Editorial: *IJHG* author guidelines and policies

Being a complex system, scholarly communication is changing constantly in many ways: by developing new tools to help researchers share their findings and also by introducing new procedures and standards to support research integrity and handle the new challenges of research misconduct appearing with new technologies (e.g. paper mills, predatory publishing, etc.).

In this Editorial, we would like to share with our potential authors recent *IJHG* policies and point them to useful tools that could help when preparing their manuscripts.

One of the new technologies expanding rapidly in research publications is the use of artificial intelligence (AI) tools such as ChatGPT or Large Language Models (LLM). Along with other leading scholarly publishers, Emerald has recently introduced the following generative AI usage key principles:

(1) Copywriting any part of an article using a generative AI tool/LLM would not be permissible, including the generation of the abstract or the literature review, for as per Emerald's authorship criteria, the author(s) must be responsible for the work and accountable for its accuracy, integrity and validity;

(2) The generation or reporting of results using a generative AI tool/LLM is not permissible, for as per Emerald's authorship criteria, the author(s) must be responsible for the creation and interpretation of their work and accountable for its accuracy, integrity and validity;

(3) The in-text reporting of statistics using a generative AI tool/LLM is not permissible due to concerns over the authenticity, integrity and validity of the data produced, although the use of such a tool to aid in the analysis of the work would be permissible;

(4) Copy-editing an article using a generative AI tool/LLM in order to improve its language and readability would be permissible as this mirrors standard tools already employed to improve spelling and grammar and uses existing author-created material, rather than generating wholly new content, while the author(s) remains responsible for the original work;

(5) The submission and publication of images created by AI tools or large-scale generative models is not permitted.

Other important policy relates to preprints: Emerald will consider papers for publication that have been posted to a preprint server before they are submitted to Emerald, but only if the authors have not assigned copyright or signed an exclusive license when posting their work to a preprint server. When submitting a paper to Emerald that has been shared to a preprint server, we ask that the authors make it clear to the editor of the journal on submission that the work is already hosted on a preprint server. However, this policy is active for several years and we explained it in detail in one of the previous Editorials (Ibragimova and Phagava, 2022); until now, no author mentioned this is their cover letters, while nearly a third of manuscripts submitted to *IJHG* have been already posted as preprints.

When submitting their manuscripts, authors have to choose the category of paper. We have recently updated the definitions of those categories, but the authors could see those

International Journal of Health Governance
Vol. 29 No. 2, 2024
pp. 85-88

2059-4631
DOI 10.1108/IJHG-06-2024-162

definitions only in ScholarOne during the submission, as the text on the journal's website is a standard one for all Emerald journals and thus could not be changed for a specific journal. Following are the recent definitions for all paper categories that we accept.

(1) Research paper: This category covers original primary research undertaken by the author(s). This category may involve the construction or testing of a model or framework, action research, testing of data, market research or surveys, scientific or clinical research;

(2) Viewpoint: Covers any paper where content is dependent on the author's opinion and interpretation and presents a scholarly and accurate summary, as well as a new and unique critical analysis of existing problems, fundamental concepts or prevalent notions of health governance interest;

(3) Technical paper: Describes and evaluates technical products, processes or services related to health governance;

(4) Conceptual paper: These papers are likely to be discursive and will cover philosophical discussions, present a new or refined theoretical framework related to health governance, provide an in-depth exploration of the underlying concepts and principles, examine the impact of health governance policies on healthcare systems and provide recommendations for policy development and implementation;

(5) Case study: Case studies present actual interventions or experiences within organizations, communities, groups or other units by collecting and analyzing qualitative and/or quantitative datasets about the phenomenon;

(6) Literature review: This category includes all types of evidence synthesis papers – narrative, systematic, rapid, scoping, mapping, umbrella reviews and meta-analysis. Authors are required to apply systematic approach, following established guidelines for conducting and reporting different types of reviews;

(7) General review: This category covers those papers which provide an overview or historical examination of some concept, technique or phenomena. The papers are likely to be more descriptive or instructional ("how to" papers) than discursive.

From the submissions of evidence synthesis papers, we can see that many authors define their papers as systematic reviews, though in reality using methodology for scoping, umbrella or rapid evidence reviews. As there are about 50 review types used in healthcare research (Sutton *et al.*, 2019) and new types are emerging (Koivu *et al.*, 2021), we recommend using RightReview – this free tool is designed to provide guidance and supporting material to authors on methods for conducting and reporting of knowledge synthesis (https://rightreview.knowledgetranslation.net/).

To make international scientific communication more efficient, research articles and other scientific publications should be complete, concise and clear (EASE, 2018). Established tools to achieve these goals are reporting guidelines for different types of research as well as research design. Over the last 25 years, nearly 500 reporting guidelines have been developed, with some of them being regularly updated (Caulley *et al.*, 2020; Schniedermann, 2022). They help authors, peer reviewers and journal editors to improve transparency and accessibility of research, as well as to reduce research waste by making it more reproducible (Logullo *et al.*, 2020), but also making it obvious as to what research has taken place to avoid duplication. More importantly, it helps reporting of research in such a manner that it protects both the authors and publishers of such research by avoiding potential unethical practices within both study design and the reporting of results.

A leading international initiative supporting the development and application of reporting guidelines is the EQUATOR (Enhancing the QUAlity and Transparency Of health Research) Network – an "umbrella" organization that brings together researchers, medical journal editors, peer reviewers, developers of reporting guidelines, research funding bodies and other collaborators with mutual interest in improving the quality of research publications and of research itself. They define a research reporting guideline as a checklist, flow diagram or structured text to guide authors in reporting a specific type of research, developed using an explicit methodology, which presents a clear list of reporting items that should appear in a paper and explains how the list was developed. The EQUATOR Library (https://www.equator-network.org/) contains a comprehensive database of reporting guidelines that can be searched by study design, by specialty and by section of report.

When we first analyzed papers published in the six issues of *IJHG* in 2020 and 2021, from 33 papers, only 3 (9.0%) stated using, and actually followed specific reporting guidelines (PRISMA and PRISMA extension for scoping reviews) (Ibragimova and Phagava, 2021). In our new analysis (papers published in 2022 and 2023, excluding viewpoints and conceptual papers), we have found that from 56 papers only 6 (10.7%) followed reporting guidelines (The Consolidated Criteria for Reporting Qualitative Research – COREQ, Standards for Reporting Qualitative Research – SRQR, Preferred Reporting Items for Systematic reviews and Meta-Analyses Extension for Scoping Reviews – PRISMA-ScR and Preferred Reporting Items for Systematic reviews and Meta-Analyses – PRISMA).

We require now that when submitting their primary research and evidence synthesis papers, as well as case studies, authors should state in the Methods section which reporting guidelines they used to prepare their manuscript and should submit as a Supplementary file the completed checklists for those guidelines. There could be more than one checklist for one paper. For example, for a scoping review, there should be a PRISMA-ScR and PRISMA-S (for reporting the search strategy) checklists. Among many useful tools that help to apply PRISMA guidelines, we recommend Shiny – a free web-based app that allows users to design PRISMA flow diagrams for their own systematic and other evidence synthesis reviews (Haddaway *et al.*, 2022).

Among principles to ensure trust in the process of translation, implementation and uptake of research outcomes is transparency of the research process. *IJHG* authors can now share all anonymized study data as supplementary files: they can choose to host these supplementary files alongside their article on Insight, Emerald's content hosting platform, or on their institutional or personal repository. Among widely used repositories for hosting study data is Zenodo, which enables researchers to preserve and share their research output from any science, regardless of the size and format. This "easy to use web-platform allows for upload, curation and sharing of the research data through an easy-to-use web interface and integration with other collaboration and data sharing services. It also ensures the discovery and citability of the research output by assigning a Digital Object Identifier (DOI) to every upload" (Nowak *et al.*, 2016).

We encourage our future authors to read Emerald author guidelines and policies before submitting their manuscripts. If, having read our policies, you still have an outstanding query about whether you can submit your paper, please contact us. We are happy to receive correspondence from authors who would like advice on whether their research would be suitable for publication in the *International Journal of Health Governance*.

Irina Ibragimova
HealthConnect International, Zadar, Croatia, and

Helen Phagava
Department of Epidemiology and Biostatistics, Tbilisi State Medical University, Tbilisi, Georgia

References

Caulley, L., Cheng, W., Catalá-López, F., Whelan, J., Khoury, M., Ferraro, J., Husereau, D., Altman, D.G. and Moher, D. (2020), "Citation impact was highly variable for reporting guidelines of health research: a citation analysis", *Journal of Clinical Epidemiology*, Vol. 127, pp. 96-104, doi: 10.1016/j.jclinepi.2020.07.013.

[EASE] European Association of Science Editors (2018), "EASE guidelines for authors and translators of scientific articles to be published in English", *European Science Editing*, Vol. 44 No. 4, pp. e1-e16, doi: 10.20316/ESE.2018.44.

Haddaway, N.R., Page, M.J., Pritchard, C.C. and McGuinness, L.A. (2022), "PRISMA2020: an R package and Shiny app for producing PRISMA 2020-compliant flow diagrams, with interactivity for optimised digital transparency and open synthesis", *Campbell Systematic Reviews*, Vol. 18 No. 2, e1230, doi: 10.1002/cl2.1230.

Ibragimova, I. and Phagava, H. (2021), "Editorial", *International Journal of Health Governance*, Vol. 26 No. 3, pp. 221-224, doi: 10.1108/IJHG-09-2021-138.

Ibragimova, I. and Phagava, H. (2022), "Editorial: preprints and peer-reviewed journals", *International Journal of Health Governance*, Vol. 27 No. 3, pp. 237-239, doi: 10.1108/IJHG-09-2022-149.

Koivu, A.M., Hunter, P.J., Näsänen-Gilmore, P., Muthiani, Y., Isojärvi, J., Pörtfors, P., Ashorn, U. and Ashorn, P. (2021), "Modular literature review: a novel systematic search and review method to support priority setting in health policy and practice", *BMC Medical Research Methodology*, Vol. 21 No. 1, p. 268, doi: 10.1186/s12874-021-01463-y.

Logullo, P., de Beyer, J.A., Kirtley, S., Struthers, C. and Collins, G.S. (2020), "Reporting guidelines should be free to publish, read, and use", *Journal of Global Health*, Vol. 10 No. 2, 0203107, doi: 10.7189/jogh.10.0203107.

Nowak, K., Nielsen, L.H. and Ioannidis Pantopikos, A.T. (2016), "Zenodo, a free and open platform for preserving and sharing research output", Zenodo, doi: 10.5281/zenodo.51902.

Schniedermann, A. (2022), "Shaping the qualities, values and standards of science. How reporting guidelines improve the transparency of biomedical research", *Frontiers in Research Metrics and Analytics*, Vol. 7, 846822, doi: 10.3389/frma.2022.846822.

Sutton, A., Clowes, M., Preston, L. and Booth, A. (2019), "Meeting the review family: exploring review types and associated information retrieval requirements", *Health Information and Libraries Journal*, Vol. 36 No. 3, pp. 202-222, doi: 10.1111/hir.12276.