



# The Canadian Journal of Critical Care Nursing

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## **AIM AND SCOPE**

The aim of the Canadian Journal of Critical Care Nursing (CJCCN) is to publish innovative and current research as well as recent clinical evidence related to critical care nursing. The latter is inclusive of all contexts wherein individuals may experience critical illness including adult, pediatric and neonatal intensive care units, community, acute, tertiary, and quaternary settings, as well as rural and remote settings.

Submissions may include any of the following: clinical, education, leadership, management, research, quality improvement, and professional issues related to critical care nursing.

The journal is peer-reviewed through a double-blind process by experts in critical care nursing practice and research methodology.

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***Unless otherwise indicated, statements and opinions expressed in the articles and communications herein are those of the author(s) and not necessarily those of the Editor(s), Editorial Review Board, Managing Editor, or Publisher.***

## **TYPE OF CONTRIBUTIONS**

***Articles previously published elsewhere are not accepted; however, exceptional circumstances may present themselves. In such exceptional circumstances, explicit permissions are required and granted by the Chief Editor in consultation with the Editorial Review Board on a case-by-case basis. Explicit copyright agreements are required.***

The CJCCN welcomes the following types of submissions in both of Canada's official languages, English and French.

### ***Original Research***

The CJCCN accepts reports of original qualitative, quantitative and mixed-methods research that can inform and/or improve clinical practice or contribute evidence-based knowledge specific to critical care nursing. Submissions should adhere to the following format: Background & Purpose, Methods & Procedures, Results, Discussion, Limitations, and Conclusion.

Submissions should be a maximum of 20 pages for quantitative research and 25 pages for qualitative and mixed-methods submissions (excluding references, tables, and figures). Manuscripts submitted in French are permitted an additional 3 pages. A 250-word abstract should be included as a separate document.

Research aimed at developing or validating an instrument must provide the full instrument.

Submitted manuscripts should adhere to recognized reporting guidelines associated with the research design. (See table below for detailed information).

### ***Clinical Reviews***

The CJCCN accepts clinical review articles and updates that selectively review the literature while broadly discussing a topic relevant to critical care nursing. Updates and reviews should be evidence-based, incorporate existing systematic reviews and meta-analyses where possible, and incorporate and discuss all relevant research findings.

Submissions should be a maximum of 10 pages (excluding references, tables, and figures). Manuscripts submitted in French are permitted an additional 3 pages. A 250- word abstract should be included as a separate document.

Submitted manuscripts should adhere to recognized reporting guidelines for clinical reviews. (See table below for detailed Information.)

### ***Innovative Design or Quality Improvement Reports***

The CJCCN accepts reports on innovative design or quality improvement projects that are of relevance to critical care nursing.

Submissions should be a maximum of 20 pages (excluding references, tables, and figures). Manuscripts submitted in French are permitted an additional 3 pages. A 250- word abstract should be included as a separate document.

Submitted manuscripts should adhere to recognized reporting guidelines for quality improvement reports. (See table below for detailed information.)

### ***Systematic Reviews***

*Includes: Integrated Reviews, Rapid Reviews, Scoping Reviews and Narrative Reviews*

The CJCCN accepts systematic reviews on topics related to critical care nursing practice. Systematic reviews submitted with or without meta-analysis will be considered. All reviews should address bias through the use of appropriate appraisal tools.

Reviews must include a PRISMA diagram clearly illustrating the search results, exclusions and inclusions.

Submissions should be a maximum of 20 pages (excluding references, tables, and figures). Manuscripts submitted in French are permitted an additional 3 pages. A 250- word abstract should be included as a separate document. All relevant tables and figures should be included (maximum 4 tables and 4 figures). Additional tables and figures may be submitted as supplemental files.

Submitted manuscripts should adhere to recognized reporting guidelines for systematic reviews. (See table below for detailed information.)

### ***Case Studies/Case Reports***

The CJCCN accepts case study and case report submissions that document the care of a patient with a rare or unusual presentation or unexpected response to treatment and care.

Submissions should be a maximum of 8 pages (excluding references, tables, and figures). Layout should consist of a Case Presentation and a Discussion. Manuscripts submitted in French are permitted an additional 3 pages. A 100-word abstract should be included as a separate document.

Submitted manuscripts should adhere to recognized reporting guidelines for case studies and case reports. (See table below for detailed information.)

### ***Discussion / Analysis / Commentary Articles***

The CJCCN accepts discussion and/or theoretical papers that provide a compelling argument or a theoretical elaboration of a topic related to critical care and/or critical care nursing. These submissions should be original, present an innovative or relatively unknown aspect of critical care and/or critical care nursing practice. All submissions should incorporate extant literature on the topic.

Submissions should be a maximum of 10 pages (excluding references, tables, and figures). Manuscripts submitted in French are permitted an additional 3 pages. A 250-word abstract should be included as a separate document.

**Letters to the Editor**

The CJCCN welcomes Letters to the Editor; however, not all letters will be published. The decision to publish resides with the Chief Editor in consultation with the Editorial Team and Review Board. The Chief Editor's decision is final.

Where a Letter to the Editor is specific to a CJCCN publication, the Chief Editor reserves the right to provide authors with an opportunity to respond. In this instance, responses will be published with the Letter.

Letters to the Editor should be a maximum of 500 words in length and be referenced with a maximum of five references where appropriate.

**Manuscripts submitted for publication must adhere to and/or include the following. Read all required information before proceeding with submission.**

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| <b>Submission Requirements</b>  | <p>A submission should include the following <b>individual</b> documents each in <b>Word</b> format:</p> <ul style="list-style-type: none"> <li>• Cover Letter</li> <li>• Author Checklist (See Appendix A)</li> <li>• Suggested peer reviewers</li> <li>• Title Page</li> <li>• Author Declaration</li> <li>• Abstract &amp; Key Words</li> <li>• Implications for Nursing</li> <li>• Manuscript Body</li> <li>• Acknowledgements (if desired)</li> <li>• References</li> <li>• Table, Figures, Illustrations (in manuscript body indicate in [ ] where the Tables, Figures, illustrations, etc. should be inserted into the manuscript).</li> <li>• Supplemental Files (Where appropriate, e.g., systematic review)</li> </ul> <p>Submit all files to <a href="mailto:cjccneditor@caccn.ca">cjccneditor@caccn.ca</a> with a copy to <a href="mailto:caccn@caccn.ca">caccn@caccn.ca</a></p> |
| <b>Requirements / Standards</b> |  |
| <b>Cover Letter</b>             | <p>Address cover letters to the Chief Editor. The cover letter should briefly present the manuscript as well as how the submitted manuscript fits the aim and scope of the CJCCN. <i>Letters should be 1 page maximum in length.</i></p>   |
| <b>Title Page</b>               | <p>Author name, credentials, title, position, employment and/or affiliation, telephone, email.</p> <p><b>More than one author?</b> Co-author(s) name, credential, title, position listed in order of desired appearance in the published article.</p>  |

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| <b>Title Page (cont.)</b>       | Include primary author contact for correspondence: name, address, and email.   |
| <b>Author Declaration</b>       | <p>All authors must sign the <b>Author Declaration</b> detailing any conflicts of interest and acknowledge that they have made substantial contribution(s) to the work and/or contributed substantially to the manuscript at the time of acceptance.</p> <p>Authors must also acknowledge that to the best of their abilities, their submission is informed by current/best available evidence and that it is original.</p> <p>Plagiarism of any sort is not tolerated by the CJCCN.</p> <p>Specific author contributions may be highlighted in the body of submitted manuscript at the discretion of the authors.</p> <p><a href="#">Word Version</a><br/><a href="#">PDF Version</a></p> |
| <b>Abstract &amp; Key Words</b> | <p>A 250-word abstract is required for all submission types except for Letters to the Editor.</p> <p>Original research, quality improvement reports, clinical reviews, and systematic reviews must adhere to the following format: Background &amp; Purpose, Methods &amp; Procedures, Results, Discussion, and Conclusion.</p> <p>All other submission types may adapt this formatting requirement as needed.</p> <p>Provide <b>five (5)</b> key words. Please consider incorporating key words that correspond with relevant <i>Medical Subject Headings (MeSH)</i> (<a href="https://www.nlm.nih.gov/mesh/meshhome.html">https://www.nlm.nih.gov/mesh/meshhome.html</a>).</p>           |
| <b>Implications for Nurses</b>  | Provide a separate page with <b>three (3) to five (5) important points</b> or clinical/research implications relevant to the paper.  |
| <b>Manuscript Preparation</b>   | <p><b>Style:</b> Prepare the manuscript in the style as outlined in the <a href="https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_style_introduction.html">American Psychological Association (APA) Publication Manual 7<sup>th</sup> Edition</a> (<a href="https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_style_introduction.html">https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_style_introduction.html</a>). This includes the formatting of Tables and Figures.</p> <p><b>Exception from APA:</b> spelling should be current 'Canadian' use where applicable. Consult the <a href="#">Canadian Oxford Dictionary</a>.</p>               |

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|  | <p><b>Type Set:</b> Arial 12pt.</p> <p><b>French Language Submissions:</b> spelling should be French (Canada).</p>  |
| <b>Manuscript Body</b>                                       | <p><b>Length:</b> Please refer to the submission type for page length.</p> <p><b>Format:</b> Double spaced, 2.5 cm margins on all sides. Number pages sequentially in the upper right corner. Tables and figures should also be numbered sequentially. Continuous line numbers should be included.</p>  |
| <b>Permission to Reproduce Previously Published Material</b> | <p>Authors should obtain and provide permissions to use any previously published information – instrument, table, figure, etc.</p>  |
| <b>Acknowledgments (If appropriate)</b>                      | <p>Include an acknowledgment section to recognize other contributing individuals and sources of research funding.</p>   |
| <b>Conflict of Interest</b>                                  | <p>Conflicts of interest should be explicitly acknowledged within the body of the submitted manuscript. If there are none, simply state as such.</p>  |
| <b>References</b>  | <p>The author is responsible for ensuring the work of other individuals is acknowledged accordingly.</p> <p>Direct or indirect quotes must be acknowledged according to <a href="https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_style_introduction.html">APA Guidelines 7<sup>th</sup> edition</a> (<a href="https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_style_introduction.html">https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_style_introduction.html</a>).</p> <p>A reference list should be included as a separate document from the manuscript body.</p> <p>Formatting requirements for Reference List: Double spaced, 2.5 cm margins on all sides. Number pages sequentially in the upper right corner.</p> |
| <b>Tables, Figures, Illustrations, and Photographs</b>       | <p>Each must be submitted on a separate page after the references. All must be in <a href="https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_style_introduction.html">APA format</a> (<a href="https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_style_introduction.html">https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_style_introduction.html</a>).</p> <p>Illustrations should be computer-generated or professionally drawn.</p> <p>Images should be in electronic form and high resolution for printing. All images used that are under copyright should include permission.</p>  |

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|  | All photographs of people must include a signed photo consent form with the manuscript.   |
| <b>Manuscript Reporting Guidelines and Checklists by Submission Type</b> | <p><b>Please consult the following guidelines:</b></p> <p><b>Original research: Quantitative Studies</b><br/>Please consult <b>Equator Network</b>: <a href="http://equator-network.org">http://equator-network.org</a> for the appropriate reporting guideline based on the study design (e.g., CONSORT for Randomised Trials).</p> <p><b>Original research: Qualitative Studies</b><br/>Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups: <a href="https://www.equator-network.org/reporting-guidelines/coreq/">COREQ</a> (<a href="https://www.equator-network.org/reporting-guidelines/coreq/">https://www.equator-network.org/reporting-guidelines/coreq/</a>)</p> <p><b>Case Reports/Case Studies:</b><br/>The CARE Guidelines: Consensus-based Clinical Case Reporting Guideline Development: <a href="https://www.equator-network.org/reporting-guidelines/care/">CARE</a> (<a href="https://www.equator-network.org/reporting-guidelines/care/">https://www.equator-network.org/reporting-guidelines/care/</a>)</p> <p><b>Quality Improvement Reports:</b><br/>SQUIRE 2.0 (Standards for Quality Improvement Reporting Excellence): revised publication guidelines from a detailed consensus process: <a href="https://www.equator-network.org/reporting-guidelines/squire/">SQUIRE</a> (<a href="https://www.equator-network.org/reporting-guidelines/squire/">https://www.equator-network.org/reporting-guidelines/squire/</a>)</p> <p><b>Systematic Reviews:</b><br/>Preferred Reporting Items for Systematic Review and Meta-Analysis: <a href="https://www.equator-network.org/reporting-guidelines/prisma/">PRISMA</a> (<a href="https://www.equator-network.org/reporting-guidelines/prisma/">https://www.equator-network.org/reporting-guidelines/prisma/</a>)</p> <p><b>Evidence-Based Clinical Review Article:</b><br/>Adapted from Siwek, J., Gourlay, M., Slawson, D., &amp; Shaughnessy, A. (2002). How to write an evidence-based clinical review article. <i>American Family Physician</i>, 65(2), 251-258. PMID: 11820489</p> <ul style="list-style-type: none"> <li>• Choose a common, important topic in critical care nursing.</li> <li>• Provide a table with a list of objectives for the review.</li> <li>• Provide an introduction that defines the topic and the purpose of the review and describes its relevance to critical care nursing.</li> <li>• State how the literature search and reference selection were done.</li> <li>• Evaluate and use several sources of evidence-based reviews on the topic.</li> <li>• Rate the level of evidence for key recommendations in the text (level A: RCT/meta-analysis; level B: other evidence; level C: consensus/expert opinion).</li> </ul> |

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|   | <ul style="list-style-type: none"> <li>• Acknowledge controversies, recent developments, other viewpoints, any apparent conflicts of interest, or instances of bias that might affect the strength of the evidence presented.</li> <li>• Highlight key summary points.</li> </ul>  |
| <b>Copyright</b>  | Manuscripts submitted and published in the <b>Canadian Journal of Critical Care Nursing™</b> (CJCCN) become the property of the CJCCN and <b>Canadian Association of Critical Care Nursing</b> (CACCN).  |
| <b>Products, Devices, and Drugs</b>   | Use only generic names for products, devices, and drugs.   |
| <b>Research Ethics &amp; Data Confidentiality</b>   | <p>Submissions of original research should indicate Ethical Approval and provide the associated Research Ethics Board (REB) approval numbers.</p> <p>Quality improvement reports should also report on ethical conduct and REB approval/exemption where indicated.</p> <p>Anonymization of patient data or health professional staff must be ensured. No sensitive data will be accepted in the article.</p>   |
| <b>SAGER Guidelines &amp; Canadian Institutes of Health Research: Sex, Gender and Health Research</b> | <p>CJCCN supports the <a href="https://researchintegrityjournal.biomedcentral.com/articles/10.1186/s41073-016-0007-6">SAGER Guidelines</a> (<a href="https://researchintegrityjournal.biomedcentral.com/articles/10.1186/s41073-016-0007-6">https://researchintegrityjournal.biomedcentral.com/articles/10.1186/s41073-016-0007-6</a>) and encourages authors to report data systematically by sex or gender when feasible.</p> <p>The Canadian Institutes of Health Research: Sex, Gender, and Health Research also offers valuable resources for authors: <a href="https://cihr-irsc.gc.ca/e/50836.html">https://cihr-irsc.gc.ca/e/50836.html</a></p>  |
| <b>Government of Canada Tri-Council Policy</b>  | <p>CJCCN has adopted the <a href="https://www.ic.gc.ca/eic/site/063.nsf/eng/h_F6765465.html">Government of Canada Tri-Council Policy Statement</a> (<a href="https://www.ic.gc.ca/eic/site/063.nsf/eng/h_F6765465.html">https://www.ic.gc.ca/eic/site/063.nsf/eng/h_F6765465.html</a>)</p> <p>The object of the policy is to improve access to the results of agency-funded research and to increase the dissemination and exchange of research results (e.g., Canadian Institutes of Health Research; Social Science and Humanities Research Council).</p> <p>CJCCN has adopted this policy with the following stipulations for article sharing:</p> <ol style="list-style-type: none"> <li>1. post print version of the article for publication with Tri-Council funded research, and</li> <li>2. the article is embargoed until published in the CJCCN and released.</li> </ol> |



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| <b>Suggested Reviewers</b>        | <p>Authors are asked to submit the names of two or three potential peer reviewers for your manuscript along with their contact information (email addresses).</p> <p>If there are individuals who <b>should not</b> review your manuscript due to a conflict of interest or other reasons, please identify these individuals.</p>                      |
| <b>Review Process / Timelines</b> | <p><b>Editorial Team Review:</b> papers are submitted to the editorial team for an initial review aimed at determining suitability for peer-review.</p> <p><b>Peer Review:</b> manuscripts accepted for peer-review will be reviewed through a double-blinded peer review process</p>  |
| <b>Acceptance</b>                 | <p>If accepted for peer-review, reviewers may accept "as is", "with minor revisions", or "with major revisions", or they may "reject".</p> <p>Should the submission be rejected, the editorial decision is final.</p> <p>Accepted manuscripts are subject to copy editing.</p> <p>On acceptance, the time to publish could be three to six months.</p> |

Appendix A: Author Checklist [\(link\)](#)

Appendix B: Author Declaration [\(link\)](#)