

The Impact of the Impact Factor

The weather was hot and sunny on the summer day when I checked my e-mail and saw the great news that the *Oncology Nursing Forum* (ONF) had received the highest-rated impact factor among nursing journals for 2011! Needless to say, my day suddenly got a whole lot sunnier. Actually, I think I did a little dance around the room before e-mailing the Publications team at the Oncology Nursing Society, telling my husband, and posting the great news on Facebook and Twitter. After that, I sat down to think about what it all meant.

According to Thomson Reuters (2012), ONF had an impact factor in 2011 of 2.5. The impact factor has become an important metric for nurse authors, universities, funding agencies, and editors, and often is used for consideration of tenure and promotion and for budget and resource planning within universities and colleges. But it also can be misused by authors and researchers, with some calculating their own impact factor by adding the impact factor scores of the journals they have published in to create a personal impact factor!

The impact factor is not the perfect metric and it has limitations (for example, a citation to an article in the year it was published will not be captured and counted for that year); however, it has gained wide acceptance. From 2004–2009, the number of indexed nursing journals doubled (from 35 to 79) in no small part because of the efforts of a group of nursing editors led by Margaret Comerford Freda, EdD, RN, CHES, FAAN. I recall being at the 2004 annual meeting of the International Academy of Nursing Editors where we debated and dreamed about increasing the number of indexed nursing journals. Today, there are almost 90 indexed journals, so ONF's top billing is very nearly one in a hundred.

One of my goals for my tenure with this journal was to raise the impact factor (in 2010 we were ranked fifth with an impact factor of 1.78). And now it had happened without any effort on my part! So now the goal is to keep us in the number one spot—but how? There are legitimate ways of doing this

and also some that feel like cheating. The latter does not interest me; some editors encourage authors to cite articles from previous issues of the journal at the expense of a balanced overview of the multidisciplinary literature. I will never do that. Some editors encourage review articles at the expense of publishing research findings. I believe that there is merit in publishing both kinds of articles, but that must be driven by good science and by what our readers want to see in the pages of ONF. Nursing studies are rarely cited in medical journals, but of course the reverse is not true. I would not purposefully ask authors to limit their citations to nursing journals; what we need is the best

available evidence or sources to ensure a quality product for our readers.

Authors can help us by using titles that describe what their study or review is about in plain language. The same goes for the abstract, which should be informative with clear terms. Key words should be Medical Subject Heading terms so that online searches will identify the article easily. The impact factor will only go up if articles are cited by authors in other indexed journals, and because there are not that many indexed oncology nursing journals, this is a challenge.

Editors often rationalize why they don't pay attention to the impact factor or suggest that it is too flawed to take seriously. I can recall being part of conversations where such sentiments were expressed and agreed on. In an editorial in the *Journal of Advanced Nursing*, Thompson and Clark (2012) pointed out the flawed logic in these arguments. They suggested that excuses, such as caring more about the science than the impact; wanting to reach clinical audiences, therefore publishing in journals with low or no impact factor; wanting to publish more articles rather

than in higher-quality journals; and focusing on flaws of the metrics rather than the reach of the journal, all are spurious arguments. Being at the top of the impact factor list means that I can ignore these excuses for the time being—but that can change depending on the results of next year's list. I hope that it doesn't, and I intend to do more than hope.

My plan is to continue to make ONF the best it can be by never compromis-



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ing on quality. I want to make the review process as timely and responsive as it can be so that authors will want to publish with us again (and again). And I promise to support authors and reviewers as best I can so that they continue to work with us toward a common goal of keeping ONF not only on top of the impact factor list, but also at the forefront of knowledge translation and clinical relevance.

References

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