

Journal publication ethics policies

Women's Healthcare: A Clinical Journal for NPs (WH) provides ethical oversight of the journal through the implementation of adopted policies incorporating recommendations from the International Committee of Medical Journal Editors (ICMJE), Committee on Publication Ethics (COPE), and the *AMA Manual of Style: A Guide for Authors and Editors*, 11th edition.¹⁻³

To ensure that ethical principles in publication are addressed, the authors are directed to read the following policies and to adhere to them as applicable:

Policy on authorship and contributorship

WH authorship criteria are in accordance with the ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals.⁴ Individuals must meet all four of the following criteria to be included as an author:

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.

Each author must provide a brief description of their role in development of the manuscript on the submission title page.

Individuals who contributed to the manuscript but do not meet all four of these criteria can be listed in the acknowledgments section but cannot be an author. Acknowledgments are generally used to recognize individuals who contributed to the research or project on which the manuscript is based or in the preparation of the manuscript but do not qualify for authorship.

In the acknowledgment section of the manuscript, the author can give credit to those who assisted with the work, such as individuals who gave advice on the project or provided statistical or technical support. The inclusion of names in the acknowledgment may suggest endorsement of the content of the manuscript. For this reason, the individuals to be named should have the opportunity to read the manuscript and consent in writing to be acknowledged. The written consent should remain in the author's files unless requested by **WH**.

Any authorship disputes that arise should be addressed by the authors. Requests for changes in authorship (ie, addition of an author, deletion of an author, and/or revision of order of authorship) after a manuscript is submitted must include the rationale for the change(s). All of the original and new authors must consent to the change in writing before it is made.

Policy on intellectual property

Manuscripts submitted to **WH** must not have been previously published or be under consideration for publication in another journal. **WH** require authors to sign agreements transferring copyright to HealthCom Media. Once a manuscript is published in **WH**, it becomes the property of HealthCom Media. There is no fee to authors for manuscript submission or publication.

Policy on conflicts of interest/competing interests

WH policy on conflicts of interest/competing interests is in accordance with the ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals.⁵

Conflicts of interest occur in publishing when an author, reviewer, or editor may have competing interests that could lead to biased information being presented in, or biased decisions made about, a manuscript. Conflicts of interest may be actual, potential, or perceived.

Having a competing interest does not equal wrongdoing, but all involved should be comfortable that the publication is not affected by a conflict of interest and the process is transparent. Each author is required to submit their own ICMJE Disclosure of Conflicts of Interest form to **WH**. The ICMJE form provides a list of relationship/activities/interests that could be related to the content of the manuscript.

Author disclosure of a potential conflict of interest does not necessarily mean a manuscript will be rejected for publication. The editor in chief (EIC) uses disclosure information to estimate the extent of any conflict of interest before making a decision about a manuscript. Author conflicts of interest, or the lack thereof, are published at the end of **WH** articles. Disclosure of potential conflicts of interest allows readers to make a decision about possible bias in an article.

In the event that a conflict of interest is identified after publication of an article, **WH** may publish a correction to the conflict-of-interest statement that was published with the article and/or retract the article.

Peer reviewers are asked to disclose any actual or potential conflicts of interest to the editor at the time they are asked to critique a manuscript or as soon as they recognize the possible conflict. If a conflict exists that would limit the reviewer's ability to provide an unbiased and fair review of a manuscript, another reviewer will be assigned.

Editorial advisory board (EAB) members and the EIC complete conflict of interest disclosures at the time of their appointment and annually thereafter. Relevant disclosures are included in the EAB and EIC biographical information on the journal website.

The EIC will recuse themselves from a decision-making role on a manuscript if there is a potential conflict of interest for financial, professional, personal, or other reasons. If the EIC is an author or coauthor of a manuscript, the managing editor will choose two peer reviewers from the reviewer list to critique the manuscript. If either reviewer indicates the manuscript needs major revision or should be rejected, two editorial advisory board members chosen by the managing

editor and not involved with the manuscript will be chosen to make the final decision about acceptance or rejection of the manuscript for publication.

Policy on peer review

The purpose of a manuscript peer review is to provide the EIC and author with feedback on clarity, relevance, accuracy, and completeness of information in the manuscript. Suggestions for improvement in these areas aid the author in strengthening the overall quality of the manuscript. Feedback from reviewers helps the EIC decide whether to accept as is, accept with revisions, or reject a manuscript for publication in the journal. The ultimate decision always rests with the EIC, but reviewers play a significant role in determining the outcome.

The EIC conducts an initial review of each submitted manuscript. Based on this review, the manuscript may be returned to the author(s) for minor or major revisions or may be rejected without peer review. Common reasons for rejection at the EIC initial review level include the topic is not appropriate for the mission of the journal, the level of scholarship in writing is below acceptable expectations, or there are significant inaccuracies in information or use of references.

Full feature manuscripts and assessment and management manuscripts undergo a double-blind peer review process once deemed ready for peer review by the EIC. Double-blind means that authors do not know who is doing the peer review and peer reviewers do not know who the authors are. Confidentiality for peer reviewers is maintained during the review process and after publication decisions are made.

Peer reviewer evaluation forms are available for authors to view what criteria are used in evaluating a manuscript.

[Peer Reviewer Evaluation Form-Research Study](#)

[Peer Reviewer Evaluation Form-Clinical Manuscript](#)

The EIC selects two peer reviewers based on areas of expertise as indicated on their peer reviewer application. Peer reviewers, just as authors, are held to a high ethical standard when conducting manuscript reviews. Peer reviewers are expected to be aware of and act ethically in recognizing and declaring any potential conflicts of interest, maintaining confidentiality, and reporting any recognized ethical *concerns* with a manuscript. Peer reviewers are provided with information on qualifications, roles, and responsibilities; details on ethics in peer review; and tips on performing a constructive peer review. They are advised to read and follow the COPE Ethical Guidelines for Peer Reviewers.⁶ Peer reviewers are expected to provide courteous, objective, and constructive feedback for authors.

Authors are informed of the decision along with receiving the peer reviewer feedback and any additional comments from the EIC based on the peer review. The EIC reserves the right to edit reviews for clarity and removal of offensive or unethical content prior to sending to authors.

Short-form manuscripts for the departments section of **WH** are reviewed in-house by editorial staff to determine if minor or major revisions are needed or if not suitable for **WH**.

Policy on appeal of editorial decisions

Editorial decisions to reject a manuscript are final. However, if an author believes a conflict of interest influenced the decision, they may submit an appeal in writing within 30 days of receiving the editorial decision. The appeal letter must clearly state the rationale for believing that a conflict of interest influenced the rejection. A conflict of interest may be considered if a reviewer or editor has competing interests that could lead to a biased review or decision about a manuscript. The EIC will review the appeal letter, editorial decision letter, manuscript, and peer reviewer evaluations within 30 days. If the EIC determines that an appeal is warranted, the manuscript will be peer reviewed by two individuals not involved in the original review and who are not aware of the appeal. After this review, a new editorial decision letter will be sent along with the peer reviewer comments to the author within 30 days of completion of the second review. If the manuscript is rejected based on the culmination of reviews, further appeals will not be considered. Appeal letters should be submitted to info@npwomenshealthcare.com

(info@npwomenshealthcare.com). If an author believes there is bias or conflicts with the handling of the appeals process by the EIC, they should contact the **WH** publisher Gregory Osborne (GOsborne@healthcommedia.com).

Policy on protection of research participants and patients

WH policy on protection of research participants and patients is in accordance with the ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals.⁷ Authors submitting research manuscripts should read the section on Protection of Research Participants on the ICMJE website. This section addresses patients' right to privacy, informed consent, and human and animal rights as research participants.

Any research utilizing human participants or data obtained from human participants (eg, medical records) requires approval or exemption from an institutional review board (IRB) or independent ethics review committee. Authors must state in the methods section of the manuscript that an IRB or ethics committee approved the study or determined the study was exempt from approval and state why the exemption was granted. **WH** may request documentation of IRB or ethics committee approval or exemption prior to accepting submissions. If the author is unable to provide evidence of IRB or ethics committee approval or exemption, the submission will be rejected.

When reporting research that utilized human participants, authors should indicate in the methods section of the manuscript that informed consent was obtained from all participants and describe how this consent was obtained. If informed consent was not required by the IRB or ethics committee, the author should provide an explanation for the waiver. Identifying information, including names, initials, or patient ID numbers, or photographs should not be included in the manuscript unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that an identifiable patient be shown the manuscript to be published. Patient consent should be written and archived with the author(s). The author(s)

should provide **WH** with a written statement that attests that they have received and archived written patient consent.

Policy on allegations of author misconduct

Author misconduct includes intentional fabrication, falsification, or omission of research data; breaches of confidentiality regarding research participants and patients; and plagiarism. The EIC may screen for suspected plagiarism using detection software. Click on www.plagiarism.org for more information on plagiarism. The EIC is the contact person for allegations of author misconduct. The EIC follows ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals and Committee on Publication Ethics Guidelines for responding to allegations of author misconduct.^{8,9} Misconduct detected in a submitted manuscript may result in rejection of the manuscript. Misconduct detected in a published article may result in a formal retraction of the article.

Policy on corrections and retractions

WH follows ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals and Committee on Publication Ethics Guidelines regarding corrections in and retractions of published articles.^{10,11} Corrections are needed when errors of fact (clinical or research) are identified in a published article. Retraction of a publication will be considered if there is clear evidence the findings of a research article or facts in a clinical article are unreliable or seriously flawed so that they should not be relied on whether from honest error or misconduct, the article contains plagiarized material, or any unethical authorship practice is identified.

Readers can submit comments, questions, or criticisms about published articles to the EIC (info@npwomenshealthcare.com). The time limit for such correspondence is within 120 days of the time the article is published. The EIC will respond within 30 days. The EIC may ask the author of the article to respond to substantial criticisms of their work. In such situations, the author of the correspondence will be asked to declare any competing relationships or

activities. In all instances, the EIC will screen for inaccurate or libelous comments. **WH** policy on corrections and retractions will be followed when deemed necessary.

Policy on complaints/concerns

Complaints or concerns regarding the ethical conduct of authors, peer reviewers, or editorial advisory board members should be submitted to the EIC (info@npwomenshealthcare.com). Such complaints or concerns may address breaches of confidentiality, misuse of privileged information, or undisclosed conflicts of interest. The EIC will review the complaint and respond within 30 days. Complaints or concerns regarding the ethical conduct of the EIC or publishing staff should be submitted to the journal publisher Gregory Osborne (GOsborne@healthcommedia.com). The publisher will review the complaint and respond within 30 days.

Policy on sponsored journal materials

WH will at times consider manuscripts funded by sources other than the journal publisher. The EIC has full responsibility for policies and practices to prevent the occurrence and/or appearance of bias in the content of such manuscripts. This includes all editorial decision making for acceptance, revisions, or rejection of the manuscript and selection of peer reviewers. The funding entity may not author or edit the content of the manuscript or recommend reviewers. All authorship and disclosure of potential conflicts of interest policies will be followed. The EIC will not accept direct or indirect remuneration from funding sponsors. The funding source will be identified at the beginning of the article.

References

1. International Committee of Medical Journal Editors.
<http://www.icmje.org/recommendations>.
2. Committee on Publication Ethics. <http://publicationethics.org>.
3. JAMA Network Editors. *AMA Manual of Style: A Guide for Authors and Editors*, 11th ed. Oxford University Press. 2020.

4. International Committee of Medical Journal Editors. Defining the role of authors and contributors. <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>.
5. International Committee of Medical Journal Editors. Disclosure of financial and non-financial relationships and activities, and conflicts of interest. <http://www.icmje.org/recommendations/browse/roles-and-responsibilities-conflicts-of-interest.html>.
6. Committee on Publication Ethics. Ethical guidelines for peer reviewers. <http://publicationethics.org/resources/guidelines/cope-ethical-guidelines-peer-reviewers>.
7. International Committee of Medical Journal Editors. Protection of research participants. <http://www.icmje.org/recommendations/protection-of-research-participants.html>.
8. International Committee of Medical Journal Editors. Scientific misconduct, expressions of concern, and retraction. <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/scientific-misconduct-expressions-of-concern-and-retraction.html>.
9. COPE Council. COPE flowcharts and infographics – suspected ethical problem in a submitted manuscript—English. Version 2, May 2021. <https://publicationethics.org/files/ethical-problem-in-submitted-manuscript-cope-flowchart.pdf>.
10. International Committee of Medical Journal Editors. Corrections, retractions, republications, and version control. <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/corrections-and-version-control.html>.
11. Committee on Publication Ethics. Retraction guidelines. <https://publicationethics.org/retraction-guidelines>.