

Editorial



Critical Care Nurse Needs You! Behind the Scenes of Peer Review

I begin this editorial by thanking each of you for being a reader of *Critical Care Nurse (CCN)*. Everything we do at *CCN* is for you, the nurse at the bedside taking care of acute and critically ill patients and their families. I love that our readers connect with *CCN* in many different ways, reading it in their own time, sharing it with colleagues, and even bringing it on vacation, as photos posted by *CCN* readers on the American Association of Critical-Care Nurses' (AACN) social media sites demonstrate.¹ In this editorial, I present yet another way to interact with *CCN*, namely, by registering to be a peer reviewer. I will take you on a journey to learn more about the peer review process behind the scenes at *CCN*, and I will ask for your assistance. I am seeking your feedback as an expert or up-and-coming expert of acute and critical care nursing to review *CCN* manuscripts.

The Peer Review Process

Scholarly peer review has been used for hundreds of years, beginning with the Royal Society of Edinburgh in 1731² and adopted by nursing journals in 1952.³ Before implementing

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the peer review process, editors would single-handedly make decisions on the outcomes of submitted manuscripts. Peer review is a volunteer service performed by professionals in a particular field who have expertise with various aspects of the manuscript. The peer review process provides a critical quality control component to promote the integrity of scholarly publications.⁴ For example, a *CCN* reviewer may have expertise with a specific clinical issue, intervention, device, method, or care of a specialty population. A reviewer does not need to be an expert in every aspect of the manuscript because we use multiple reviewers for each submission to *CCN*. As an editor, I match key terms selected by an author to describe their manuscript with areas of reviewer expertise. For *CCN*, we use the double-blinded review process to promote honest and unbiased feedback; both the author and the reviewer are unaware of each other's identity.^{5,6}

The Editor's Process

Before I assign a manuscript to peer reviewers, I review the manuscript to ensure it is a fit for *CCN's* mission, follows the *CCN* author guidelines, has general readability and a lack of fatal flaws (such as plagiarism), and is of interest to the readers. Along with *CCN's* Editorial Board, I want to ensure that we publish articles on a variety of topics on acute and critical care patients across the lifespan. I also monitor *CCN's* submissions to avoid having 2 similar manuscripts under review at the same time. For example, at the start of the COVID-19 pandemic, it was important to publish articles on prone

positioning, yet we wanted to ensure that each article covered a different aspect of prone positioning, such as nursing management,⁷ protocol development,⁸ use of a proning device,⁹ and awake self-proning.¹⁰

For every newly submitted manuscript, 1 of 3 decisions are made before peer review: (1) reject, (2) return to the author for revisions, or (3) retain for peer review. I typically request 2 to 3 reviewers for each manuscript, depending on the complexity or specific expertise required for the review. For example, a case study may require review by a pharmacist or other allied health professional. Although most reviewers will be selected from *CCN*'s peer review database, I frequently request outside content experts. These experts may be authors selected from a manuscript's reference list or peer reviewers recommended by the author. A reviewer should be someone who has no conflict of interest with the authors to minimize the risk for bias. An example of conflict of interest could be someone who works in the same organization as the author or someone they have worked with in the past.

Although we aim for 2 to 3 reviewers for a manuscript, I typically identify 10 to 12 potential reviewers for each manuscript. Our peer review coordinator manages the correspondence between the journal and potential reviewers. We often need to invite multiple reviewers before we find one person who is available and willing to perform a review. We are thankful for our reviewers who have been so generous with their time during the pandemic. We are also appreciative of potential reviewers who send *CCN* a timely response after receiving an invitation to review. Unanswered emails have the potential to delay workflow and prolong the peer review process for the author who is anxiously waiting for feedback. Our online manuscript management system allows reviewers to indicate if they are unavailable for a period of time. This feature is especially important if reviewers will not be monitoring their email regularly. Once an invitation to review is accepted, reviewers are requested to complete the manuscript review within 2 weeks, although extensions can be granted as needed.

Role of the Reviewer

If you are new to peer review, you may wonder whether you are eligible to be a reviewer. We are seeking reviewers who can critique a manuscript, provide thoughtful feedback to help the author make improvements to the manuscript, and help me make final decisions about the

manuscript.^{11,12} For *CCN*, we prefer reviewers who have been an author or reviewer in the past, but we also want clinical experts with a graduate degree and/or specialty certification. Most importantly, we want reviewers who can provide kind and objective feedback.¹³ Everything the reviewer writes in the review will be visible to both the editor and the corresponding author. An additional field in our online system allows the reviewer to provide confidential comments directly to the editor. A reviewer may want to express their opinion about the importance of the manuscript or indicate that the manuscript is not suitable for publication. This type of feedback from the reviewers is helpful when I make a final decision. As clinicians, you may be able to identify gaps, areas that need additional clarification or context, or errors that need to be addressed. Do not be afraid to point out anything that does not sound correct to you. Even if you are unsure, a confidential message to the editor will allow me to follow up on your concerns.

Instructions and guidelines for reviewers are available on the *CCN* website.¹⁴ Our guidelines provide tips on how to perform a review, as well as a reminder to focus on content versus writing mechanics or grammar. (We copy-edit the accepted version of the manuscript.) If you would like to learn more about the peer review process, free training is available from several reputable sources.^{15,16} Once all reviews have been completed and a final decision has been made by the editor, we send the outcome and feedback from all reviewers to each person who reviewed that manuscript. Many reviewers find this process helpful because it can affirm their overall opinion of the manuscript and be a valuable learning opportunity. Each reviewer looks at a manuscript through their individual lens and therefore feedback among each of the reviewers may vary.

Opportunities for New Peer Reviewers

I hope that some of you will consider sharing your professional expertise with *CCN* as a peer reviewer. Many reviewers consider it an honor to have the opportunity to help shape a manuscript into its final product. As with any professional service activity, peer review can be included on a résumé or curriculum vitae. Peer review is also a good way to become familiar with the publication process, learn more about select topics, and perhaps stimulate interest in authoring a future manuscript. If you are interested in becoming a reviewer for *CCN*, please

email your résumé or curriculum vitae to ccn@aacn.org. You can also send us an email if you would like more information about the peer review process.

All the best for the holiday season and the New Year! **CCN**



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References

1. AACN American Association of Critical-Care Nurses Facebook page. Accessed July 11, 2021. <https://www.facebook.com/aacnface>
2. Spier R. The history of the peer-review process. *Trends Biotechnol.* 2002; 20(8):357-358. Accessed July 19, 2022. <https://www.sciencedirect.com/science/article/pii/S0167779902019856>
3. Watson R. The contribution of peer review to scholarly publishing. *Nurse Author & Editor.* 2020;30:1-5. Accessed November 28, 2021. <https://doi.org/10.1111/j.1750-4910.2020.tb00055.x>
4. COPE Council. COPE Ethical guidelines for peer reviewers—English. 2017. Version 2: September 2017. Accessed November 29, 2021. <https://doi.org/10.24318/cope.2019.1.9>
5. Brandon D, McGrath JM. Peer review of scholarly work. *Adv Neonatal Care.* 2018;18(6):423-424. doi:10.1097/ANC.0000000000000574
6. Lee CJ, Sugimoto CR, Zhang G, Cronin B. Bias in peer review. *J Am Soc Inf Sci Tec.* 2013;64:2-17. doi:10.1002/asi.22784
7. Binda F, Marelli F, Galazzi A, Pascuzzo R, Adamini I, Laquintana D. Nursing management of prone positioning in patients with COVID-19. *Crit Care Nurse.* 2021;41(2):27-35. doi:10.4037/ccn2020222
8. Montanaro J. Using in situ simulation to develop a prone positioning protocol for patients with ARDS. *Crit Care Nurse.* 2021;41(1):12-24. doi:10.4037/ccn2020830
9. Ryan P, Fine C, DeForge C. An evidence-based protocol for manual prone positioning of patients with ARDS. *Crit Care Nurse.* 2021;41(6): 55-60. doi: <https://doi.org/10.4037/ccn2021900>
10. Allicock KA, Coyne D, Garton AN, Hare EC, Seckel MA. Awake self-prone positioning: implementation during the COVID-19 pandemic. *Crit Care Nurse.* 2021;41(5):23-33. doi:10.4037/ccn2021153
11. Westergren A. What makes a good peer review? An author's perspective. *Nurse Author & Editor.* 2006;16(3):1-5. Accessed November 28, 2021. <https://doi.org/10.1111/j.1750-4910.2006.tb00066.x>
12. Kralik D. What makes a good peer review? An author's perspective. *Nurse Author & Editor.* 2006;16(2):1-4. Accessed November 28, 2021. <https://doi.org/10.1111/j.1750-4910.2006.tb00063.x>
13. Chicca J, Shellenbarger T. Civility in nursing peer review: giving and receiving feedback. *Nurse Author & Editor.* 2018;28(4):1-10. Accessed November 28, 2021. <https://doi.org/10.1111/j.1750-4910.2018.tb00029.x>
14. Critical Care Nurse website. Information for peer reviewers. 2021. Accessed November 28, 2021. https://aacnjournals.org/ccnonline/pages/information_for_peer_reviewers
15. Elsevier. Researcher Academy: Fundamentals of Peer Review. Accessed November 28, 2021. <https://researcheracademy.elsevier.com/navigating-peer-review/fundamentals-peer-review>
16. Wolters Kluwer. Peer Reviewer Training Course. Accessed July 19, 2022. <https://wkauthorservices.editage.com/peer-reviewer-training-course>