**The COVID-19 epidemic of manuscripts**

In the midst of the novel coronavirus pandemic—referred to as COVID-19—there has been much uncertainty. We remain uncertain about its precise origin, its structure and composition, how best to test for it, or for resulting immunity, whether or not exposure leads to immunity, whether or not disposable surgical masks are effective, why men and some ethnic minorities are more susceptible and just exactly what the death rate as a result of this virus is. However, one thing is absolutely clear, there has been an epidemic of manuscripts on the subject of COVID-19 to nursing journals and, amongst these new manuscripts the rejection rate is, unfortunately, very high. One of us (RW) took a straw poll amongst those editors from the International Association of Nursing Editors (INANE) who participate in the discussions on their email list. Our suspicions were confirmed, many were being deluged with COVID-19 related articles and most of these were of limited quality and of little value in terms of making a valuable contribution to knowledge related to COVID-19 care. We think this raises important points for nursing scholars working in pandemic-stricken areas of the world and we will discuss these here.

**The rush to publish**

Of course, COVID-19 is not the first internationally mobile virus in recent years. But it does seem to be the most widespread, and it is definitely the one that has seemingly led to a rush to get into print—possibly with little thought being given to research rigour and value to the scholarly community. Our guess is that some of the more recent epidemic/pandemic situations, for example SARS, MERS and H1N1 were over too quickly and with limited global impact (as evidenced by the eventual death rates) before many people could swing into action. Not so with COVID-19: this was 'big', and predictions of a pandemic and widespread deaths were being signalled from the outset. The international research bandwagon was just wating to be jumped on. With the sheer volume of 'passengers' the wheels of the bandwagon must now be now creaking.

The vast majority of articles on COVID-19 emanate from Mainland China but not exclusively. Other affected areas submit manuscripts but China has a longer experience of the virus, it has the largest population in the world and in few other countries is there such an academic drive—including at times when no pandemic is evident—to publish. Nearly all the articles submitted have common problems which we will outline below. Given the impact of the pandemic, many of the papers are quite emotionally driven, heavy on anecdote and often uncritical of the governmental and political response to COVID-19, For example, in China the notion of the 'white army' has arisen and rather than objective accounts of action taken in the wake of the outbreak, accounts were laden with emotional language and unverifiable allusions to the 'speed', 'efficiency', and 'effectiveness' of the actions taken. There is no doubt that the often selfless response, sacrifice and risk taking by many nurses needs acknowledgement, but we suggest there are better avenues for this—in terms of making a contribution to the literature, very few of the articles we have seen contain any new information. Instead, they regurgitate easily available information from major international bodies such as the World Health Organisation without any comment or criticism.

**No new information**

Almost invariably the studies have been about 'experiences'—usually of nurses, and sometimes patients, involved in 'fighting' the coronavirus. The results are often purely descriptive and in no way unexpected. It would hardly take a research project to inform us that nurses working with patients suffering from COVID-19 find the experience stressful, that they have disturbed sleep and that wearing PPE is unpleasant. Surely, we do not need to be told that patients were frightened or thought that they were going to die. Another common study is a description of what a particular hospital in a particular city on one country did to deal with the coronavirus outbreak. These are little more than case studies and do not even apply proper, considered case study methods of design and analysis. Under normal circumstances these types of studies would be unsuitable and there is no reason why our standards should change during a global emergency.

Another common feature of most of the manuscripts is in the covering note or email to the editor indicating the wish to share the findings of the study, their potential value to the international nursing community and the wish to help others who may be experiencing the same problems for the first time. When we suggest alternatives such as *Nursing Open* which may take their article or the *JAN interactive* blog from which we would ensure the study was broadcast via our social media channels, the apparent altruism of the corresponding author evaporates instantly. They must publish in impact factor journals, we are told, and the motivation for conducting a study during the COVID-19 pandemic becomes clear. This has little to do with 'sharing' or altruism; it is about getting published – often as quickly as possible. The stressed frontline workers and frightened patients are not being studied, necessarily, because someone cares about them, but because they are research fodder and, most definitely, research 'subjects' and not 'participants'. Thus, they are sometimes being used as an excuse for hastily designed and ill-considered studies which must, knowing the time it normally takes to obtain ethical approval, have been fast-tracked or not tracked at all by any research ethics committee.

**Once the pandemic is over**

In defence of some authors, there have been some manuscripts and editorials we have received that are eminently worthy of publication and some authors who have agreed to, and been grateful for, exposure on our blog. However, in terms of our thoughts for the nursing COVID-19 research agenda, we would advise people to wait until the pandemic is over and take time to formulate good research questions and design rigorous studies. Moreover, let us all wait until we can reflect on this pandemic and the lessons we have learned about what our respective governments and research funding bodies lay down as priority areas for research. We should also be considering comparative, collaborative international studies which can compare and contrast nursing responses across the globe with a view to producing good practice within a realist framework: what works for whom and in what circumstances.

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