health care setting, but also matters on teaching, research or management content. Their structure will be: Introduction, Development, Discussion, Conclusions, and References. The maximum length will be 9,400 characters with spaces. It will include a Resumen/Abstract of 1,650 characters with spaces, in Spanish and in English. Up to a maximum of 2 Tables and/or Figures will be allowed, and up to 10 literature references.

An impersonal text is recommended, with a clear division of the sections and with no more than a maximum of 4 authors.

Clinical Cases will also be included in this section, of basically descriptive works on one or several cases of exceptional interest, or due to their rare frequency, or for their unusual outcome or for their contribution to the knowledge of nursing practice in any of its aspects. This section allows clinical practice professionals to pass on their experiences in a systematic form, and that other professionals can understand them and discuss them, which without doubt contribute to bringing together the theory and the practice. Descriptions and/or evaluations of nursing interventional programs will be accepted.

Its length must not exceed 9,400 characters with spaces. It will include a Resumen/Abstract of 1,650 characters with spaces, in Spanish and in English. Up to a maximum of 2 Tables and/or Figures will be allowed, and up to 10 literature references.

It is obvious that not all clinical cases can be faithfully adapted to the outline proposed here; however, by following these guidelines as far as possible will without any doubt contribute to a better presentation and understanding of the case: Title of the clinical case, Description of the case (which will briefly include data collection, diagnostic tests performed and the clinical diagnosis, giving details on which health field the care was carried out), General Assessment (it is recommended to identify Nursing Diagnoses, Cooperation problems, according to NANDA taxonomy, using some form of systematic assessment: needs, functional patterns, etc.), Planning and Execution of the care (it is recommended to use expected Results and Interventions according to the NOC and NIC taxonomies), Evaluation of the Results / Follow-up and Discussion / implications for clinical practice.

**Evidenced Based Nursing (EBN).** Two types of articles are included in the section:

Literature review articles and update of knowledge in a specific field in the form of summaries of evidence (narrative reviews, integrators, scoping review).

The structure will be: Introduction, Method, Results, Discussion and Recommendations, depending on the levels of evidence and the findings found, and Bibliography. The maximum extension will be 6,400 characters with spaces. It will include a structured summary of 1,650 characters with spaces, in Spanish and English, and 3 to 5 key words (using Mesh / DECS descriptors). Up to 2 tables and/or figures and 15 bibliographical references will be accepted.

The recommendations for this format are the following:

*Introduction:* Should be brief, following the indications of the journal, should include the objective that defines the problem to be investigated;
Methodology: Use of descriptors and search strategy (reproducible, delimited in the study period, inclusion and exclusion criteria), nature of the sources consulted, procedure for data extraction and methodological evaluation, if applicable;

Results: Responding to the objectives set, it must contain the description of the results found in the selection process of the articles, classification and synthesis of the studies found and their degrees of recommendation.

The following grades of recommendation are derived from the levels and degrees of evidence established by the Joanna Briggs Institute in 2014 (http://joannabriggs.org/jbi-approach.html#tabbed-nav=Grades-of-Recommendation): Grade A or strong; Grade B or weak for a specific care strategy;

Discussion and Recommendations: Following the usual structure of the journal, the authors should present their opinions and reflections derived from the findings, comparing them with the results obtained in other studies, with the corresponding bibliographic references. The possible limitations will also be indicated. The pertinent conclusions and recommendations will be reflected according to the degrees of recommendation found, as well as to the implications for the practice;

References: See section References format. It is recommended that the majority come from prestigious authors and publications, being recommended that at least 50% correspond to references of the last 50 years and 80% to references of the last 10 years.

Tables: A flow chart and summary table must be included with the selected articles.

Evidenced Based Nursing (EBN). Summaries of evidence in a comment articles format will be published in this section. In these types of articles, the comments must be made by experts on the subject and must be focused on applicability of the results obtained in practice and an analysis of the methodological rigour with the study has been performed. These articles will be considered extremely useful for readers and have as an objective to translate the scientific evidence into the health care setting, and to bring the most relevant studies in a national and international context closer to the professionals, providing tools that will enable the validity and relevance of their results to be estimated, as well as to evaluate if these may be useful to adapt to their clinical practice.

Letters to the Editor. This section will publish scientific and formally accepted observations on published works. It is also a space so that readers may send their comments on current topics, on any aspect associated with the health sciences that may be of interest for professionals. It is the ideal section for the exchange of ideas and opinions between readers, authors and the Journal Editorial Team, in which we invite you to take part. It should also include the investigation results that, due to its reduced length, will not constitute an article for the Originals or Short Original sections. The maximum length will be 700 words, and 1 Table or Figure will be allowed, and a maximum of 5 literature references.

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At the end of this first page it will include the total number of characters with spaces of the abstract (in Spanish and in English), and of the body of the manuscript, (Introduction, Method, Results, and Discussion). It will also indicate the number of characters with spaces of the paragraphs, “What is known” and “What it contributes”.

**What is known / What it contributes.** Include the paragraphs on “What is known” and “What it contributes”.

Text of the manuscript. It will include, in the following order: a) Abstract and key words, both in Spanish and in English; b) text or body of the manuscript, with the different sections depending on what it is about; c) literature references; d) Tables, if there are any.

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**Title**: It must briefly and concisely indicate the contents of the manuscript and it has to provide the maximum information with the minimum number of words (it recommended not to exceed 15). It must not include acronyms. A short title should be included with a maximum of 80 characters with spaces.

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On the same page it will give between 3 and 6 keywords, directly related to the topic presented in the manuscript. MeSH terms (Medical Subject Headings) should be used or the Health Sciences Descriptors (Decs) so that they can be classified in the international data bases.

A Spanish and English version of the abstract and keywords must be submitted.

**Text or body of the manuscript**: It is advisable to divide the work clearly into sections, depending on the section to which it may be submitted:

Originals and Short Originals: Introduction, Method, Results, and Discussion.

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Its content will be determined by the objectives of the study. It will contain several sub-sections
that do not need to be specified in the text:

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In general, it should start with a description of the study subjects, to specifically know the number studied and their characteristics. If, subjects have been lost during the study, or it has not been able to contact, with the total of the sample selected, it must also indicate both the number and the reason.

After the description of the subjects, a descriptive analysis of the most important variables will be presented, according to the measurement scale, and the most suitable manner to describe them will be chosen, attempting to provide the best information about each one (thus, frequencies and percentages will be used for the nominal qualitative variables, and for the quantitative ones, mean and standard deviation when they follow a normal distribution, etc.). The corresponding confidence intervals will also be indicated.

If there is more than one study group, each one must be characterised, and later indicate the comparisons between these groups in terms of statistical significance an magnitude of the difference and, above all, in terms of clinical relevance. Statistical tests that have not been described in the Method section must not be employed, and their results must be accompanied by a statistical value, degrees of freedom and statistical significance (P value), and the
confidence interval (where appropriate). To indicate the $P$ value, it is advisable not to use more than 3 decimals ($P=.002$); thus, a value of $P=.000001$ may be expressed as $P$

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If there is more than one study group, each one should be characterized, and then indicate the comparisons between these groups in terms of statistical significance and magnitude of the difference and, above all, in terms of clinical relevance.

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