



Enfermería Clínica

AUTHORS INFORMATION PACK

GUIDE FOR AUTHORS

INTRODUCTION

Enfermería Clínica is a peer-reviewed scientific journal that is a useful and necessary tool for nurses from the different areas of nursing (healthcare, administration, education and research) as well as for healthcare professionals involved in caring for persons, families and the community. It is the only Spanish nursing journal that mainly publishes original research. Its objectives are to promote the dissemination of knowledge, promote the development of evidence in care and contribute to the integration of research in clinical practice. These objective is pursued throughout the different sections that comprise the Journal: Original Articles and Short Original Articles, Reviews, Patient Care and Letters to the Editor. There is also an Evidence-Based Nursing section that includes two kinds of articles: comments about original articles of special interest written by experts, and evidence synthesis articles based on bibliographic reviews.

The journal is included in National Library of Medicine/Pubmed/Medline, Scopus/SCImago Journal Rank(SJR), Emerging Sources Citation Index (ESCI) (Clarivate Analytics), CINHALL, Elsevier Bibliographic Databases, EBSCO Publishing, Biblioteca Nacional de Ciencias de la Salud, CSIC/IME, IBECS, Latindex, CUIDEN, Dialnet, Google Scholar Metrics.

Types of article

Any article submitted to this journal will adhere to the guidelines described in this author's guide, so it is essential to consult it before submitting manuscripts.

Regardless of the type of article, for any section of this journal, authors must always include on the **first page of the article**, in addition to the title, authors, affiliation, and email, statements regarding **Ethical Considerations, Informed Consent, Funding, Conflict of Interest, Use of Artificial Intelligence, and Authorship**.

Statements will be required even if the author considers that they do not exist or are not applicable.

Journal sections

Editorial. This section will consider comments and reflections on any new topic related to care or to health sciences in general, that may be of interest to Nursing professionals.

Editorials will usually be commissioned by the editorial board, although the Journal is open to proposals on topics and authors that may be able to develop them.

Originals. Original research studies carried out using qualitative or quantitative methodology, or both, will be published in this section. Systematic reviews on any aspect related with care will

also be considered for this section. The original quantitative methodology must not exceed 3,000 words. The maximum number of literature references will not exceed 30, and there will be no more than 6 Tables or Figures.

Their structure will be: Introduction, Method, Results, and Discussion. It will include a structured abstract (Objective, Method, Results, and Conclusions), in Spanish and in English, of a minimum of 250 words each one.

The maximum number of authors allowed for these types of articles will be 6.

Originals with Qualitative Methodology

The original manuscripts with qualitative methodology will not be adapted to all the sections of the proposed structure, but they could take the following order: Introduction, Method, Results, and Discussion, and Conclusions. If the type and content of the study so requires it, the number of words of the body of the manuscript could be extended to 25,750 characters with spaces, and the number of references, up to 40.

The recommendations to follow for manuscripts that have used quantitative methodology must be taken into account in the Abstract and the Introduction. The rest of the sections must contain sufficient information on the development of the study.

In the Method section it must give all the information necessary so that the readers may know how the study has been carried out. Thus, therefore it must explain the theoretical starting point, the design type followed must be described and justified. It must be explained how the participants have been selected, to mention the sample saturation, the contrasting of results with other participants / informants, the search for negative cases, mechanisms for ensuring information saturation, etc. It must describe how the information collection techniques were used.

The results and discussion must be based on the rigour of the empirical data collected. It must differentiate in the text where the results are obtained from the participants are mentioned and the opinion of the authors, which must be based on the information of the participants. The most relevant data must be selected and identified with the initials of the groups or participants, for example, G1, G2, ACM, etc. The conclusions have to specify the response to the study question considered, indicating the contribution that it provides for the understanding of the phenomenon studied and indicating the relevance for patients and nurses.

Brief Originals. Research studies with the same characteristics as originals will be considered for this section, but on a smaller scale (series with a reduced number of observations, research studies with very specific aims and results), that may be published in a more abbreviated form. The maximum length of the text will be 9,400 characters with spaces, and up to 2 Tables and/or Figures will be allowed, and up to 10 literature references. The structure of these articles will be the same as Originals (Introduction, Method, Results, and Discussion), with a structured *Resumen/* Abstract (Objective, Method, Results, and Conclusions), in Spanish and in English, of 250 words each one.

The original and brief original articles include a section where the current knowledge about the topic and the new contributions of the study are summarized. To do this, you must include a text with two subsections not exceed 500 characters (both sections and spaces included). The section "What is known" will include a list of 3-5 bullet points indicating what is known about the topic discussed in the article. The section "What does it contribute", will also include a list of

3-5 bullet points indicating the main contributions of the study.

The maximum number of authors allowed for these types of articles will be 6.

Special articles. These types of articles may be on various topics, among which are highlighted: the approach to topics associated with research methodology, specialties, academic and professional development of Nursing or any other type of article in English or Spanish, of which the Editorial Team may consider its contents to be of great relevance for Nursing and in accordance with the current trends at national and international level.

The Editorial Team is open to any suggestions by authors or interested groups in which the knowledge of a specific or novel aspect of the profession is updated. Its length must not exceed 16,750 characters with spaces, and up to 30 references.

The maximum number of authors allowed will be 6.

Nursing Care. In this section, articles will be published that deal with the current state of knowledge on specific aspects, experiences or interventions of Nursing that may be of great interest, particularly based on the experience of the author or authors. Their topics could include, not only problems in the health care setting, but also matters on teaching, research or management content. Their structure will be: Introduction, Development, Discussion, Conclusions, and References. The maximum length will be 9,400 characters with spaces. It will include a *Resumen/Abstract* of 1,650 characters with spaces, in Spanish and in English. Up to a maximum of 2 Tables and/or Figures will be allowed, and up to 10 literature references.

An impersonal text is recommended, with a clear division of the sections and with no more than a maximum of 4 authors.

Clinical Cases will also be included in this section, of basically descriptive works on one or several cases of exceptional interest, or due to their rare frequency, or for their unusual outcome or for their contribution to the knowledge of nursing practice in any of its aspects. This section allows clinical practice professionals to pass on their experiences in a systematic form, and that other professionals can understand them and discuss them, which without doubt contribute to bringing together the theory and the practice. Descriptions and/or evaluations of nursing interventional programs will be accepted.

Its length must not exceed 9,400 characters with spaces. It will include a *Resumen/Abstract* of 1,650 characters with spaces, in Spanish and in English. Up to a maximum of 2 Tables and/or Figures will be allowed, and up to 10 literature references.

It is obvious that not all clinical cases can be faithfully adapted to the outline proposed here; however, by following these guidelines as far as possible will without any doubt contribute to a better presentation and understanding of the case: Title of the clinical case, Description of the case (which will briefly include data collection, diagnostic tests performed and the clinical diagnosis, giving details on which health field the care was carried out), General Assessment (it is recommended to identify Nursing Diagnoses, Cooperation problems, according to NANDA taxonomy, using some form of systematic assessment: needs, functional patterns, etc.), Planning and Execution of the care (it is recommended to use expected Results and Interventions according to the NOC and NIC taxonomies), Evaluation of the Results / Follow-up and Discussion / implications for clinical practice.

Evidenced Based Nursing (EBN). Two types of articles are included in the section:

Literature review articles and update of knowledge in a specific field in the form of summaries of evidence (narrative reviews, integrators, scoping review).

The structure will be: Introduction, Method, Results, Discussion and Recommendations, depending on the levels of evidence and the findings found, and Bibliography. The maximum extension will be 6,400 characters with spaces. It will include a structured summary of 1,650 characters with spaces, in Spanish and English, and 3 to 5 key words (using Mesh / DECS descriptors). Up to 2 tables and / or figures and 15 bibliographical references will be accepted.

The recommendations for this format are the following:

Introduction: Should be brief, following the indications of the journal, should include the objective that defines the problem to be investigated;

Methodology: Use of descriptors and search strategy (reproducible, delimited in the study period, inclusion and exclusion criteria), nature of the sources consulted, procedure for data extraction and methodological evaluation, if applicable;

Results: Responding to the objectives set, it must contain the description of the results found in the selection process of the articles, classification and synthesis of the studies found and their degrees of recommendation.

The following grades of recommendation are derived from the levels and degrees of evidence established by the Joanna Briggs Institute in 2014 (<http://joannabriggs.org/jbi-approach.html#tabbed-nav=Grades-of-Recommendation>): Grade A or strong; Grade B or weak for a specific care strategy;

Discussion and Recommendations: Following the usual structure of the journal, the authors should present their opinions and reflections derived from the findings, comparing them with the results obtained in other studies, with the corresponding bibliographic references. The possible limitations will also be indicated. The pertinent conclusions and recommendations will be reflected according to the degrees of recommendation found, as well as to the implications for the practice;

References: See section References format. It is recommended that the majority come from prestigious authors and publications, being recommended that at least 50% correspond to references of the last 50 years and 80% to references of the last 10 years.

Tables: a flow chart and summary table must be included with the selected articles.

Evidenced Based Nursing (EBN). Summaries of evidence in a comment articles format will be published in this section. In these types of articles, the comments must be made by experts on the subject and must be focused on applicability of the results obtained in practice and an analysis of the methodological rigour with the study has been performed. These articles will be considered extremely useful for readers and have as an objective to translate the scientific evidence into the health care setting, and to bring the most relevant studies in a national and international context closer to the professionals, providing tools that will enable the validity and relevance of their results to be estimated, as well as to evaluate if these may be useful to adapt to their clinical practice.

Letters to the Editor. This section will publish scientific and formally accepted observations

on published works. It is also a space so that readers may send their comments on current topics, on any aspect associated with the health sciences that may be of interest for professionals. It is the ideal section for the exchange of ideas and opinions between readers, authors and the Journal Editorial Team, in which we invite you to take part. It should also include the investigation results that, due to its reduced length, will not constitute an article for the Originals or Short Original sections. The maximum length will be 700 words, and 1 Table or Figure will be allowed, and a maximum of 5 literature references.

Contact details for submission

You can send your manuscript at <https://www.editorialmanager.com/enfclin/default.aspx>

Page charges

This journal has no page charges.

Language

This journal is published in Spanish and in English language. Manuscripts can be sent in both languages. The journal will publish two versions, one in printed and online format and one only online translated entirely into English. The translation into English will not entail a cost for the authors.

Submission checklist

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded:

Manuscript:

- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

Graphical Abstracts / Highlights files (where applicable)

Supplemental files (where applicable)

Further considerations

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- **Permission has been obtained for use of copyrighted material from other sources (including the Internet)**

- A competing interests statement is provided, even if the authors have no competing interests to declare

- Journal policies detailed in this guide have been reviewed

For further information, visit our [Support Center](#).

BEFORE YOU BEGIN

Ethics in publishing

Please see our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

Studies in humans and animals

If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with [The Code of Ethics of the World Medical Association](#) (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the [Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals](#) and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms [sex and gender](#) should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the [ARRIVE guidelines](#) and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, [EU Directive 2010/63/EU for animal experiments](#), or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

Informed consent and patient details

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author but copies should not be provided to the journal. Only if specifically requested by the journal in exceptional circumstances (for example if a legal issue arises) the author must provide copies of the consents or evidence that such consents have been obtained. For more information, please review the [Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals](#). Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Declaration of generative AI in scientific writing

The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or biased. AI and AI-assisted technologies should not be listed as an author or co-author, or be cited as an author. Authorship implies responsibilities and tasks that can only be attributed to and performed by humans, as outlined in Elsevier's [AI policy for authors](#).

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work. Please note that authors are ultimately responsible and accountable for the contents of the work.

Disclosure instructions

Authors must disclose the use of generative AI and AI-assisted technologies in the writing process by adding a statement at the end of their manuscript in the core manuscript file, before the References list. The statement should be placed in a new section entitled 'Declaration of Generative AI and AI-assisted technologies in the writing process'.

Statement: During the preparation of this work the author(s) used [NAME TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

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Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis, see '[Multiple, redundant or concurrent publication](#)' section of our ethics policy for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere including electronically in the same form, in English or in any other language, without the written consent of the copyright-holder.

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Use of inclusive language

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians,

patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. When coding terminology is used, we recommend to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

Sex and gender reporting

Reporting guidance

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the [SSex and Gender Equity in Research \(SAGER\) guidelines](#) and the [S SAGER guidelines checklist](#). These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

Definitions

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the [Sresources on this page](#) offer further insight around sex and gender in research studies.

Authorship

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

Changes to authorship

Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors **after** the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Clinical trial results

In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

Reporting clinical trials

Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The [CONSORT checklist and template flow diagram](#) are available online.

Registration of clinical trials

Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with [International Committee of Medical Journal Editors](#) recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

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Language (usage and editing services)

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the [English Language Editing service](#) available from Elsevier's Author Services.

Submission

Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

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The manuscripts will be separated into the following files, which will be entered into the system in the following order:

First page: The following details should be indicated in the order given here: a) title of the article (in Spanish and in English); b) first name and the two surnames joined by a hyphen of each author (in order to identify you in the international data bases); c) institutional affiliation (full name of the department, and the centre where the work and its full address); d) name, professional affiliation, including e-mail address, and telephone of the author responsible for correspondence; e) total or partial funding of the study, if there is any; f) acknowledgements (this section must be used to acknowledge the help of individuals or institutions who may have contributed to the development of the work, but could not be considered as authors. The study subjects should appear first in this section, since without their cooperation the study would not have been possible).

At the end of this first page it will include the total number of characters with spaces of the abstract (in Spanish and in English), and of the body of the manuscript, (Introduction, Method, Results, and Discussion). It will also indicate the number of characters with spaces of the paragraphs, "What is known" and "What it contributes".

What is known / What it contributes. Include the paragraphs on "What is known" and "What it contributes".

Text of the manuscript. It will include, in the following order: a) Abstract and key words, both in Spanish and in English; b) text or body of the manuscript, with the different sections depending on what it is about; c) literature references; d) Tables, if there are any.

Figures. They must be included in a separate file.

STRUCTURE OF THE MANUSCRIPTS

Title: It must briefly and concisely indicate the contents of the manuscript and it has to provide the maximum information with the minimum number of words (it recommended not to exceed 15). It must not include acronyms. A short title should be included with a maximum of 80 characters with spaces.

Abstract and Keywords: For Original and Short Original works, it has to be structured into the

following sections: Objective, Method, Results (most important 3-4) and Conclusion (1-2, arising from the results). It should contain sufficient information for the reader to have a clear idea of the contents of the manuscript. It should not contain information that cannot be found later in the manuscript.

On the same page it will give between 3 and 6 keywords, directly related to the topic presented in the manuscript. MeSH terms (Medical Subject Headings) should be used or the Health Sciences Descriptors (Decs) so that they can be classified in the international data bases.

A Spanish and English version of the abstract and keywords must be submitted.

Text or body of the manuscript: It is advisable to divide the work clearly into sections, depending on the section to which it may be submitted:

Originals and Short Originals: Introduction, Method, Results, and Discussion.

Introduction: The introduction should include the definition of the basic concepts, contextualize the topic of study, justify its relevance and expose the current state of the topic. In the last part the objectives of the study will be defined. It will be as brief as possible, and its basic rule is to provide the basic information necessary for the reader to be able to understand the text that follows later. All of this supported with the most current and important literature references.

Method: An exhaustive description must be provided on how the study has been performed, with sufficient information so that other researchers can replicate it; that is, that they can perform it without consulting the authors.

Its content will be determined by the objectives of the study. It will contain several sub-sections that do not need to be specified in the text:

Design: The type of study performed must be mentioned, justifying, if necessary, the reasons for its choice.

Population and Study Setting: Indicate the place and the date of performing the study. Specify the characteristics of the studied population and the inclusion and exclusion criteria. If all the population has not been studied, it must indicate how the sample size was calculated and the value of the parameters used, as well as the sampling technique.

Variables: Define all the variables that have been collected, determined by the objectives established, particularly the variables of the most important results. If it is an experimental study, it must mention the intervention made (also of the control group, if relevant and the follow-up time).

Data collection: Explain how the data have been collected and who did it, as well as the tools used for this purpose, indicating if they are validated and the corresponding literature reference.

Data Analysis: Mention the statistics program used for the analysis and the analysis performed. Indicate the strategy used for the literature review, that is, data bases reviewed, the descriptors or keywords employed in the search and the years reviewed.

Ethical Aspects: It must be specified, in the case of research studies, whether it has been approved by the corresponding Ethics Committee, and whether it complies with the

requirement established in national and international guidelines for clinical trials and similar studies as applicable.

Results: It must only include the most important results, according to the objectives and the statistical analysis mentioned in the Method section. The results must respond exactly to the objectives that have been established and must make clear whether or not they certify the working hypothesis. There should not be any objective in the introduction that is not given a response in the results and any objective not mentioned in the introduction should not have a response in the results. Assessments or comments on the results obtained should also not be included in this section.

In general, it should start with a description of the study subjects, to specifically know the number studied and their characteristics. If, subjects have been lost during the study, or it has not been able to contact, with the total of the sample selected, it must also indicate both the number and the reason.

After the description of the subjects, a descriptive analysis of the most important variables will be presented, according to the measurement scale, and the most suitable manner to describe them will be chosen, attempting to provide the best information about each one (thus, frequencies and percentages will be used for the nominal qualitative variables, and for the quantitative ones, mean and standard deviation when they follow a normal distribution, etc.). The corresponding confidence intervals will also be indicated.

If there is more than one study group, each one must be characterised, and later indicate the comparisons between these groups in terms of statistical significance and magnitude of the difference and, above all, in terms of clinical relevance. Statistical tests that have not been described in the Method section must not be employed, and their results must be accompanied by a statistical value, degrees of freedom and statistical significance (P value), and the confidence interval (where appropriate). To indicate the P value, it is advisable not to use more than 3 decimals ($P=.002$); thus, a value of $P=.000001$ may be expressed as P

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