

Qualitative Health Research

An International, Interdisciplinary Journal

**QHR
MANUSCRIPT
GUIDELINES**

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ABOUT *QHR*

Qualitative Health Research

An International, Interdisciplinary Journal

ABOUT QUALITATIVE HEALTH RESEARCH (QHR)

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University of Utah College of Nursing, Salt Lake City, Utah, USA

QUALITATIVE HEALTH RESEARCH, widely referred to as **QHR**, is an international, interdisciplinary, refereed journal for the enhancement of health care. Published monthly, it is designed to further the development and understanding of qualitative research methods in health care settings. The journal is an invaluable resource for researchers, practitioners, academics, administrators, and others in the health and social service professions, and graduate students who seek examples of qualitative methods.

COMPREHENSIVE, TIMELY COVERAGE FROM A VARIETY OF PERSPECTIVES

Issues of *QHR* provide readers with a wealth of information, including articles covering research, theory, and methods in the following areas:

- Description and analysis of the illness experience
- Health and health-seeking behaviors
- The experiences of caregivers
- The sociocultural organization of health care
- Health care policy
- Related topics

Articles in *QHR* examine an array of timely topics such as chronic illness; risky behaviors; patient–health professional interactions; pregnancy and parenting; substance abuse; food, feeding, and nutrition; living with disabilities; milestones and maturation; monitoring health; children’s perspectives on health and illness, and much more. In addition, the journal addresses a variety of perspectives, including cross-cultural health, family medicine, health psychology, health social work, medical anthropology, sociology, nursing, pediatric health, physical education, public health, and rehabilitation.

We also consider critical reviews; articles addressing qualitative methods; and commentaries on conceptual, theoretical, methodological, and ethical issues pertaining to qualitative inquiry.

PUBLISHER

QHR is published by Sage Publications, Inc., 2455 Teller Road, Thousand Oaks, CA 91320, USA; www.sagepub.com; telephone 1-800-818-7243.

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Qualitative Health Research

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Notes on E-mail Correspondence:

1. Send e-mail messages to only one of the addresses listed above. Sending to two or more addresses simultaneously will cause a significant delay in the *QHR* response.
2. *Do not* send e-mail messages to “personal” e-mail accounts of *QHR* personnel, such as “janice.morse@ . . .” or “dori.fortune@ . . .” Sending messages to addresses other than those listed at the top of the page will cause a significant delay in the *QHR* response.

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Qualitative Health Research

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Reviewers Needed

Reviewers must have a strong background in qualitative health research and/or qualitative methods. They must have a willingness to share their expertise by evaluating manuscripts and providing feedback for authors to assist them in strengthening their articles.


What's in it for you? You have the prerogative of reading prepublication articles in your methodological or substantive areas, and assisting in molding the literature in your field. Also, we try to give you copies of the other reviews received, so you can review the general consensus about the decision, and in doing so improve your own research, reviewing, and writing skills.

Do you have to have a doctorate? No—but if you are a doctoral student we recommend that you do the first few reviews jointly with your supervisor or some other experienced reviewer, so you can learn the “ins and outs.”

Qualitative Health Research (QHR) is an international journal published monthly by Sage Publications. Research articles, developments in qualitative methods, and *Pearls, Pith, and Provocation*—discussion articles on qualitative ethics and other issues—are reviewed. Keynote addresses, editorials, and book reviews are also published.

If you would like to join the review board for *QHR*, please email your CV and complete contact information to QHR-TE@nurs.utah.edu.

Thank you! We look forward to hearing from you!



Janice M. Morse
Editor

PREPARING YOUR MANUSCRIPT

WRITING TO PUBLISH IN *QHR*

Proper formatting will speed the peer-review process for your manuscript, and will facilitate a smoother production process if it should be selected for publication. Refer to the guidelines below, and to the *Publication Manual of the American Psychological Association*, [APA] 5th edition.

Improper formatting could result in burdensome revisions, lengthy delays in the review and production processes, and *the possible rejection of your manuscript*.

AVOID

- Writing in the third person, passive voice
- Inclusion of irrelevant data
- Anthropomorphisms
- Very long or “wordy” sentences
- Inconsistent writing style (especially with two or more authors)
- Tables listing participants and their demographic characteristics
- Back-to-back parentheses [incorrect: (xxx)(yyy) / correct: (xxx; yyy)]

WORD CHOICES

It is always best to use the most precise language possible to convey important data, concepts, and findings. Because *QHR* is an international journal published in U.S. English, there is the added need to avoid commonly-used English terms that might be misinterpreted by or confusing to readers whose first language is not English.

Word	Considerations
feel	It is appropriate to use this word when referring to a physical sense or state of mind; do not use it when your intent is “think” or “believe.”
further	This word is appropriately used when referring to distance. When writing of something in addition to that already stated—particularly at the beginning of a sentence—it is more appropriate to use “furthermore,” “moreover,” “in addition,” or “additionally.”
may	It is a common mistake to use this word in place of “might.” “May” implies permission, “might” implies possibility, and “can” implies ability.
over	Be careful not to use this word when the intended meaning is “more than.”
since	“Since” is the appropriate word to use when referring to the passage of time; avoid using it when the intended meaning is “because.”
U.S.	Use “U.S.” only as an adjective; for all other purposes, spell out “United States.”
while	Use “while” when referring to concurrent events. Do not use it when your intent is “whereas,” “although,” or “even though.”

Instead of this . . .

Use this . . .

as regards

with regard to; regarding

due to

because of

firstly; secondly

first; second

in order to

to

paper

article

towards

toward

upon

on

PUNCTUATION AND CAPITALIZATION

- If you use an acronym, the full spelling of the words must precede the first usage (even if you think everyone knows what it stands for), followed by the acronym in parentheses; e.g., *World Health Organization (WHO)*. Thereafter you may use the acronym alone: *WHO*. Avoid the overuse of multiple acronyms.
- Capitalize proper names; do not capitalize words unnecessarily, such as titles and ranks; e.g., director, professor, doctor, chairperson.

- *Title case* is properly created by capitalizing (a) the first letter of the first word, (b) the first letter of the first word following a colon or “em” dash, (c) all important words, and (d) *all words containing four or more letters*
- Use *no spaces* before, and only a *single space after* periods (.), commas (,), colons (:), semicolons (;), question marks (?), and quotation marks (“”). Use no spaces after opening quotation marks.
- Check your manuscript for double periods (..) and extra spaces between words.
- Refer to the *APA Publication Manual* for an excellent explanation of the proper use of hyphens and dashes; *do not* depend on Word’s “Spell Checker” function for decisions on hyphenation.

“REVIEW” YOUR MANUSCRIPT

One common reason for “revise” decisions is that authors are sometimes so immersed in their data and findings that they lose track of (a) whether the information presented contributes new knowledge, (b) whether the appropriate method and design have been used, (c) whether ethical standards have been met, (d) whether the information is presented in a complete, concise, and logical manner, with attention to writing style, and (e) what the reader needs/wants to know (remember that our readers have expertise in diverse areas, and therefore many will not be familiar with concepts and terminology common to your research area).

Before submission, we recommend an informal peer review of your article using these criteria:

Review Criteria

- Importance of submission: What are the manuscript’s strengths? Is it significant? Does it contain new and unique information?
- Theoretical evaluation: Is the manuscript logical? Is the theory parsimonious? Complete? Useful?
- Methodological assessment: Inductive approach? Appropriate method and design? Is the sample appropriate and adequate? Are data saturated? Theoretical analysis? Linked with theory and/or praxis?
- Adherence to ethical standards?
- Manuscript style and format: Evaluate writing style, organization, clarity, grammar, appropriate citations, and so forth. Is the manuscript unnecessarily long?

PRIOR TO SUBMISSION

- Proofread your manuscript aloud; doing so will help you identify awkward phrasing, run-on sentences, incomplete sentences, improper punctuation, missing text, and much more. (We recommend proofreading from a paper copy rather than a computer screen.)
- Have your manuscript *professionally* edited. This is especially important if English is not your first language. Remember to inform your editor of the need to use U.S. English spelling, and provide him or her with a copy of these Guidelines.

PREPARING YOUR MANUSCRIPT

GENERAL STYLE

In general, *QHR* adheres to the guidelines contained in the ***Publication Manual of the American Psychological Association* [“*APA*”, 5th edition** (ISBN 1-55798-791-2), with regard to manuscript preparation and formatting. [Elsewhere in these guidelines this book is referred to as the *APA Publication Manual*, or just *APA*.] Additional help may be found online at <http://www.apa.org/>, or search the Internet for “*APA* format.”

Many universities and private organizations have Web sites devoted to *APA* style. Be aware, however, that whenever guidelines found on those sites, or in the *APA Publication Manual*, conflict with the guidelines included here, **you must follow the *QHR* guidelines.**

KEEP IN MIND . . .

- *Qualitative Health Research* is a peer-reviewed journal. Only complete, finished manuscripts should be submitted for consideration; do not send query letters or e-mail messages.
- It is preferred that you write both the abstract and the text of your manuscript in the *first person, active voice*; however, this is not a requirement. If you choose to write otherwise, ensure that the abstract and manuscript “match” in voice.
- We do not publish stand-alone abstracts, *quantitative* studies, manuscript outlines, pilot studies, manuscripts-in-progress, letters of inquiry, or literature reviews. Research articles *must be pertinent to health*.

CONFIDENTIALITY AND PROTECTION OF PARTICIPANT IDENTITY

QHR is committed to protecting the identity and confidentiality of research study participants. With the exception of participant action research (PAR), no information that could potentially allow identification of a participant—or even a specific study site—should be included in a submitted manuscript or, subsequently, included in a published article.

Each study participant referred to in the manuscript should be assigned a pseudonym. Study sites, such as hospitals, clinics, or other organizations, should not be named, but instead should be described; for example: “Study participants were recruited from the coronary care unit of a large metropolitan hospital on the eastern seaboard of the United States.” Authors who include participant names and/or photos must submit written permission from the participants to do so.

Manuscripts submitted to *Qualitative Health Research* are “blind” reviewed. *Do not include author information, author references, or acknowledgements in the main manuscript document.*

ELEMENTS OF A MANUSCRIPT

The following elements are **required** for each manuscript, and should be compiled in the following order:

1. Title page [submitted as a separate document]
2. Abstract [p. 1]
3. Keywords [p. 1]
4. Main body of the manuscript ([main document”]; beginning on p. 2)
5. References

The following elements **may** be included in your submission (they are *optional*):

- A. Notes/footnotes/endnotes [place after the main body of the text, before the reference list]
- B. Tables [place at the very end of the document]
- C. Figures [submit in a separate document]
- D. Appendices are published *only in certain circumstances*, at the editor’s discretion [place after the reference list and before any tables]

ORDER OF ELEMENTS

Compile the elements of your main manuscript document in the following order. Each element (except notes) should begin on a new page:

- A. Abstract and keywords - required
- B. Main manuscript text - required
- C. Notes/footnotes (if any)
- D. References - required
- E. Appendices (if any)
- F. Tables (if any)

DOCUMENT SETUP (See also Sample Manuscript)

- Document file type: Submit only documents created in Microsoft Word, and only with the regular file extension of “.doc”; Word documents with “.docx” extensions, PDF files, or other types of documents cannot be accepted for consideration.

Do not add any special coding or formatting to your documents that is not described within these guidelines.

- Paper size: Letter, 8.5” x 11”
- Margins: 1” on all sides

* * * * *

- Ellipses/Ellipsis Points: Almost every manuscript contains ellipses. They are used to indicate missing words in quotations, and are to be created in a very specific manner. *Do not* use the “Insert Symbol” function in Word to enter ellipses. The proper way to create ellipsis points is as follows: space/dot/space/dot/space/dot/space (. . .); that is, 3 dots, preceded, divided, and followed by spaces, like . . . this. If it is necessary to indicate missing words between sentences (instead of in mid-sentence), place a period (full stop) at the end of the first sentence, then format the ellipsis points as noted, and begin the next sentence (with a capital letter) immediately after the last space. Do not place ellipses within parentheses or brackets (. . .); the exception to this is in conversation analysis, when appropriate.
- Font Size: 11 point font, including font used for titles, regular text, section headings, and quotations; however, fonts between 8 and 10 points in size should be used in tables and figures
- Font Style, Main Manuscript: Use Times New Roman font. *Italics* should be used *only* (a) as appropriate in the reference list (see *APA*), or (b) to introduce new or non-English words, or new concepts (2 to 3 words), and then only when the new word or concept is first introduced in the manuscript; subsequent use of the same word(s) should be in regular Roman font. *QHR* does *not* use italics for emphasis, and does not use underlining for any purpose other than conversation analysis (conversation analysis does not refer to regular participant quotations). Bolded font may be used for section headings, as appropriate according to these guidelines, and (sparingly) in tables and figures.
- Font Style and Formatting of Conversation Analysis: [*Note that this instruction does not pertain to normal quotations or block quotations.*] *Courier* font should be used for sections containing conversation analysis (if any). Retain the conversation analysis sections in the desired location among the regular manuscript text, and *do not set them as figures, in a box, or as excerpts*. Use the following steps to apply (required) special formatting to the conversation text only:
 - Set your font at 10 points, *Courier* style.
 - Set your margins (*only for the sections with this special text*) at 1” on the left, and 4.55” on the right, so the available print area is 2.95” wide, flush left. (*Do not* attempt to achieve this with tabs and hard returns; use Word’s formatting features in Page Setup.)
 - The line number, participant pseudonym (or other speaker identification), and transcribed text will need to fit across the 2.95” of printable line space. This is to ensure that the text will fit within the column format of the printed journal.
 - Manipulate your text within this space until you have achieved the desired alignment for all lines.
 - If your article is accepted, be sure to examine the publication proofs of the conversation analysis sections very carefully to confirm that the text is set and aligned correctly.
- Font Style, Figures: For printing clarity and ease of reading, “sans serif” fonts are strongly recommended for figures; some common examples include Arial (this is the preferred style), Calibri, Franklin Gothic Book, Tahoma, and Verdana.

It is recommended that only one font style be used in each figure, with possible variations introduced through bolding, italicizing, capitalizing, or underlining—all of which should be used

sparingly. It is further recommended that all figures within a single manuscript be prepared with the same font style.

- **Line Spacing:** *Everything, in all elements of the manuscript*, from the title page through the references, must be (exactly) double-spaced. The only exception is text within a figure. To set double spacing, go to Format > Paragraph > Line spacing > Double. *Do not create double spacing with hard returns* (by striking the “enter” key twice).
- **Text Justification:** All text should be left-justified; *do not use full justification* for any portion of your manuscript. The text at the right margin *should be uneven*.
- **Paragraphs:** Indent the first line of every new paragraph by .5” (½ inch; do not use two, .25” indentations). Do not insert additional line spaces between paragraphs, or between paragraphs and headings; *the exceptions are (a) an extra line space (hard return) between the abstract and the keywords, and (b) after (not before) each excerpt/block quotation, numbered or bulleted list, or section of conversation analysis*. Use a blank line between block quotes/excerpts if you have placed two or more in a row. *Do not add any special formatting*, such as increased line space before and after paragraphs, or before and after headings.
- **Headings:** *Do not follow APA guidelines for headings*. QHR uses 4 distinct levels of headings (H = level), including:

H1: Centered, Bold, Uppercase and Lowercase Text in Title Case

H2: Flush Left, Bold, Uppercase and Lowercase Text in Title Case

H3: Indented (.5”), Italicized, Uppercase and Lowercase Text in Title Case

H4: Indented (.5”), italicized, lowercase text in sentence case and ending with a period. At this level, the paragraph text begins immediately after the heading, instead of on the next line.

Use at least two heading levels:

For manuscripts with 2 heading levels, use H1 and H2

For manuscripts with 3 heading levels, use H1, H2, and **H4**

For manuscripts with 4 heading levels, use H1, H2, H3, and H4

- **Quotations:** Quotations of 40 or more words should be set as separate paragraphs, with the entire quotation indented .5” from the left margin (this is also referred to as a “block quote”). Do not change the right-hand margin. Some quotations of fewer than 40 words may also be set separately for uniformity of appearance. All other quotations should be contained within regular paragraphs, along with regular text.
- **Quotation Marks:** In general, use double quotation marks (e.g., “Xxxx.”) to set off quotations appearing within regular paragraphs, and to set off words being used with “special” meaning (or unusual spelling to convey special meanings within the text; e.g., “busy-ness”). In regular paragraphs, use single quotation marks to set off a quote within a quote (e.g., “Xxx, ‘Yyy,’ xxxx.”).

Do not use any quotation marks for block quotes *unless* there is a separate quote contained within the larger quote. In such a case, use double quotation marks (e.g., Xxxxxx, “Yyyy,” xxxxx.) only for the separate quote within the larger quote.

- **Spelling:** The spelling of English words varies among the many English-speaking countries of the world. QHR is published in *U.S. English*. Use Word’s spell check feature to ensure that you have used U.S. English spellings throughout your manuscript. Exceptions to this include (a) direct quotes from *written*, published material, and (b) as appropriate for titles in the reference list.
- **Manuscript Length:** There is no predetermined page or word limit. Provided they are “tight” and concise, without unnecessary repetition and/or irrelevant data, manuscripts should be as long as they need to be. The editor may require a reduction in length if the manuscript contains superfluous material that does not add anything useful to the topic being discussed. Limits might be imposed on the number/size/length of tables, figures, reference lists, and appendices.

PREPARATION OF REQUIRED MANUSCRIPT ELEMENTS

- A maximum of three (3) *types* of documents should be submitted: (1) title page; (2) main manuscript; and (3) figures (if any). Despite what the online system (Manuscript Central) programming might allow, *do not submit such elements as abstracts, references, and tables as separate documents.*
- Refer to the Sample Manuscript for additional information.

1. Title Page [submitted as a separate document]

The title page should include the following, *in this order*:

- a. Text for a running header (abbreviated title of your article) of no more than 40 characters + spaces in length. Place the running head on the title page only, and do not include it in the main manuscript document [set flush left]. *Do not actually format the text as a header.*
- b. Any author's/authors' notes or acknowledgements (optional), limited to two or three sentences, maximum. [set flush left]
- c. The article title. Capitalize all important words, and all words with four or more letters. [set centered; see the heading on this page for an example of title case]
- d. The name (not just initials) of each author, *without* credentials, in order, together with the affiliation of each author, including the institution/agency/organization (but *not* including department or division information); city where the institution/agency/organization is located; the state or province (if any); and country. *Example*: Janice M. Morse, University of Utah, Salt Lake City, Utah, USA [set centered; all state, province, and country names (except USA) must be spelled out]
- e. Complete contact information for *all* authors, including the proper form of address (i.e., Dr., Professor, Mr., Ms., Miss, Mrs., etc.), name, credentials, affiliation, mailing address (including the country name), primary e-mail address, secondary e-mail address (if any), telephone number, and fax number (if any) [set flush left]
- f. A 1-sentence biographical statement about each author. Use the following example for formatting your statement(s), and be sure to include name, credentials, university or other institution (you may include department or division information here), city, state/province (if any), and country:

Janice M. Morse, PhD, FAAN, is a professor and presidential endowed chair at the University of Utah College of Nursing in Salt Lake City, Utah, USA.

The title page may actually be longer than one page. To retain author anonymity during peer review, it is submitted as a *separate document*. Title page information *should not be included* in the main manuscript document.

Manuscript title: A title should convey, as clearly and succinctly as possible, the main idea of a manuscript. It should be clear in meaning even when standing alone. Avoid unnecessary words, such as "A Qualitative Study of," "A Doctoral Student's Investigation of," or "An Ethnographic Study." A good title is generally 10 to 12 words (or fewer) in length. *Avoid* titles with a colon or a quotation unless it/they is *necessary* to convey an important concept or a particular meaning about the article.

Do not (a) type your title in ALL CAPITAL letters, or (b) place a period (.) at the end of your title.

2. Abstract

The abstract should be placed on page 1 of the main manuscript document. It should be a single paragraph, no more than 150 words in length, and briefly describe your article. Briefly state the purpose of your research, the main findings, and your primary conclusions. Whether written in the first person, active voice, or otherwise, the abstract should "match" the voice in the manuscript. *Do not* (a) indent the first line of the abstract, (b) include in-text citations, (c) show the word count, or (d) include the manuscript title.

3. Keywords (See QHR Keyword List)

This is a brief list of words related to the topic(s) of your article that readers could search on to find the article (if published). Include all desired keywords *selected only from the QHR keyword list*. You may request that new keywords be added to the list, but the words should be *general* in nature, and not specific to a narrow topic. New keywords will be added at the editor's discretion. Keywords should follow on the same page as the abstract; leave a blank, double-spaced line between the abstract and the keywords.

4. Main Manuscript Text

The main text of the manuscript begins on page 2, the page following the abstract and keywords. We prefer articles written in the first person, active voice, but will consider articles written in the third person provided the voice of the abstract and manuscript match (see Abstract, above). Use U.S. English translations of non-English quotations. *Do not include the manuscript title in the main document*. Authors are required to attend to copyright regulations.

The main text of the manuscript should be broken into appropriate sections by the use of section headings. Sections should flow in a logical sequence, and include, *at a minimum*, Method(s), Results, and Discussion (these are level-1 headings); other level-1 headings and subheadings may be used at the author's discretion. The author may choose to use different names for the three main sections, but the basic content should be that which would appropriately fall under the headings of Methods, Results, and Discussion. QHR does not use *any* headings (such as "Introduction" or "Background") at the beginning of articles.

There are very specific guidelines for the use and formatting of in-text citations; refer to the *APA Publication Manual*, 5th edition, for details (the specific edition is very important). Every in-text citation should have a corresponding reference in the reference list, and vice versa.

5. References

The reference list (also known as a bibliography) should include complete references for the sources used in the preparation of your manuscript and cited in the text. Every citation should have a corresponding reference, and every reference should be cited in the text. *You must cite and reference pertinent articles published in QHR in the 12 to 14 months immediately preceding submission of your manuscript*.

The list should begin on a separate page following the last page of manuscript text (or the notes, if applicable). Each type of reference (journal article, book, chapter in edited book, newspaper, online reference, and so forth) must be formatted in accordance with the precise guidelines contained in *APA*. Elements such as spelling, punctuation, spacing, capitalization, and the use of italics or Roman (regular) font are as important as the content of the reference. (Note that if an author has two or more initials, there should be a space between the initials; incorrect = X.Y.Z.; correct = X. Y. Z.)

References should be listed in hanging paragraph format, in alphabetical order by the last name of the first author. The hanging paragraphs should be created by using Word's Format > Paragraph feature, and *not by using tabs*. Be sure to use italics, rather than underlining, for titles. Non-English titles should be translated into U.S. English, with the English translation following immediately after the original title, in [brackets]. *Proper formatting of the reference list is the responsibility of the author*.

Avoid the use of unnecessary references and over-long reference lists. Extensive bibliographies will not be published; articles will include only the "essential" or key references. If the author wishes to offer a secondary reference list (for example, references used in meta-analysis), it should be so stated in the Author's Note, and made available to readers by contacting the author directly; do not include it in the manuscript document, but it may be submitted separately for purposes of review.

PREPARATION OF OPTIONAL MANUSCRIPT ELEMENTS

A. Appendix / Appendices

Appendices are discouraged. If essential, refer to *APA* for the proper formatting of your appendix. If included, it should be placed in the main manuscript document following the reference list and before any tables. Appendices must be referred to in the text.

B. Tables

Tables organize *relevant, essential data* that would be too awkward or too lengthy to include in the text, and should be used only to provide data not already included in the text. For example, participant demographics take less space presented in a descriptive paragraph than they do as a table. Do not list participants one by one; instead, present group characteristics. *QHR* neither creates nor revises tables; this is the responsibility of the author.

Tables are to be accompanied by both their number (Table 1, Table 2, and so forth) and their title (required). Avoid shading, the use of color, and the use of multiple font styles. Table placement is mentioned in the text, but the tables themselves are placed at the very end of the document. The author should designate placement of each table within the manuscript by entering (on a separate line between paragraphs), INSERT TABLE 1 ABOUT HERE. (When published, tables are generally placed following the paragraph in which they are first mentioned.) Detailed formatting guidelines are contained in the *APA Publication Manual*. Table titles should be short and concise.

C. Tips on Tables

HOW TO CREATE YOUR TABLE

- Include only necessary data
- *Neatness counts*. Text alignment, spacing, and consistency of style are all important.
- *Keep it simple*, without unnecessary lines and text.
- Keep the table as small as possible, both in width and length; use only the amount of space necessary to contain your data. To fit within a single column of the journal it should be no wider than 2.95;" to fit across both columns it should be no wider than 6". Narrow the table columns to eliminate unused "white" space. Only under special circumstances (as determined by the editor) may a table be placed with a vertical orientation on the page.
- Multiple tables within the same manuscript should be similar in appearance and design.
- Create the table the way you wish it to appear when published, then double space all text, including column headers. *Set double-spacing with formatting specifications*, rather than manually inserting line breaks with the "enter" key.
- Use font no smaller than 8 points and no larger than 10 points. Use no more than two different font sizes in one table (one is preferred).
- "Hide" all vertical lines and all horizontal lines except the following: top line of table, bottom line of table, and line below the main column headers.
- Place explanations, clarifications, symbol identification, identification of unusual abbreviations, and other "nondata" information in a note below the table.
- Avoid the overuse of bolded and/or italic font, which can make a table look "busy" without enhancing it in any way.

D. Figures

Like tables, figures should be used sparingly, and only when it is necessary to clarify complex relationships in the text. Avoid shading, the use of color, and the use of multiple fonts. Hand-drawn

figures (such as participant artwork) must be dark enough to reproduce clearly when published. Figure placement should be mentioned in the manuscript text, but the figures themselves are to be placed in a *separate document*, with all figure numbers (Figure 1, Figure 2, etc.) and figure titles together, in order, on the first page, followed by the figures—each on a separate page. You may choose to submit each figure separately, but each one should be prepared in the same manner (see the Sample Manuscript). The author should designate placement of each figure within the manuscript by entering (on a separate line between paragraphs) INSERT FIGURE 1 ABOUT HERE. (When published, figures are generally placed following the paragraph in which they are first mentioned.) Detailed formatting guidelines for figures are contained in the *APA Publication Manual*, but note that *regular Word documents are preferred over .jpg or other document types. The figure number and title should be included on the previous page, and not saved as part of the figure itself.* Figure titles should be short and concise.

QHR KEYWORD LIST

Aboriginal people, Australia	Asia, Southeast
Aboriginal people, North America	asthma
abortion	attachment/bonding
abuse, domestic	attention deficit-hyperactivity disorder (ADHD)
abuse, emotional	autism
abuse, physical	autoethnography
abuse, sexual	behavior
action research	behavior, change
addictions	bereavement
adherence	biographical analysis
administration	biomedical culture (risk)
adolescent mental health	bipolar disorder
adolescents	bisexuals
adolescents, female	Black feminism
adolescents, health	blood
adolescents, high-risk behaviors	body image
adolescents, male	boundaries
adolescents, parenting	brain injury
adolescents, pregnancy	Brazil
adolescents, self-care	breast cancer
adolescents, sexuality	breast cancer, hereditary
adult education	breast cancer, screening
aesthetic analysis	breastfeeding
Afghanistan, Afghanistan	burn injury, burns
Africa	burnout
Africa, West	campus health
African Americans	cancer
aging	cancer, BRCA1
alcohol and alcoholism	cancer, BRCA2
Alzheimer's disease	cancer, breast
anesthesia	cancer, genetics
animal-human interactions	cancer, oral
anorexia	cancer, prevention
anthropology	cancer, psychosocial aspects
anthropology of health	cancer, screening
anthropology of the body	care, acute
anthropology, medical	care, critical
art	career transitions
art therapy	caregiving
arthritis	caregiving, community-based (home care)
arts-based research	caregiving, informal
Asia	Caribbean people

case studies
 case-scenario analysis
 cerebral palsy
 chaos
 checklists
 chemotherapy
 childbirth
 childbirth, older mothers
 childbirth, relation to culture
 children
 children, abuse of
 children, disability
 children, female
 children, growth and development
 children, illness and disease
 children, of substance users
 Chinese culture
 chronic illness
 chronic illness, early onset
 clinical research
 clinical supervision
 CNAs
 coding
 cognition
 Colaizzi
 collage
 combined methods
 comfort
 comforting
 communication
 communication, breaking bad news
 communication, doctor-patient
 communication, intergenerational
 communication, medical
 communication, nurse-patient
 community and public health
 community capacity and development
 community interventions
 community partnerships
 community-based programs
 comparative analysis
 complementary methods
 complexity
 compliance
 concept analysis
 concept development
 concept mapping
 confidentiality, participant
 confidentiality, patient
 conflict management
 congestive heart failure (CHF)
 congestive obstructive pulmonary disease (COPD)
 constant comparison
 constructivism
 consumerism, medical
 content analysis
 context analysis
 contraception
 controversies
 conversation analysis
 coping and adaptation
 counseling
 counter culture
 courage
 crisis management
 critical incident technique
 critical methods
 cross-cultural nursing
 Cuba, Cubans
 cultural competence
 culture
 cystic fibrosis
 data collection and management
 data mining
 deafness
 death and dying
 decision making
 decision making, clinical
 delirium
 Delphi
 dementia
 depression
 descriptive methods
 developing countries
 diabetes
 dietetics
 dimensional analysis
 disability
 disability, developmental
 disability, learning
 disabled persons
 discharge planning
 discourse analysis
 disparities, health care
 disparities, health care, age
 disparities, health care, gender
 disparities, health care, racial
 disparities, health care, sexual orientation
 disfigurement
 distress
 Down syndrome
 drama
 dramaturgical analysis
 dreams
 Eastern European (Slavic) people
 eating disorders
 ecological sustainability
 economics
 education
 education, online
 education, professional
 education, special needs
 e-mail interviewing
 emancipatory research
 embodiment/bodily experiences
 emergencies
 emergency medical services
 emergency room
 emotion work

emotional awareness
emotions
empathy
empowerment
end-of-life issues
enduring
environment
epidemiology
epilepsy
epistemology
erectile dysfunction
ethics
ethnicity
ethnography
ethnography, focused
ethnography, institutional
ethnography, rapid
ethnography, women's health
ethnomethodology
ethnoscience
ethnosemantics
ethology
euthanasia
evaluation research
event analysis
evidence-based practice
exercise
exhaustion disorder
existential approaches
experiential methods
exploratory methods
factor analysis
falls, falling
families
families, caregiving
families, dual earners
families, high-risk
family medicine
family nursing
fathers
feminism
fertility
fibromyalgia
field methods
focus groups
France
France, French people
Gadamer
gays and lesbians
gender
genetics
Giorgi
grief
grounded theory
group interaction
Haiti, Haitians
healing
health
health and well-being
health behavior

health care
health care, access to
health care, cost
health care, culture of
health care, decision making
health care, history
health care, interprofessional perspective
health care, outcomes
health care professionals
health care professionals, moral perspectives
health care, provider perspective and behavior
health care, remote
health care, rural
health care, teamwork
health care, users' experiences
health care, workplace
health concepts
health, determinants of
health education
health, experiences
health informatics
health insurance
health outcomes
health promotion
health policy
hearing
heart attack (MI)
heart health
Heidegger
hepatitis c
hereditary diseases
hermeneutic phenomenology
hermeneutic philosophy
hermeneutics
heuristic techniques
historical methods
history
HIV/AIDS
HIV/AIDS, clinical
HIV/AIDS, prevention
holistic care
holistic perspectives
home visiting
homelessness
hope
hormone replacement therapy
hospital administration
hospitalization
human development
human resources
humanistic perspectives
humor
Huntington's disease
Husserl
hybrid models
hypertension
ideal-type interpretation
illness and disease
illness and disease, acute
illness and disease, endemic

illness and disease, experiences
 illness and disease, infectious
 illness and disease, life-threatening
 illness and disease, progressive
 illness and disease, responses
 illness and disease, social construction
 illness and disease, terminal
 illness and disease, tropical
 image analysis
 imagination
 immigrants
 immunization
 induction
 infants
 infants, crying
 infants, feeding
 infants, high-risk
 infants, sleep problems
 infertility
 information, threatening
 institutions
 instrument development
 integrative therapies
 intensive care unit (ICU)
 international health
 international nursing
 Internet
 Internet recruitment
 interpretive methods
 intervention programs
 interviews
 interviews, semistructured
 interviews, unstructured
 Iran, Iranians
 Ireland
 Japan, Japanese
 Japanese Americans
 journals (diaries)
 keyword analysis
 knowledge construction
 knowledge transfer
 knowledge, utilization
 Korea, Koreans
 Kurdistan, Kurds
 language
 Latin America
 Latino/Hispanic people
 lay concepts and practices
 leadership
 learning
 learning disabilities
 learning, verbal
 legal issues
 lesbians' health
 leukemia
 library methods
 life experience
 life history
 life stories
 linguistics
 literature
 literature reviews
 lived body
 lived experience
 longitudinal studies
 long-term care
 loss
 lung cancer
 Malaysia, Malaysians
 managed care
 Margaret Newman's theory
 marginalized populations
 marijuana
 marital issues
 marketing
 masculinity
 massage
 media
 medical education
 medical record
 medical record, electronic
 medical/health care discourse
 medicalization
 medication
 medication, sedation
 medicine
 medicine, alternative and complementary
 medicine, reproductive
 medicine, sociology of
 memory
 menopause
 men's health
 menstruation
 mental health and illness
 mental health nursing
 mentoring
 Merleau-Ponty
 meta-analysis
 meta-ethnography
 metasynthesis
 Mexican Americans
 Mexico, Mexicans
 microanalysis of behavior
 microsociology
 Middle East
 midlife
 midwifery
 mindfulness
 minorities
 minorities, older people
 mixed methods
 model building
 mothering
 multiculturalism
 multiple methods
 multiple sclerosis (MS)
 Munchausen syndrome by proxy
 musculoskeletal disorders
 myths
 narrative analysis

narrative methods
narrative representation
narrative therapy
narratives, visual
naturalistic inquiry
nausea
Navajo people
needle exchange programs
needs assessment
negative case analysis
nephrology
network analysis
neurology
neuropsychology
neuroscience
Nigeria
nonprofessionals, education
Northern Ireland
Norway, Norwegians
nurse practitioners
nurses, substance use
nursing
nursing homes
nursing, administration
nursing, advanced practice
nursing, as art
nursing, children
nursing, community
nursing, counseling
nursing, education
nursing, history
nursing, hospital/community interface
nursing, maternity
nursing, outpost
nursing, palliative care
nursing, parent-child
nursing, pediatric
nursing, philosophy
nursing, psychiatric
nursing, psychosocial
nursing, sociology of
nursing, theory
nursing, transcultural
nursing, working environment
nutrition
nutrition, behavior and change
NVivo
obesity
observation
observation, nonparticipant
observation, participant
occupational health
occupational therapy
Old Order Amish
older people
older people, communication and health
older people, exercise
older people, home care
older people, hospitalization
older people, informal care
older people, rehabilitation
oncology
oral health/dentistry
oral history
organ donation
organizational systems
organizations
ovarian cancer, hereditary
overweight
Pacific Islanders
pain
pain, chronic
palliative care
parenthood, transition to
parenting
parenting, of infants
Parkinson's disease
participant observation
participatory action research (PAR)
participatory evaluation
participatory research
patient complaints
patient education
patient participation
patient safety
pediatrics
pediatrics, cardiology
Peplau's theory
performance methods
perinatal health
pharmacology
phenomenography
phenomenology
Philippines
philosophy
photography
physical therapy
poetry
policy analysis
policy development and analysis
political economy
politics
population health
positivism
postcolonial theory
postdischarge care
postmodernism
postpartum care
postpartum depression
postpositivism
poststructuralism
posttraumatic stress disorder (PTSD)
poverty
power
practice guidelines
pregnancy
pregnancy, avoidance
pregnancy, high-risk
pregnancy, maternal health
pregnancy, multiple

pregnancy, unwanted
prevention
primary health care
prisons, prisoners
privacy
problem solving
program evaluations
protocol analysis
psychiatry
psychology
psychosocial issues
psychotherapy
psychotherapy, computer-assisted
psychotherapy, group
Puerto Rico, Puerto Ricans
qualitative methods, general
quality improvement
quality of care
quality of life
quantitative methods
quasi-experimental research
questionnaires
questions, open-ended
race and racism
recovery
reflexivity
refugees
rehabilitation
relationships
relationships, health care
relationships, mother-child
relationships, primary partner
relationships, reciprocal
relationships, researcher-participant
reliability
religion
reminiscence therapy
remote practice
reproduction
research participation
research, access to participants
research, collaborative
research, cross-cultural
research, cross-language
research, design
research, dissemination and utilization
research, implementation
research, interdisciplinary
research, northern
research, online
research, rural
resilience
resource allocation
responsive evaluation
rhetorical analysis
rheumatoid arthritis (RA)
Ricoeur
risk
risk, behaviors
risk, perceptions

ritual
Rogerian science
role-playing
safety
SARS
scenarios
schizophrenia
science, history of
science, sociology of
screening
screening, prenatal
sedation, terminal
self
self-awareness
self-care
self-efficacy
self-harm
self-help
self-help groups
self-help groups, Internet
self medication
self-regulation
semantic analysis
sensitive topics
service dogs
severe permanently mentally ill (SPMI)
sex workers
sexual harassment
sexual health
sexuality
sexually transmitted diseases
simulations
site visits
smoking cessation
social capital
social cognitive theory
social constructionism
social development
social identity
social inequality
social issues
social movements
social relations
social sciences
social services
social services, utilization
social support
social theory
social welfare
social work
sociolinguistics
sociology
sociology, educational
software
sorrow, chronic
South Africa
South America
special care units
spinal cord injury
spiritual care

spirituality
statistics
statistics, nonparametric
stigma
stories
storytelling
stress
stroke
substance use
suffering
suicide
suicide, physician-assisted
support
surgery
surgical enhancement
surveys
survivorship
symptom management
system management
systematic reviews
Taiwan
Tajikistan
teaching/learning strategies
technology
technology, assistive
technology, instructional
technology, medical
technology, use in research
telephone
textual (documents) analysis
Thailand
thematic analysis
theory development
tobacco and health
traditional and folk medicine
transcultural health
transition theory
translation
transplantation
transsexuals

trauma
triangulation
trust
truth telling, health care provider
truth telling, patient
truth telling, family
tuberculosis (TB)
twelve-step programs
uncertainty
urban issues
validity
values
van Manen
video
violence
violence, against women
violence, domestic
vision
visual methods
vulnerable populations
war, victims of
weight changes
weight management
wheelchair sports
womanist theory
women's health
women's health, midlife
women's issues
workplace
wound care
writing
young adults
young women
youth
youth, at-risk

[28 Oct 2008]

SAMPLE MANUSCRIPT

A. Sample Title Page
[all double-spaced]

Running head: Maximum of 40 characters + spaces, total

Author's Note: This is optional. The author's (or authors') note and/or acknowledgements should be limited to 2 or 3 sentences.

Article Title, Set in Title Case, and Centered

Janice M. Morse

University of Utah, Salt Lake City, Utah, USA

*[Note that city, state/province, and country must be included;
all state, province, and country names other than USA must be completely spelled out]*

Second Author Name *[if more than one]*

Affiliation institution/organization, city, state/province, country

[Repeat as needed, depending on the number of authors]

C. Sample Main Manuscript Document

[Abbreviated for illustration purposes; all double-spaced; this sample uses all four heading levels]

Indent the first line of each new paragraph by .5 inches. Create this indentation by formatting the paragraph style; do not indent the line with the tab key. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX.

XX
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XXXXXXXXXXXXXXXXXXXX.

Do not leave line breaks between paragraphs. Instead, continue with regular double spacing.

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XXXXXXXXXXXXXXXXXXXX. Place the next heading immediately below the paragraph, with no additional line breaks.

Level 1 Heading

Begin the next paragraph immediately after the heading. Level 1 headings are centered, bolded, in title case. XXXXXXXXXXXXXXXXXXXXXXX. XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXX
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XX (refer to the *APA Publication Manual* for specific information on how in-text citations are to be prepared).

Level 2 Heading

Begin the next paragraph immediately after the heading. Level 2 headings are set flush left, bolded, in title case. XXXXXXXXXXXXXXXXXXXXXXX. XXXXXXXXXXXXXXXXXXXXXXX XXXXXXX XX
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XX.

Level 2 Heading

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Level 3 Heading

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XXXXXXXXXXXXXXXXXXXXXXXXXXXX. XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX.

Level 4 heading. Level 4 headings are indented by .5 inches, italicized, in sentence case, and followed by a period. The text of the first paragraph under this heading follows immediately after the heading, rather than beginning on the next line. XXX
XX XXXXXXX XX
XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX.

Notes

1. Text of first note. XXX XXXXX.
2. Text of second note. X XXX XXXX XXXX
XXXXXXXXXXXX.
3. And so forth. XXXXX XXXXXXXXXXXXXXX XXXXX XXXXX.

[These are footnotes or endnotes, for which corresponding superscript numbers were placed in the text; they are optional. Do not use Format > Bullets for the item numbers; instead, just type each number flush left, followed by a period and one space. Notes should be in regular size font, double spaced; and be placed after the end of the main text, before the references, as shown here.]

Table 1

Place the Name of the Table Here, Bolded, Centered, in Title Case

Column Heading	Column Heading	Column Heading
Data	Data	Data
Data	Data	Data
Data	Data	Data
Data	Data	Data

D. Sample Figure

[This should be a separate document. The figure number and title are placed at the top of the first page, as shown, and the figure itself is placed on the second page.]

Figure 1

Place the Name of Figure Here, Bolded, Centered, in Title Case

This text box represents your figure. It is placed on the second page of the figure document. Do not include the figure's title here. Put each figure in a separate document.

Use font no smaller than 8 points, and no larger than 10 points. We recommend Arial (or other sans serif) font. Figures are to be read from top to bottom, from left to right.

Keep figures simple, with as few lines, boxes, and arrows as possible. The style of the various elements of your figure must be consistent. Keep the figure neat, being especially careful about spacing and alignment of various elements, including beginnings and endings of arrows.

Text within figures should *not* be double spaced. Use sufficient space between elements to ensure clarity, but do not include unnecessary "white space." (Remember that journal space is precious, and must be conserved.)

Use bolding and italics sparingly, and underlining only if absolutely necessary. It is not necessary to place your figure inside a larger "box" or "frame."

Most importantly, figures must have "crisp," clean lines and text. Fuzzy, sloppy figures are not acceptable. Shading is not acceptable unless absolutely necessary, and then must be in black and white—without colors. Scanned figures are rarely acceptable.

See *APA* for requirements regarding the use of copyrighted (previously published) material.

SUBMISSION, REVIEW, AND PUBLICATION

HOW TO SUBMIT A NEW MANUSCRIPT

Qualitative Health Research (QHR) has an online review system that requires submitting your article through our Manuscript Central Web site. Do not mail or e-mail your manuscript to the journal office; it will not be accepted for consideration.

Both *QHR* and Sage Publications require that authors comply with specific guidelines in the preparation of their manuscripts. Refer to (a) Preparing Your Manuscript, and (b) the *Publication Manual of the American Psychological Association [APA]*, 5th edition.

Proper formatting and submission will speed the peer-review process for your manuscript, and will facilitate a smoother production process if your manuscript should be selected for publication.

We strongly recommend that you carefully proofread your manuscript from a hard (paper) copy prior to submission.

When submitting your manuscript, be prepared to provide the information listed below. Note that this information is to be entered into the online system; it is *not to be included in the manuscript itself, nor should it be included in your cover letter*. Submit **only** Microsoft Word documents with a .doc extension (not .docx).

- Complete contact information for EVERY author; remember to include the country name. The Manuscript Central system requires complete information only for the contact/corresponding author, with only names and email addresses for co-authors. However, **QHR requires complete information for all authors.**
- The correct spelling of each *complete* author name (not just first initials), and the proper author order; EVERY author, without exception, must be entered into the system.
- The proper form of address for each author (i.e., Dr., Professor, Mr., Ms., Mrs., Miss, and so forth)
- A verified email address for *every* author, without exception; if a co-author has no email address, list the address of the corresponding author
- Information on any conflict of interest
- Confirmation that the manuscript is original work, and has not been published or submitted for consideration elsewhere
- The number of figures in the manuscript, if any
- The number of tables in the manuscript, if any
- The total number of words in the manuscript (Use Word's Tools > Word Count function)

When entering data and submitting your manuscript in Manuscript Central, *avoid* the use of ALL CAPITAL letters (especially for manuscript titles); instead, use Title Case. Do not put a period (.) at the end of your title.

The corresponding author should be someone who will be available to respond promptly to communication from *QHR* and/or the publisher at any time in the review, production, or publication processes. Corresponding authors are responsible for the timely communication of questions and decisions to all co-authors.

Submit your manuscript at <http://mc.manuscriptcentral.com/ghr/>. If you do not already have one, you will need to establish an Author Account and select a password to access and return to the system. (Be sure to make note of your password information for later reference.)

Upload your documents into the system *in this order*:

1. Title page
2. Main manuscript
3. Figures (if any)

Do not upload both a “blinded” manuscript *and* a complete one. Submit *only* a blinded manuscript, containing no author information.

QHR makes every attempt to expedite the peer-review process. However, in an effort to secure the assistance of our expert reviewers we must sometimes accommodate their busy schedules and await their availability. Therefore, the average time from manuscript submission to first decision is approximately three (3) months. *Please refrain from contacting the QHR office regarding the status of your manuscript until this time has passed.*

HOW TO SUBMIT A REVISED MANUSCRIPT

If you have been invited to revise your reviewed manuscript, you will be unable to make revisions on the originally-submitted version of the manuscript. Instead, revise your personal electronic copy of the original manuscript. Except in the case of an accepted, *final* manuscript, you must identify your changes within the document by using the Track Changes feature in Microsoft Word—no matter how “messy” the manuscript might look. *Do not* use highlighting to indicate changes.

You should have received an e-mail message containing comments from the reviewers and/or instructions from the editor about the revisions you are requested to make. Address the reviewer comments and follow editor instructions carefully and completely when making your changes; be as specific as possible in your response. Include a cover letter to the editor, outlining the changes you have made. *Failure to comply completely with editor instructions for revision may result in delays, the need for additional revision, or even rejection of your manuscript.* If you believe it would be detrimental to the article to comply with the requested changes, state your argument in your revision response cover letter. *Following consideration, the editor’s decision will be final.*

Once the revised manuscript is prepared, upload it and submit it through your Author Center:

To submit a revised manuscript, logon to <http://mc.manuscriptcentral.com/qhr> and enter your Author Center, where you will find your manuscript listed under “Manuscripts with Decisions.” In the table, under “Actions,” click on “Create a Revision.” (Your manuscript ID number will automatically be appended to denote a revision; for example, QHR-2008-1234 would become QHR-2008-1234.R1.) Follow the prompts to complete your submission.

Upload your documents in the proper order (see How to Submit a New Manuscript, above).

Important Note: Delete all earlier versions of the manuscript before completing the submission of the revision, but do not delete your title page (unless you have replaced it with an updated version) or figures (unless you have revised them or have been asked by the editor to remove them). You must upload your own documents.

We ask that authors complete and submit revisions within 60 days (30 days for “accept, pending revision” decisions). The Manuscript Central system is preset to automatically establish this deadline when the revision decision is sent out. This helps to ensure that your manuscript does not become outdated during the revision and review process. If you are unable to meet this deadline, or if the system indicates that you have missed the deadline, contact *QHR* at QHR-Journal@nurs.utah.edu for an extension of time. **DO NOT, under any circumstances, submit your revision as a “new” manuscript.**

At the editor’s discretion, your revised manuscript might be sent back out for further review, usually to the original reviewers.

REVIEW, DECISION, AND REVISION PROCESS

THE MAIN PLAYERS

- Corresponding author
- Technical editor
- Editor (and possibly a section editor)
- Expert reviewers

STEPS IN THE PROCESS

1. The *corresponding author* submits a manuscript
2. The *technical editor* checks the manuscript documents for general acceptability
3. The *editor* conducts an initial, abbreviated review of the manuscript; at this point the editor can make a decision to:
 - a. Send the manuscript out for peer review;
 - b. Assign the manuscript to a *section editor* to manage the peer-review process; or
 - c. Reject the manuscript because it is fundamentally unsuited to *QHR* and/or its readership
4. The *technical editor* extends invitations for *qualified experts* to provide a formal review of the manuscript; this includes:
 - a. Entering keywords from the manuscript into the *QHR* database of expert reviewers
 - b. Selecting reviewers whose keywords (areas of expertise) most closely match the keywords (topic areas) of the manuscript
 - c. Extending invitations to prospective reviewers by email
5. The *invited reviewers* can choose to accept the invitation, or may decline it based on a lack of time or opportunity to conduct the review, or because their expertise is not a good match for the main topic(s) of the manuscript.
6. If the *reviewer* accepts the assignment, the online review system, Manuscript Central, automatically sends the reviewer, via email, instructions on how to access the manuscript and submit the review. If the reviewer declines the assignment, the *technical editor* repeats step 4, above, until a sufficient number of reviewers have agreed to evaluate the manuscript (usually three reviewers). Depending on the time of year (because of vacations, holidays, breaks in academic schedules, and so forth), the number of qualified potential reviewers with expertise in the appropriate topic area, and the speed with which the invited reviewers respond to the invitation, this step in the process can take a significant amount of time.
7. The *reviewers* read through the manuscript (usually several times), and electronically submit their responses to the questions listed below. Although reviewers are asked to submit their evaluations within 30 days of accepting the assignment, circumstances might arise which preclude their meeting the deadline. No decisions can be made until the reviews are received.

Review Criteria:

- Importance of submission: What are the manuscript's strengths? Is it significant? Does it contain new and unique information?
- Theoretical evaluation: Is the manuscript logical? Is the theory parsimonious? Complete? Useful?
- Methodological assessment: Inductive approach? Appropriate method and design? Is the sample appropriate and adequate? Are data saturated? Theoretical analysis? Linked with theory and/or praxis?
- Adherence to ethical standards?
- Manuscript style and format: Please evaluate writing style, organization, clarity, grammar, appropriate citations, etc. Is the manuscript unnecessarily long?

- Other Comments: Please give specific advice to the author(s) on how to improve the manuscript.
8. When all reviews of a particular manuscript have been received, the *technical editor* provides them to the *editor*, along with the manuscript, for consideration and a decision.
 9. Based on the reviews received, **and the editor's own evaluation of the manuscript and the reviews**, the *editor* makes a decision on the manuscript. Possible decisions include:
 - a. Acceptance of the manuscript for publication
 - b. Provisional acceptance of the manuscript, pending specific revisions based on editor and/or reviewer comments, and formatting and content requirements of the journal
 - c. An invitation to revise the manuscript in response to reviewer comments and suggestions, to address formatting and content requirements of the journal, and to resubmit it for further consideration.
 - d. Rejection of the manuscript, possibly with recommendations for improving it in readiness for submission elsewhere
 10. The *technical editor* sends the editor's decision, via email, to the *corresponding author*.
 11. The *corresponding author* reviews the decision letter with any *co-authors*. If invited to submit a revision, either for publication or for further consideration, the author(s) can choose to accept or decline that invitation. If they accept, they revise the manuscript as instructed, and submit it.
 12. The *editor* reviews the revised manuscript, and makes one of the following decisions:
 - a. Accept the manuscript for publication
 - b. Send the revision back out for peer review (beginning the process again, usually with the original reviewers providing the new evaluation)
 - c. Invite the author(s) to make further revisions, either with provisional acceptance for publication, or for further consideration
 - d. Reject the manuscript

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13. The *technical editor* sends the decision to the *corresponding author*. If the manuscript is accepted, the technical editor places it in the production lineup.

REASONS FOR “REVISE” AND “REJECT” DECISIONS

Whether or not an author receives a “revise” or “reject” decision depends on:

1. The nature of the reviews and the magnitude of the changes required
2. Whether or not it is possible to correct the manuscript sufficiently to make it suitable for publication
3. How much *QHR* has recently published on a particular topic (or how much is currently queued for publication)

TIMING OF PUBLICATION

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At any given time there are many accepted articles in the production queue. Therefore, it is unlikely that your accepted article will be published immediately after being accepted. It is not possible to know how many pages an article will need until the article is actually “set” by the typesetter; many factors influence the length of a set article, including number of words, number of headings, number and length of paragraphs, use of tables and figures, and much more. Because the journal has a limited number of pages available for each volume, this sometimes causes individual articles to be “pulled” from their anticipated placement in a particular issue, and to be replaced by articles that best fit the number of pages available.

For these and many other production-related reasons, ***it is not possible for QHR to accurately forecast a publication date for your article.*** The production process is a long one, and articles are not published until at least 3 or 4 months after the edited version of the manuscript has been approved by the author. *Therefore, we appreciate your cooperation in refraining from making frequent inquiries about the publication date.*

PRODUCTION

When your accepted article has been *tentatively* assigned to an upcoming issue of the journal, your manuscript will be edited to conform to *QHR* and Sage publication style, and sent to you for your approval and correction. There will be a very short deadline for responding to any queries posed by the copy editor, and it is critical that your response be clear, complete, and timely. ***At this stage of the production process, time is of the essence.***

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