

Health Information Management Journal

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Submission guidelines



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The *Health Information Management Journal (HIMJ)* is the official peer-reviewed research journal of the Health Information Management Association of Australia Ltd. The journal publishes original research, literature reviews, professional practice and innovation papers and forum articles that build on existing knowledge in the management of health information. The journal also publishes commentary and analysis of relevant health policies and encourages debate in the form of reader commentary on articles. Submissions of papers are invited from authors worldwide and all contributors are encouraged to present their work for an international readership.

If a submission to HIMJ relates to a conference presentation the authors must submit all published materials related to the presentation (for example, abstract or full paper in conference proceedings) to allow the editors and reviewers to assess the overlap. To be considered for publication in HIMJ, material, which has been presented at a conference or seminar and published in conference proceedings, must be significantly extended (e.g. additional results, more extensive literature review and discussion).

There are no fees payable to submit or publish in this Journal. Open Access options are available - see section 3.3 below.

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1. Article types

1. *Research Articles*

Research articles should present original research that describes research outcomes, or processes, techniques or applications that enhance the practice of health information management. A range of methodological approaches, including qualitative research, time-series designs, experimental studies and correlational designs are acceptable. Papers should include an abstract, introduction, methodology, results and discussion section. Word count: up to 5,000 words (excluding abstract and references).

The Editorial Board suggests the usual academic model of abstract, introduction, method, results, discussion and conclusion for most original articles. Other articles of substance that are submitted for editorial review may also follow this model, or variations of it.

- **Abstract**

A structured abstract should be provided using the following (or equivalent) subheadings: *background* (1-2 sentences), *objective*, *method*, *results*, and *conclusion*, *implications for health information management practice*. The maximum word length for abstracts is 350 words.

- **Keywords**

The Abstract should be followed by a list of at least four Keywords, selected from the *Index Medicus* Medical Subject Headings list (MeSH):

<http://www.nlm.nih.gov/mesh/MBrowser.html>

- **Introduction**

The introduction should state the purpose of the paper. Normally, an introduction includes a short, relevant literature review, including pertinent background information, and ends with a clear statement about the aim of the current paper.

- **Method**

Includes selection of subjects (population and sample sizes, for example), mode of

observation, apparatus and statistical procedures. The aim of the method section is to provide enough information to allow replication of the procedures used in the original research. Reasons for selection of methods should also be included in this section.

- **Results** should be presented logically, and can include text, tables, figures or other graphics. Do not duplicate data presented in tables within the text.

- **Discussion**

Major, new and significant observations and findings should be highlighted and discussed. If a hypothesis was being tested, it is necessary to report whether the hypothesis was supported or rejected. The significance of the study's results should be compared and contrasted with similar, previously published information in this section. The implications of the findings should be reported here, including implications for the management of health information. It may be helpful to readers to accurately sub-head the discussion section to make clear differentiations between the 'discussion' and the 'literature review'. *Limitations of the study* should be included in the discussion section and can be given a separate sub-heading.

- **Conclusion**

The conclusion contains a brief summary of the major findings of the study, but is not a reiteration of the abstract. Statements which cannot be supported by the information are not to be presented in the manuscript. Do not include new information, nor summarise the manuscript.

2. **Literature Reviews**

Review articles will be also considered if they are comprehensive reviews of recent literature, and a variety of sources are discussed critically and thematically to highlight key concepts, debates, and practice issues. Where reviews of research form the subject matter, the context in which the study was conducted must be outlined, and full details of the scale of the research must be detailed in the methodology section.

Word count: be up to 5,000 words (excluding abstract and references).

Systematic Reviews

Authors should follow published guidelines for systematic reviews (e.g. PRISMA). A standard template for presentation of systematic reviews is available on the PRISMA website. These guidelines are standard and accepted internationally, and this will save time in the review process because if formatted correctly the reviewers will review the paper much more quickly.

The PRISMA web page contains all the details of the PRISMA statement, checklist and flow diagram, which is published on their web page: <http://www.prisma->

statement.org/PRISMAStatement/Default.aspx

The editors recommend that authors consult the PRISMA web page and provide the checklist and flow diagram with the paper when they submit.

3. **Professional Practice and Innovation papers**

Practice papers are similar to research papers in that both should be carefully and systematically written in a style and with a structure that is accessible to readers and builds upon existing knowledge. They may differ in scale and depth and they often report on experiences of an institution or department. Professional practice papers are typically smaller in scale with narrower questions and a focus on the process and early effects of interventions relevant to the management of health information. Case studies may be included in this section.

Word count: between 2,000 and 4,000 words (excluding abstract and references).

The following format is provided as an example of how a Professional Practice and Innovation paper might be structured:

- **Abstract / Summary**

The summary should be up to 250 words in length, and summarise the context (e.g. policy or service context), the aim(s), the case study or practice innovation, what can be learnt from the case, and a brief conclusion.

- **Keywords**

The Abstract should be followed by a list of at least four Keywords, selected from the *Index Medicus* Medical Subject Headings list (MeSH):

<http://www.nlm.nih.gov/mesh/MBrowser.html>

- **Introduction**

The introduction should state the purpose of the paper. Normally an introduction includes a short, relevant literature review, including pertinent background information. For example:

- **Context:** (e.g. the policy or service context).
- **Review of literature on similar cases**
- **Discussion of the evidence base**
- **Discussion of the relevant links between research and practice**

- **The case study or innovation**

Discussion of the case study or the initiative.



What can be learnt from this case?

What was learnt or what resulted from this initiative. Observations and outcomes

should be highlighted and discussed. It is useful to examine the significance of outcomes compared with similar initiatives, cases or examples.

- **Conclusion**

The conclusion contains a brief summary of the major outcomes of the case study or practice innovation, but is not a reiteration of the abstract. Do not include new information, nor summarise the manuscript.

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4. **Forum articles**

Forum articles should address important policy, research, service delivery or practice issues that have wider application to health information management. They should present new ideas, proposals and analyses through scholarly argument drawing on the literature and previous literature as appropriate.

Word count: be up to 5,000 words (excluding abstract and references).

The following format is provided as an example of how a Forum paper might be structured:

- **Abstract / Summary**

The summary should be up to 250 words in length, and summarises the purpose of the paper, the context (e.g. policy or service context), relevant argument(s), discuss potential outcomes, and concluding thoughts.

- **Keywords**

The Abstract should be followed by a list of at least four Keywords, selected from the *Index Medicus* Medical Subject Headings list (MeSH):

<http://www.nlm.nih.gov/mesh/MBrowser.html>

- **Introduction**

The introduction should state the purpose of the paper. Normally introductions include a short, relevant literature review, including pertinent background information. For example:

- **Context:** (e.g. situate the issue in the broader context).
- **Review of literature on similar issues /policies**
- **Discussion of the relevant arguments / evidence base**

- **The Issue**

Discussion of the issue or the initiative.



- **What can be learnt from this case?**

For example, what resulted (or might result) from this initiative; what can be learnt? Provide evidence for arguments. Observations and outcomes should be highlighted and discussed. It is useful to examine the significance of outcomes compared with similar initiatives, cases or examples.

- **Conclusion**

The conclusion contains a brief summary of the major outcomes, but is not a reiteration of the abstract. Do not include new information, nor summarise the manuscript.

5. **Article Commentaries**

Commentary papers provide an opportunity for health professionals, researchers, policy makers and others to present current opinion on areas related to the management of health information. Commentary papers are particularly suited to controversial issues that have the potential to generate responses from the readership. They also provide an opportunity for readers to comment on articles previously published in HIMJ. Word count: up to 1,500 words.

6. **Editorial**

Editorials may be commissioned at the discretion of the editors. These will address a specific topic considered by the editors to be worthy of considered comment at certain points in time. These topics may relate to significant changes in the management of health information that have a global impact or that are of particular concern to health information management professionals.

Word count: up to 1,500 words

7. **Correspondence**

Correspondence includes letters to the editor which may include commentary on papers or other issues and can include rebuttals from authors.

Word count: up to 1,000 words

Qualitative research methods

The following articles provide useful information regarding academic rigour in qualitative research:

- **Mays, N. and Pope, C. (2000).** Qualitative research in health care: assessing quality in qualitative research. *British Medical Journal* 320: 50-52. Available at: <http://bmj.bmjournals.com/cgi/content/full/320/7226/50>

- **Pope, C., Ziebland, S. and Mays, N. (2000).** Qualitative research in health care: analysing qualitative data. *British Medical Journal* 320: 114-116. Available at: <http://bmj.bmjournals.com/cgi/content/full/320/7227/114>
- **Barbour, R.S. (2001).** Checklists for improving rigour in qualitative research: a case of the tail wagging the dog? *British Medical Journal* 322: 1115-1117. Available at: <http://bmj.bmjournals.com/cgi/content/full/320/7294/1115>

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2. Editorial policies

2.1 Peer review policy

Double-blind and Single-blind peer review

HIMJ operates a standard policy of double-blind peer review, with authors having the option of a single-blind peer review if they wish.

When a manuscript is treated as “**double-blind**”, at no point will the identity of the reviewer be disclosed to the author, and similarly the author should ensure that they are not identifiable in any form in the submitted manuscript. Authors are required to submit a deidentified “for review” copy of their manuscript, which does not include their name or contact details. Further, all potentially identifying material (e.g., reference to previous work by the authors, identification of employing organisation) within the body of the manuscript should be obscured.

As noted, *HIMJ* provides authors with the option of “**single-blind**” peer review. In this case the reviewer's identity is not disclosed to the author, whereas aspects of the author's identity can be disclosed within the body of the manuscript. *HIMJ* acknowledges the debate regarding the value of double-blind reviewing and recognises that there is some merit in the argument for greater transparency to ensure, for example, that the article does build on the author's prior work. It is also acknowledged that reviewers with a good knowledge of the field under study may become aware of the author's identity because of the nature of the research and the way the topic has been investigated. Thus, within the body of the manuscript, authors may choose whether or not to completely de-identify their previous work. Authors will not be penalised for having identifying information in their manuscript, regardless of the views of reviewers on this matter.

Articles may be accepted, returned for revision, or rejected. The editor may make minor alterations to articles. The decision of the editor is final.

As part of the submission process, you will be asked to provide the names of at least two peers who could be called upon to review your manuscript. Recommended reviewers

should be experts in their fields and should be able to provide an objective assessment of the manuscript. Please be aware of any conflicts of interest when recommending reviewers. Examples of conflicts of interest include (but are not limited to) the below:

- The reviewer should have no prior knowledge of your submission
- The reviewer should not have recently collaborated with any of the authors
- Reviewer nominees from the same institution as any of the authors are not permitted

You may also nominate reviewers whom you would be opposed to being asked to review your manuscript.

Please note that the Editors are not obliged to invite any recommended/opposed reviewers to assess your manuscript.

2.2 Authorship

Papers should only be submitted for consideration once consent is given by all contributing authors. Those submitting papers should carefully check that all those whose work contributed to the paper are acknowledged as contributing authors. The list of authors should include all those who can legitimately claim authorship. This is all those who:

- (i) Made a substantial contribution to the concept and design, acquisition of data or analysis and interpretation of data,
- (ii) Drafted the article or revised it critically for important intellectual content,
- (iii) Approved the version to be published.

Authors should meet the conditions of all of the points above. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

When a large, multicentre group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. These individuals should fully meet the criteria for authorship.

Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship, although all contributors who do not meet the criteria for authorship should be listed in the Acknowledgments section. Please refer to the [International Committee of Medical Journal Editors \(ICMJE\) authorship guidelines](#) for more information on authorship.

Please note that AI chatbots, for example ChatGPT, should not be listed as authors. For more [information see the policy on Use of ChatGPT and generative AI tools](#).

2.3 Acknowledgements

All contributors who do not meet the criteria for authorship should be listed in an Acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, or a department chair who provided only general support.

2.3.1 Third party submissions

Where an individual who is not listed as an author submits a manuscript on behalf of the author(s), a statement must be included in the Acknowledgements section of the manuscript and in the accompanying cover letter. The statements must:

- Disclose this type of editorial assistance – including the individual’s name, company and level of input
- Identify any entities that paid for this assistance
- Confirm that the listed authors have authorized the submission of their manuscript via third party and approved any statements or declarations, e.g. conflicting interests, funding, etc.

Where appropriate, Sage reserves the right to deny consideration to manuscripts submitted by a third party rather than by the authors themselves.

2.4 Funding

Health Information Management Journal requires all authors to acknowledge their funding in a consistent fashion under a separate heading. Please visit the [Funding Acknowledgements](#) page on the Sage Journal Author Gateway to confirm the format of the acknowledgment text in the event of funding, or state that: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

2.5 Declaration of conflicting interests

It is the policy of *Health Information Management Journal* to require a declaration of conflicting interests from all authors enabling a statement to be carried within the paginated pages of all published articles.

Please ensure that a ‘Declaration of Conflicting Interests’ statement is included at the end of your manuscript, after any acknowledgements and prior to the references. If no conflict exists, please state that ‘The Author(s) declare(s) that there is no conflict of interest’.

For guidance on conflict of interest statements, please see the [ICMJE recommendations](#)

2.6 Research ethics and patient consent



Medical research involving human subjects must be conducted according to the [World Medical Association Declaration of Helsinki](#)

Submitted manuscripts should conform to the [ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), and all papers reporting animal and/or human studies must state in the methods section that the relevant Ethics Committee or Institutional Review Board provided (or waived) approval. Please ensure that you have provided the full name and institution of the review committee, in addition to the approval number.

For research articles, authors are also required to state in the methods section whether participants provided informed consent and whether the consent was written or verbal.

Information on informed consent to report individual cases or case series should be included in the manuscript text. A statement is required regarding whether written informed consent for patient information and images to be published was provided by the patient(s) or a legally authorized representative.

Please also refer to the [ICMJE Recommendations for the Protection of Research Participants](#)

2.7 Clinical trials

Health Information Management Journal conforms to the [ICMJE requirement](#) that clinical trials are registered in a WHO-approved public trials registry at or before the time of first patient enrolment as a condition of consideration for publication. The trial registry name and URL, and registration number must be included at the end of the abstract.

2.8 Reporting guidelines

The relevant [EQUATOR Network](#) reporting guidelines should be followed depending on the type of study. For example, all randomized controlled trials submitted for publication should include a completed [Consolidated Standards of Reporting Trials \(CONSORT\) flow chart](#) as a cited figure, and a completed CONSORT checklist as a supplementary file.

Other resources can be found at [NLN's Research Reporting Guidelines and Initiatives](#)

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3. Publishing Policies

3.1 Publication ethics

Sage is committed to upholding the integrity of the academic record. We encourage authors to refer to the Committee on Publication Ethics' [International Standards for](#)

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4. Preparing your manuscript

4.1 Word processing formats

Preferred formats for the text and tables of your manuscript are Word DOC, RTF, XLS. LaTeX files are also accepted. The text should be double-spaced throughout and with a minimum of 3cm for left and right hand margins and 5cm at head and foot. Text should be standard 10 or 12 point. Word and (La)Tex templates are available on the [Manuscript Submission Guidelines](#) page of our Author Gateway.

4.2 Artwork, figures and other graphics

For guidance on the preparation of illustrations, pictures and graphs in electronic format, please visit Sage's [Manuscript Submission Guidelines](#). Figures supplied in colour will appear in colour online regardless of whether or not these illustrations are reproduced in colour in the printed version. For specifically requested colour reproduction in print, you will receive information regarding the costs from Sage after receipt of your accepted article.

4.3 Supplementary material

This journal is able to host additional materials online (e.g. datasets, podcasts, videos, images etc) alongside the full-text of the article. These will be subjected to peer-review alongside the article. For more information please refer to our guidelines on submitting supplementary files, which can be found within our [Manuscript Submission Guidelines](#) page.

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5. Submitting your manuscript

5.1 ORCID

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5.2 How to submit your manuscript



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Please supply a title, short title, an abstract and keywords to accompany your article. The title, keywords and abstract are key to ensuring readers find your article online through online search engines such as Google. Please refer to the information and guidance on how best to title your article, write your abstract and select your keywords by visiting the Sage Journal Author Gateway for guidelines on [How to Help Readers Find Your Article Online](#).

5.3 Corresponding author contact details

Provide full contact details for the corresponding author including email, mailing address and telephone numbers. Academic affiliations are required for all co-authors. These details should be presented separately to the main text of the article to facilitate anonymous peer review.

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6. On acceptance and publication

6.1 Sage Production

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7. Further information

Any correspondence, queries or additional requests for information on the manuscript submission process should be sent to the *Health Information Management Journal* editorial office as follows:

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