

## *Child Health Nursing Research*

Enacted in April 2006 and most recently revised in February 2023 and applied from Vol 29, No 2 (April 2023)

## I. General Information

### 1. About the Journal

*Child Health Nursing Research* (CHNR) is the official peer-reviewed research journal of the Korean Academy of Child Health Nursing. CHNR is a multidisciplinary, double-blind peer-reviewed, open-access journal that publishes original research, theory, and review papers on health care and nursing from the beginning of life to young adulthood, including both children and their families. It is devoted to all fields of child health, including global and cultural issues, aimed at both domestic and international healthcare professionals. The journal is published quarterly (Jan 31, Apr 30, July 31, and Oct 31) in English. The journal welcomes submissions from healthcare professionals around the world, and encourages the submission of papers dealing with cultural issues and those studied by international research teams.

- **Indexed in major databases:** PubMed Central, PubMed, Scopus, CINAHL, DOAJ, Crossref Metadata, Google Scholar, ScienceCentral, KCI (Korea Citation Index), RISS, KoreaMed, and KoMCI.

- **Its abbreviated title is** *Child Health Nurs Res*.

- **Open access:** All articles published in the journal are freely available with an open access license for everyone to read and download from the CHNR website (<http://www.e-chnr.org/>) immediately and permanently after publication.

### 2. Aims and Scope

*Child Health Nursing Research* aims to promote the health, development, and well-being of children and their families in Korea and all over the world by providing research on evidence-based practices.

Its scope includes the most recent clinically and academically relevant topics in health care and nursing from the be-

ginning of life to young adulthood, including both children and their families. The journal deals with articles that address research, theory, and practice in a wide range of child health nursing areas and relevant cultural issues. Its regional scope is mainly Korea, but it welcomes submissions from researchers and nurses worldwide.

The primary readers of this journal are healthcare professionals, administrators and scientists serving newborns, infants, children, adolescents, young adults, and their families, including nurses, midwives, physicians, developmental specialists, public health workers, scientists, educators, epidemiologists, and other health caregivers.

The ultimate goal of *Child Health Nursing Research* is to develop a body of knowledge on the health of newborns, infants, children, adolescents, young adults, and their families while improving the clinical field and community with evidence-based practices to promote the health of children and families all over the world.

### 3. Readership

This journal is published for health care professionals and administrators serving infants, children, adolescents, and families, working to promote child care and welfare. Through CHNR, readers obtain information on the most recent clinically and academically relevant topics in health care and nursing for the life span from the beginning of life to young adulthood, including both children and their family members. Specifically, nurses, midwives, physicians, developmental specialists, and public health workers in the field can obtain the most recent information about health problems and nursing strategies for children and families. Administrators of healthcare facilities and public health centers can access various data regarding health problems and obtain insights into healthcare planning for children and families. Social scientists and epidemiologists can access and utilize data on recent health problems of infants, children, adolescents, and families. Child health educators can obtain the

most up-to-date information on child health to convey that knowledge to students in the field of child health care and nursing. Researchers can learn about state-of-the-art research methodology for child health care.

## II. Research and Publication Ethics

### 1. Research Ethics

#### 1) Statements of Human and Animal Rights and Protection:

CHNR endorses and follows international standards of ethical practice in human rights and protection and the principles addressed in the Declaration of Helsinki (Ethical Principles for Medical Research Involving Human Subjects, <https://www.wma.net/wp-content/uploads/2016/11/DoH-Oct2013-JAMA.pdf>). According to the Bioethics and Biosafety Act of Korea and in order to meet international standards for ethical practice in human rights and protection, any research involving human subjects must be approved by an Institutional Review Board (IRB). When animals are used as research subjects, the study must be conducted in correspondence with related regulations, such as those of the Institutional Animal Care and Use Committees (IACUCs, <https://ori.hhs.gov/education/products/ncstate/iacuc.htm>), or National Institutes of Health (NIH) Guide for the Care and Use of Laboratory Animals (<https://grants.nih.gov/grants/olaw/guide-for-the-care-and-use-of-laboratory-animals.pdf>). Any treatment methods in conflict with the regulations must be described and may be grounds for rejection of the paper.

**2) Statements of Informed Consent:** The researcher(s) must also obtain written voluntary informed consent from the participants or their parents or legal guardian. If the research involves a child or any vulnerable subject in any way, special and sensitive protection is needed to ensure the safety and human rights of the subject. When necessary, the editor of CHNR may ask the author(s) to present the relevant document(s) on the human rights and protection issues related to the manuscript, such as the informed consent form or the evidence for the IRB approval of the study.

### 2. Submission declaration and verification

Duplicate publication or duplicate submission is prohibited in accordance with the ICMJE recommendations (<https://>

[publicationethics.org/resources/flowcharts/redundant-duplicate-publication-published-article](https://publicationethics.org/resources/flowcharts/redundant-duplicate-publication-published-article)). Manuscripts that have been published or are being submitted to other journal(s) should not be submitted to CHNR. Manuscripts that have been published or are currently under consideration for publication in CHNR must not be submitted to another journal. Upon notice of a duplicate submission, submission privileges to CHNR will be suspended for 2 years.

#### 1) Decision criteria for duplicate publication

The manuscript has never been published in another language or any medium—print, electronic media, or an academic journal.

2) The corresponding author must obtain approval from the editor-in-chief of each related journal if she or he wishes to reprint the published manuscript in another language.

3) The editorial board will determine the nature and degree of the manuscript's duplicate publication or duplicate submission.

### 3. Publication Ethics and Malpractice Statements

The publication and research ethics of CHNR strictly follow the ICMJE guidelines (<http://www.icmje.org/>).

**1) Reporting standards:** Authors should report on their work accurately and objectively without inappropriate manipulation. Authors should describe their methods and procedures in enough detail and present sufficient references so that others can replicate the work. Authors should not produce, record, or report non-existent data and results and should not change or omit data. Authors should also avoid producing multiple publications ("salami slicing") from content that should be only one substantial manuscript. Manuscripts that do not follow the international ethical standards of research and publication (i.e., those that involve fabrication, falsification, salami slicing, plagiarism, or simultaneous/duplicate submission) will not be considered for publication in CHNR. The editorial board will adjudicate the specific reasons for rejection.

**2) Authorship of the manuscript:** Authorship is limited to those who have made a substantial contribution to the manuscript in terms of conception and design, as well as the collection, analysis, and interpretation of the data. All authors should be involved in drafting and reviewing the

manuscript and must approve the final version of the manuscript. The corresponding author is required to confirm that all appropriate persons are listed as authors in the manuscript. All authors must agree to be accountable for all aspects of their work and to ensure that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

**3) Originality and plagiarism:** Authors are required to submit original manuscripts and confirm that they have cited or quoted others' ideas and texts appropriately and accurately. Plagiarism means the appropriation of another person's ideas, research processes, results, or text as one's. This includes using previously published material of oneself or any other author without citing the references. The editorial board of CHNR uses the Crossref Similarity Check tool to check for plagiarism. If plagiarism is discovered in the manuscript, the manuscript will not be published.

**4) Multiple, simultaneous, or duplicate submission:** Authors should not submit the same research to more than one journal and should not publish the manuscript in different languages. If authors wish to pursue a secondary publication of the manuscript in another language, they should obtain approval from the editor-in-chief of both related journals. The editorial board will determine the nature and degree of duplicate publication or duplicate submission for the manuscript.

**5) Data access and retention:** Authors should retain research data and be prepared to allow access to the data in case the editorial board asks them to provide the raw data in connection with the editorial review.

**6) Disclosure and conflict of interest:** Authors are required to disclose commercial or similar relationships to products or companies mentioned in the article being submitted or related to its subject matter.

**7) Acknowledgment of sources:** Sources of funding for the manuscript should be acknowledged. Authors should use or report the information obtained privately with explicit, written permission from sources.

**8) Fundamental errors in a manuscript:** When authors find a fundamental error in a published manuscript, they should

immediately inform the editor and cooperate with the editor to correct or withdraw the manuscript.

**9) Process for managing publication malpractice:** When reviewers or readers suspect publication malpractice such as fabrication, falsification, salami slicing, plagiarism, or simultaneous/duplicate publication; inappropriate changes in authorship, an undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and so on, the process of resolution will be initiated following the flowchart provided by the Committee on Publication Ethics (COPE) (<http://publicationethics.org/resources/flowcharts>). The ethics committee will discuss and adjudicate cases of suspected publication malpractice, as well as complaints and appeals against editors. CHNR will not hesitate to publish errata, corrigenda, clarifications, retractions, apologies, and expressions of concern when needed.

## 4. Conflict of Interest

An article's corresponding author is required to notify the editor of any potential conflicts of interest that might have affected the study's findings or the way the data were interpreted. Even when the authors are certain that their respective judgments were unaffected when producing the article, a potential conflict of interest should be stated on the title page and at the conclusion of the main text. Conflicts of interest can include ties to pharmaceutical corporations on a personal or financial level, political pressure from special interest organizations, or issues in the classroom. The ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (<https://www.icmje.org/disclosure-of-interest/>) should be used as the model for the disclosure form. The editor will determine whether the conflict of interest disclosure should be made in the final version of the work. All funding sources for a study should be specifically identified. Before assessing a particular paper, CHNR requests that referees notify the editor if they have any conflicts of interest. All article submissions from editors, staff members, or editorial board members are handled in the same manner as unsolicited submissions. They will not participate in the decision-making or reviewer selection process. Even for commissioned manuscripts, editors will not handle their own work.

## 5. Authorship

The practices of CHNR regarding research and publication ethics strictly follow the International Committee of Medical Journal Editors (ICMJE) guidelines (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>), and the Good Publication Practice Guidelines for Medical Journals 4th Edition (ISMPP, 2022, <https://www.ismpp.org/gpp-2022>).

### 1) Authorship credit

All other contributors should be credited in the acknowledgments. After the initial submission of a manuscript, any changes whatsoever in authorship (adding author[s], deleting author[s], or re-arranging the order of authors) must be explained in a letter to the editor from the authors concerned. All authors of the paper must sign this letter. Every author must also complete a copyright assignment.

### 2) Authorship Taxonomy

The corresponding author is responsible for ensuring that the descriptions are accurate and agreed upon by all authors. The role(s) of all authors should be listed, using the above relevant categories. Authors may have contributed

in multiple roles. CRediT in no way changes the journal's criteria to qualify for authorship. Please select the CRediT (<https://credit.niso.org/>) statements provided below during the submission process. This information will appear above references section of the published paper, as shown below as an example.

**3) Corresponding author and first author:** CHNR does not allow multiple corresponding authors for a single article. Only one author for each article should correspond with the editorial office and reviewers. CHNR does not allow multiple first authors for a single article.

**4) Correction of authorship after publication:** CHNR does not correct authorship after publication unless the editorial staff has made a mistake. Authorship may be corrected after submission and before publication if all authors involved with the manuscript request an authorship correction.

## III. Guidelines for Manuscript Preparation

### 1. Types of Manuscripts

This journal publishes original articles, review articles, and

**Table 1.** Authorship Taxonomy(<https://credit.niso.org/>)

Term	Definition
Conceptualization	Ideas; formulation or evolution of overarching research goals and aims
Methodology	Development or design of methodology; creation of models
Software	Programming, software development; designing computer programs; implementation of the computer code and supporting algorithms; testing of existing code components
Validation	Verification, whether as a part of the activity or separate, of the overall replication/ reproducibility of results/experiments and other research outputs
Formal analysis	Application of statistical, mathematical, computational, or other formal techniques to analyze or synthesize study data
Investigation	Conducting a research and investigation process, specifically performing the experiments, or data/evidence collection
Resources	Provision of study materials, reagents, materials, patients, laboratory samples, animals, instrumentation, computing resources, or other analysis tools
Data Curation	Management activities to annotate (produce metadata), scrub data and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later reuse
Writing – Original Draft	Preparation, creation and/or presentation of the published work, specifically writing the initial draft (including substantive translation)
Writing – Review & Editing	Preparation, creation and/or presentation of the published work by those from the original research group, specifically critical review, commentary, or revision – including pre-or post-publication stages
Visualization	Preparation, creation and/or presentation of the published work, specifically visualization/ data presentation
Supervision	Oversight and leadership responsibility for the research activity planning and execution, including mentorship external to the core team
Project administration	Management and coordination responsibility for the research activity planning and execution
Funding acquisition	Acquisition of the financial support for the project leading to this publication

editorials on health care and nursing for birth to young people and their families.

- **Original articles:** CHNR publishes original articles that fit the journal's aims and scope. These comprise comprehensive papers outlining novel research. These are reports of empirical data from top-notch scientific and clinical research studies that have relevance to nursing and health care for people from the beginning of life to young adulthood and their families. Original articles cover children's health issues, with topics encompassing nursing theory, practice, and education, among others. The articles published in CHNR present significant research results obtained using a variety of methodologies, including mixed-method designs, observational, quasi-experimental, and experimental investigations, as well as qualitative methods and measurements, including the development and evaluation of instruments. The appropriate standards should be followed when writing research papers.

- **Review articles:** Critical presentations on themes of interest and importance to child health nursing theory, practice, and education are included. A review article's body should consist of a thorough evaluation of the literature that is supported by academic research, critical analysis, and reasoned conclusions. We publish comprehensive literature reviews, as well as systematic reviews which target specific research problems, such as scoping reviews. We also release discussion papers, which are academic works with a discursive or argumentative tone. There must always be a discussion and critical evaluation of a significant body of research or other scholarship.

- **Editorials:** These are by invitation only and feature remarks made by institutional representatives or individual authors on topics of current interest. Authors should get in touch with the manager in the editorial office if they have any suggestions for editorials that deal with topics that are critically important to the discipline, especially those that are contentious or closely related to recent or upcoming journal articles.

## 2. Authors of Manuscripts

- 1) Anyone may submit a manuscript for publication in CHNR.
- 2) If the manuscript is the product of a dissertation, the author must disclose that the manuscript is the product of a dissertation for an academic degree program. The first au-

thor must be the author of the dissertation.

## 3. General Information

### 1) Submission system

The manuscript must be submitted online through <http://www.e-chnr.org/> (website of CHNR) or <http://www.chnr-submission.org/> (peer review system of CHNR). There, authors may review the submission instructions and access all submission forms, including the author checklist.

### 2) Language and style

Every manuscript should be written in English. The author can submit the manuscript as a Microsoft Word file or HWP file with an A4 paper size layout. The margins of the paper should be set as follows: top 30 mm, bottom 25 mm, left 25 mm, and right 25 mm. A 10-point font size should be used, and the text should be double-spaced.

### 3) Manuscript length

Abstracts, texts, references, tables, and figures included in the manuscript have different limits depending on the type of manuscript submitted, but all submissions must comply with the contents of Table 1. The number of references is recommended to be 30 or fewer for an article. However, the authors can include more references depending on the various article types, which have no limit on references.

**Table 2.** Recommended maximums for articles submitted to *Child Health Nursing Research*

	Abstract	Text	Tables & Figures
Original article	250	6,000	5
Review article	250	8,000	5
Editorial	None	2,500	5

### 4) Abbreviations used

If authors choose to use an English abbreviation, the complete spelling must be used upon first mention, and the abbreviation may be used after that. The title should not include any abbreviations.

### 5) Samples and participants

Authors should confirm the correct use of the words "sex" (when reporting biological factors) and "gender" (identity, psychosocial, or cultural factors), and report the sex or gender of study participants. Authors should define how they determined race or ethnicity and justify its relevance. If the



study was done involving an entire population, the authors should explain the reason.

#### 6) Prior approval for the use of psychosocial questionnaires (survey tools)

Authors must acquire permission for the utilization of any psychosocial questionnaire from the tool's copyright holder.

#### 7) Describing machinery or technical equipment

When identifying machinery and equipment, the following should be included in parentheses: the model, manufacturer. Brand names are identified by <sup>TM</sup>, ®, etc. Brand names should be used only when necessary.

#### 8) When the manuscript is submitted, references and citations may follow any accepted style:

Examples include National Library of Medicine (NLM) and American Psychological Association (APA) style. However, after the manuscript is accepted, all references and citations must be converted to follow Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers, 2nd Edition (2007). It is the responsibility of the submitting author(s) to confirm that NLM style guidelines are adhered to prior to final publication.

### 4. Reporting Guidelines for Specific Study Designs

Research reports frequently omit important information. As such, reporting guidelines have been developed for a number of study designs. Authors are encouraged to adhere to relevant reporting guidelines when describing their study. A good source of reporting guidelines is the EQUATOR Network (<http://www.equator-network.org/home/>) and the United States National Institutes of Health/ National Library of Medicine ([http://www.nlm.nih.gov/services/research\\_report\\_guide.html](http://www.nlm.nih.gov/services/research_report_guide.html)).

#### - *Observational cohort, case-control, and cross-sectional studies*

Strengthening the Reporting of Observational Studies in Epidemiology (STROBE)

Meta-analysis of Observational Studies in Epidemiology (MOOSE)

#### - *Qualitative studies*

Consolidated Criteria for Reporting Qualitative Research (COREQ)

Standards for Reporting Qualitative Research (SRQR)

#### - *Quasi-experimental/ non-randomized trials*

Transparent Reporting of Evaluations with Non-randomized Designs (TREND)

#### - *Randomized (and quasi-randomized) controlled trials*

Consolidated Standards of Reporting Trials (CONSORT)

#### - *Study of Diagnostic accuracy/assessment scale*

Standards for the Reporting of Diagnostic Accuracy Studies (STARD)

#### - *Systematic Review and meta-analysis*

Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA)

Meta-analysis of Observational Studies in Epidemiology (MOOSE)

#### - *Quality improvement studies*

Standards for Quality Improvement Reporting Excellence (SQUIRE)

### 5. Sequence of Headings in an Original Article

The manuscript should be organized as follows. Each section should be clearly delineated. Instructions for each appear below the list.

Beginning section	- Cover letter - Title page - Abstract and keywords
Middle section (Main text)	- Introduction - Materials and Methods - Results - Discussion - Conclusion
Ending section	- ORCID and ResearcherID - Authors' contribution - Conflict of interest - Funding resource - Data availability - Acknowledgements - Supplementary materials - References
Other elements	- Tables and Figures

#### 1) Beginning section

##### (1) Cover letter

The authors should address a cover letter to the editor in which they summarize the main components of the manuscript and what makes its contribution original and relevant to the Aims and Scope of CHNR. The author(s) should also address any other matters associated with authorship and publication they wish the editors to consider.

## (2) Title page

- ① The content of the title page should appear as follows in this order: Title, running title, type of manuscript, author(s), corresponding author, conflict of interest, IRB approval, MeSH (Medical Subject Headings, <https://www.ncbi.nlm.nih.gov/mesh/>) keywords, number of references, and number of words of the English abstract. More specific requirements for these components are detailed below.
- ② Type of manuscript: One of the following should be noted: original article, review article, editorial, or invited paper.
- ③ Author(s): This section should list the names of all authors, each with their position and affiliation including title, department, and location of institutions to which the work should be attributed. It should also present each author's ORCID number and describe the author's role in this study.
- ④ Corresponding author: The corresponding author should be identified with the address (zip code), email, telephone, fax, and ORCID number.
- ⑤ Conflict of interest: Any matter pertaining to the research should be noted here, such as the source of research funds, conflicts of interest, or indication that the manuscript is derived from a dissertation or thesis for an academic degree program.
- ⑥ IRB approval: The author should fill in information about the institution that provided IRB approval, including the approval number, and informed consent. However, if it is not a study of humans or animals, a statement should be made about IRB exemption.
- ⑦ MeSH Keywords: The keywords are drawn from the MeSH list (not more than five).
- ⑧ Number of references: It is recommended that an article include no more than 30 references. However, for articles that have no reference restriction, such as meta-analyses, systematic reviews, or structural equation models, authors are free to provide more references.
- ⑨ Number of words of the English abstract: The number of words in the English abstract should be noted. The total should be no more than 250 words.

## (3) Abstract and keywords

An abstract of up to 250 words for articles (including reviews) should be typed double-spaced on a separate page. It should cover the main factual points, including

statements of the purpose, methods, results, and conclusions. The abstract should be accompanied by a list of three to five keywords for indexing purposes. The keywords should be as specific as possible and drawn from the list of MeSH keywords.

## 2) Middle section

The text should be composed in the following order: introduction, methods, results, discussion, conclusion.

### (1) Introduction

The introduction should clearly state the need for this study and the main question or hypothesis of the study. A literature review or summary of background information related to the study should be presented.

### (2) Methods

This section should describe the study design, setting and samples, ethical considerations, measurements/instruments, data collection/procedure, and data analysis used. If the study is qualitative, the research instrument can be omitted. An "Ethics statement" should be provided after the "Methods" heading in a text-box format.

#### Example)

Ethics statement: This study was approved by the Human Ethics Committee of the University of XXX (IRB No. 202104-0002-03). Informed consent was obtained from all participants.

### (3) Results

The main results should be summarized in concise paragraphs. Levels of statistical significance and confidence intervals should be noted where appropriate.

### (4) Discussion

The discussion should be based only on the reported results. The discussion is recommended to reflect advances in nursing practice and nursing knowledge development.

### (5) Conclusion

Conclusions and recommendations for further study should be presented here, but the study results should not be summarized again.

### 3) Ending section

#### (1) ORCID and ResearcherID

The authors should provide the ORCID number and ResearcherID.

#### (2) Authors' contribution

Authors' contribution should be based on the authorship taxonomy.

#### (3) Conflict of interest

Authors are required to disclose commercial or similar relationships to products or companies mentioned in or related to the subject matter of the article being submitted. If there are no conflicts of interest, the following is an example of a sentence that can be used: "No existing or potential conflict of interest relevant to this article was reported."

#### (4) Funding resource

Funding institutions' policies should acknowledge sources of funding for the manuscript. If there is no funding resource, the following is an example of a sentence that can be used: "None".

#### (5) Data availability

Based on the degree of sharing plan, authors should deposit their data after deidentification and report the DOI of the data and the registered site. Please contact the corresponding author for data availability.

#### (6) Acknowledgments

Any persons who contributed to the study or the manuscript but did not meet the authorship requirements can be listed here. Written permission should be obtained from any person or organization mentioned in this section.

#### (7) Supplementary materials

If there are supplementary materials to help the understanding of readers or too much data to be included in the main text, it may be presented as supplementary data.

#### (8) References

When the manuscript is submitted, references and citations may follow any accepted style. Examples include National Library of Medicine (NLM) and American Psy-

chological Association (APA) style. However, after the manuscript is accepted, all references and citations must be converted to follow Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers, 2nd Edition (2007). It is the responsibility of the submitting author(s) to confirm that NLM style guidelines are adhered to prior to final publication. Authors are responsible for the accuracy of the references. Use of DOIs is highly encouraged.

### 4) Other Elements

#### (1) Tables and Figures

Tables and figures, including illustrations and photos, should be presented or described in English. The figures should be on separate pages. The total number of tables and figures in a manuscript is no more than 5.

All tables and figures should be easy to understand, even when presented separately from the rest of the manuscript, and should present information relevant to the study.

### 6. References format

#### 1) Style

A description of the References section is provided below. The References follow the NLM Style Guide for Authors, Editors, and Publishers, 2nd Edition (2007) (<http://www.nlm.nih.gov/citingmedicine>) if not mentioned below. References should be numbered serially in the order of appearance in the text, with numbers in brackets [ ]. The original reference number should be used if a reference is cited more than once.

#### 2) Citation format

If authors wish to cite references, please use the following format.

##### (1) Cited work's author

If there are 7 or more authors of a cited work, the first 6 should be listed, followed by "et al."

Example: Wolchik SA, West SG, Sandler IN, Tein J, Coatsworth D, Lengua L, et al.

##### (2) Journals

The name of the journal should be written in full.

###### ① Journal articles

- For 6 or fewer authors, all authors should be listed



Example:

Diego MA, Field T, Hernandez-Reif M. Preterm infant weight gain is increased by massage therapy and exercise via different underlying mechanisms. *Early Human Development*. 2014;90(3):137-140. <https://doi.org/10.1016/j.earlhumdev.2014.01.009>

- For more than 6 authors, the first 6 should be listed, followed by et al.

Example:

Kang HK, Kim TB, Kim KH, Kim MJ, Kim JH, Kim HY, et al. Development and effect of a metabolic syndrome prevention program for university students using mobile application. *Child Health Nursing Research*. 2014;20(3):205-214. <https://doi.org/10.4094/chnr.2014.20.3.205>

- Journals on the internet

Example:

Yoon SH, Kim SJ. A study on the relativeness between safety knowledge and safety behavior of elementary school children. *Journal of the Korean Society of School Health*. [Internet]. 2012 June [cited 2017 November 7];25(1):39-50. Available from: [http://www.jkssh.or.kr/journal/view.html?uid=81&page=&sort=&scale=10&all\\_k=&s\\_t=&s\\_a=&s\\_k=&s\\_v=25&s\\_n=1&spage=&pn=search&year=&vmd=Full](http://www.jkssh.or.kr/journal/view.html?uid=81&page=&sort=&scale=10&all_k=&s_t=&s_a=&s_k=&s_v=25&s_n=1&spage=&pn=search&year=&vmd=Full)

- Newspaper articles

Example:

Cho CU. Stem cell windpipe gives Korean toddler new life. *The Korea Herald*. 2013 May 2;Sect. 01.

### (3) Books

- ① Reference to an entire book

Example:

Brown B. *Braving the wilderness: The quest for true belonging and the courage to stand alone*. 1st ed. Random House; 2017. p. 132.

Example:

Peate I. *The student's guide to becoming a nurse*. 2nd ed. John Wiley & Sons; 2012. p. 59-90.

Example:

Min KA, Kim CG. *Nursing management. Knowledge & Future*; 2012. p. 45-62.

- ② Chapter in an edited book

Example:

Bochner BH. Identification of nodal metastases: The role of iron oxide enhanced MRI. In: Lee CT, Wood DP, Editors. *Bladder cancer*. 1st ed. Humana Press; 2010. p. 67-77.

- ③ Entire books on the internet

Example:

Radley DC, How SKH, Fryer AK, McCarthy D, Schoen C. *Rising to the challenge: Results from a scorecard on local health system performance, 2012* [Internet]. Commonwealth Fund; 2012 March [cited 2017 February 8]. 14 p. Available from: [http://www.commonwealth-fund.org/~media/files/publications/fund-report/2012/mar/local-scorecard/1578\\_commission\\_rising\\_to\\_challenge\\_local\\_scorecard\\_2012\\_finalv2.pdf](http://www.commonwealth-fund.org/~media/files/publications/fund-report/2012/mar/local-scorecard/1578_commission_rising_to_challenge_local_scorecard_2012_finalv2.pdf)

### (4) Scientific and technical reports

Example:

Korean Women's Development Institute. 2015 National multicultural family survey report. Survey Report. Seoul: Ministry of Gender Equality & Family; 2016. Report No.: MOGEF2016-3.

Example:

Won YJ, Shin HR, Jeong GW, Shin AS, Gong HJ, Oh CM, et al. Cancer registration & statistics branch, division of cancer registration & surveillance. *National Cancer Control Institute Annual Report*. Seoul: National Cancer Center; 2012 November. Report No.: 2012.11-13520000010145-10.

### (5) Unpublished theses or dissertations

Example:

Lee YH. *Development and effects of nocturnal emission and menstruation education program using CAI for Korean elementary school children* [dissertation]. Seoul: Ewha Womans University; 2010. p. 1-118.

Example:

Choi JW. *Clinical characteristics and treatment outcomes of pediatric neurofibromatosis type 2: Neurosurgical series* [master's thesis]. Seoul: Seoul National University; 2013. p. 1-45.

### (6) Conference proceedings

Example:

Bell JM. Highlights from the 10th international family nursing conference. *Making family nursing visible: From knowledge building to knowledge translation 10th international family nursing conference*; 2011 June 24-48; Kyoto International Conference Center. Kyoto: Sage Publications; 2012. p. 135-139.

## (7) Web

Example:

Statistics Korea. Cause of death statistics in 2015 [Internet]. 2016 [cited 2016 September 27]. Available from: <http://kostat.go.kr/portal/eng/pressReleases/8/10/index.board?bmode=read&bSeq=&aSeq=357968&pageNo=1&rowNum=10&navCount=10&currPg=&sTarget=title&sTxt=>

Example:

Statistics Korea. 2014 Maternal birth rate by age [Internet]. 2014 [cited 2015 February 10]. Available from: <http://kosis.kr/index/index.do>

## 7. Tables and Figures format

### 1) Table formatting

- ① All lines are to be single. Vertical lines should not be used.
- ② The title of a table should appear above the table. The first letter of important words in the title should be capitalized (title case).

Example: Table 1. Responses to Question Types

- ③ Tables should be numbered consecutively, e.g., Table 1., Table 2., and so on.
- ④ Table data should be explained in the footnotes. All abbreviations used in the tables should be defined in the footnotes of every table in which they appear.
- ⑤ In a table, use a superscript lowercase letter to indicate each footnote. The tables should be placed beneath the footnotes.

Example: <sup>a)</sup>Surviving case; <sup>b)</sup>Deceased case.

- ⑥ If the value of a decimal exceeds 1, a 0 should appear before the decimal point; otherwise, nothing should appear before the decimal point.

Example:  $t = 0.26$ ,  $F = 0.92$

Example:  $p < .001$ ,  $r = .01$ ,  $R^2 = .61$

- ⑦ The statistical significance ( $p$  value) should be written without a footnote and should be rounded to three decimal places. (For example:  $p = .003$ )  
If  $p$  is 0.000, then indicate that  $p$  is less than 0.001 ( $p < .001$ ).  
If  $p$  is 1.000, then indicate that  $p$  is greater than 0.999 ( $p > .999$ ).

### 2) Illustration and Photograph Format Rules

- ① The title should appear below an image. Only the first letter of the first word should be capitalized (sentence case).  
Example: Figure 1. Mean responses to questions by student grade categories.
- ② The size of the image should be 102 × 152 mm (4 × 6 inches). Larger images may be permitted; however, each image should not exceed 203 × 254 mm (8 × 10 inches).
- ③ If one figure contains 2 or more images, consecutive alphabet letters should be used to distinguish among the images.

Example: Figure 1-A, Figure 1-B

- ④ The photomicrograph of a tissue sample, the region from which the tissue was extracted, and the staining method should be noted. The magnification scale must be included.
- ⑤ The following symbols should be used in graphs in the following order: ●, ■, ►, ◆, ○, □, ▷, ◇.

## 8. Quotations from Other Sources

Citations may follow any style, for example, NLM, APA, or others.

## IV. Manuscript Submission, Review, and Publication Process

### 1. Submission process

#### 1) Before submission

- The authors can use any files, such as MS Word, .hwp, and so on.
- Manuscripts must be submitted through the CHNR website (<http://www.e-chnr.org/>) or CHNR peer review system (<http://www.chnr-submission.org/>).
- Authors may review the submission instructions and access all submission forms, including the author checklist.

#### 2) During submission

- (1) **Preview:** The editorial committee of editorial staff members initially evaluates each submission. The main goal is quickly selecting which papers should not be put up for peer review and whether to send them for review. In order to prevent delays for authors who might want to seek publication elsewhere, papers that

do not meet basic standards or are unlikely to be published regardless of a favorable peer review, for example, because their novel contribution is insufficient or the relevance to the discipline is unclear, may be rejected at this stage.

## (2) Peer review process

- All manuscripts are treated as confidential and peer-reviewed by experts in the field.
- The manuscripts are reviewed within a few days of submission to determine whether they adhere to the journal's policies and fit the submission guidelines. Any submission may be rejected for publication by the Editorial Board without cause.
- More details on other pertinent regulations are available on the journal's website. Should there be any questions on how to use the online submission system, authors may contact the editorial office of CHNR.

## 3) After the acceptance of the manuscript

After the acceptance of the manuscript, the author must submit the copyright transfer agreement and conflict of interest disclosure statement. All forms (the author's checklist, copyright transfer agreement, and disclosure of conflicts of interest) are available on the websites of the journal (<http://www.e-chnr.org/>) and the Korean Academy of Child Health Nursing (<http://www.childnursing.or.kr>).

All authors should print their names and sign the copyright transfer agreement and conflict of interest disclosure form.

## 2. Peer review process

### 1) Number of reviewers

Two or more reviewers and the editor will conduct a double-blind peer review of each of these manuscripts.

### 2) Peer review process and the author's response to the reviewers' comments

There is a two-week peer review period, and the first decision is made after the evaluation is finished. Following the review, the Editorial Board will decide between the options: acceptable options include minor revision, major revision, or rejection. The Editorial Board may request authors to make changes to the manuscript in response to reviewers' comments. The author should reasonably indicate if the reviewer's opinion is unacceptable or if the reviewer

is thought to have misinterpreted the data. The authors should try their best to comply with any requests made by the reviewers to modify the manuscript.

After making changes to the manuscript, the author should upload the updated files along with a response to each reviewer's comment. Revisions from the author must be finished within 15 days of the request. The Editorial Board will inform the author if it is not received by the deadline. The author should discuss an extension with the Editorial Board if they want to prolong the revision window past 15 days. Up to two rounds of the manuscript evaluation process may be offered. The Editorial Board may consider further review if the authors request it. The Editorial Board will ultimately decide whether to approve the submitted manuscript for publication and may, if necessary, ask for additional alterations, edits, and deletions to the article text. Statistical editing is also done if a statistician needs to review the data professionally.

The editor-in-chief of CHNR will make the final decision regarding the manuscript's publication based on the reviewers' comments and the scientific merits of the manuscript. Any potential or existing conflict and issues in the manuscript must be discussed in detail with the Editorial Board.

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## V. Article-processing Charge

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Authors in developing countries ([https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/ldc\\_list.pdf](https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/ldc_list.pdf)) may be exempt from author fees after negotiation with the Editorial Board.

If at least one of the authors is a Korean Academy of Child Health Nursing member, the paper will qualify for a discounted submission.

## VI. Copyright, Open Access Policy, and Data Sharing Policy

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**Table 3.** Examples of data sharing statements that fulfill the requirements of the International Committee of Medical Journal Editors.

Element	Example 1	Example 2	Example 3	Example 4
Will individual participant data be available (including data dictionaries)?	Yes	Yes	Yes	No
What data in particular will be shared?	All individual participant data collected during the trial, after deidentification.	Individual participant data that underlie the results reported in this article, after deidentification (text, tables, figures, and appendices).	Individual participant data that underlie the results reported in this article, after deidentification (text, tables, figures, and appendices).	Not available
What other documents will be available?	Study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code	Study protocol, statistical analysis plan, analytic code	Study protocol	Not available
When will data be available (start and end dates)?	Immediately following publication. No end date.	Beginning at 3 months and ending at 5 years following the article publication.	Beginning at 9 months and ending at 36 months following the article publication.	Not applicable
With whom?	Anyone who wishes to access the data.	Researchers who provide a methodologically sound proposal.	Investigators whose proposed use of the data has been approved by an independent review committee ("learned intermediary") identified for this purpose.	Not applicable
For what types of analyses?	Any purpose	To achieve aims in the approved proposal.	For individual participant data meta-analysis.	Not applicable
By what mechanism will data be made available?	Data are available indefinitely at (link to be included).	Proposals should be directed to xxx@yyy. To gain access, data requestors will need to sign a data access agreement.	Proposals may be submitted up to 36 months following article publication. After 36 months the data will be available in our University's data warehouse but without investigator support other than deposited metadata.	Not applicable
Data are available for 5 years at a third-party website (link to be included).	Information regarding submitting proposals and accessing data may be found at (link to be provided).			

(<http://www.ncbi.nlm.nih.gov/pmc/>).

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### 4. Data sharing policy

This journal follows the data sharing policy described in “Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors” (<https://doi.org/10.3346/jkms.2017.32.7.1051>). As of July 1, 2018, manuscripts submitted to ICMJE journals that report the results of interventional clinical trials must contain a data sharing statement as described below. Clinical trials that begin enrolling participants on or after January 1, 2019 must include a data sharing plan in the trial's registration. The ICMJE's policy regarding trial registration is explained at <https://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>. If the data sharing plan changes after registration, this should be reflected in the statement submitted and published with the manuscript, and updated in the registry record. All authors of research articles dealing with interventional clinical trials must submit a data sharing plan (see examples 1 to 4 in Table 3). Based on the degree of sharing plan, authors should deposit their data after deidentification and report the DOI of the data and the registered site.

## VII. Open Access License Agreement

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