The Impact Factor

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EDITORIAL

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Peter D. Paré

The Impact Factor (IF), love it or hate it, is here to stay like taxes and death. Originally proposed by Garfield in 1954 the science of citation analysis has blossomed since that time and there is even an International Society of Scientometrics and Informetrics (http://issi-society.org/news.html).

Impact factor analysis has grown to influence decision making at many levels including where to send scientific communications, what grants to fund and how much support institutions receive from government, in addition to decisions of promotion and tenure.

The IF is a measure of how frequently articles appearing in a journal are cited in the scientific literature. The IF is calculated by dividing the number of times articles, published in a specific journal over the preceding two years are cited by authors publishing papers in the current year. For example, if in 2016, a journal receives 150 citations to articles published in 2014 and 2015, and published 50 total papers in those years, you would divide 150/50 = 3.000. The Journal Impact Factor has many deficiencies. For example, it is known that the distribution of citations is heavily skewed. About 20% of publications account for 80% of the citations. It is a measure of the journal’s impact, not the impact of individual articles or their authors although it is often used as a metric for the individual. The IF is also subject to gaming. For example, editorials are not included in the denominator of the IF calculation but are citable so can appear in the numerator, artificially inflating the impact factor. Some journals publish an editorial for every original article! The IF is heavily influenced by discipline and can be magnified by self citation.

A true measure of the impact of a journal would be the product of how many people involved in patient care read the journal and the influence the reading has on the care and outcomes of patients they serve. Unfortunately, such a measure does not exist.

The IFs for the top 20 rated Respiratory Journals, as tabulated by the Thomson Reuters Journal Citation Reports, are shown in Table 1. You will notice that our new Journal, the Canadian Journal of Respiratory, Critical Care and Sleep Medicine, is not on the list. Nor are we among the 38 additional journals with impact factors less than 3 that are listed as having content related to Respiratory Medicine and Science. The Canadian Respiratory Journal, formerly the official journal of the Canadian Thoracic Society is listed at number 53 with an IF of 1.0.

How is our new journal going to get an impact factor? By its very nature, it takes 3 years to acquire an impact factor given how it is calculated. However, even after 3 years, we will not automatically be assigned an impact factor; we must apply to obtain one.

Table 1. Top 20 rated impact factor respiratory journals.

<table>
<thead>
<tr>
<th>Journal Name</th>
<th>IF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lancet Respiratory Medicine</td>
<td>15.3</td>
</tr>
<tr>
<td>AJRCCM</td>
<td>13.1</td>
</tr>
<tr>
<td>European Respiratory Journal</td>
<td>8.3</td>
</tr>
<tr>
<td>Thorax</td>
<td>8.1</td>
</tr>
<tr>
<td>Journal of Heart and Lung Transplantation</td>
<td>7.5</td>
</tr>
<tr>
<td>Chest:</td>
<td>6.1</td>
</tr>
<tr>
<td>Journal of Thoracic Oncology</td>
<td>5.0</td>
</tr>
<tr>
<td>American Journal of Physiology: Lung Cellular and Molecular Physiology</td>
<td>4.7</td>
</tr>
<tr>
<td>Journal of Breath Research</td>
<td>4.2</td>
</tr>
<tr>
<td>American Journal of Respiratory Cell and Molecular Biology</td>
<td>4.1</td>
</tr>
<tr>
<td>Journal of Cystic Fibrosis</td>
<td>3.9</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>3.8</td>
</tr>
<tr>
<td>Respiratory Research</td>
<td>3.8</td>
</tr>
<tr>
<td>Journal of Cardiovascular and Thoracic Surgery</td>
<td>3.5</td>
</tr>
<tr>
<td>Current Opinion in Respiratory Medicine</td>
<td>3.1</td>
</tr>
<tr>
<td>Respiratory Research</td>
<td>3.1</td>
</tr>
<tr>
<td>International Journal of Chronic Obstructive Pulmonary Disease</td>
<td>3.0</td>
</tr>
<tr>
<td>Journal of Aerosol Medicine and Pulmonary Drug Delivery</td>
<td>3.0</td>
</tr>
<tr>
<td>Respiratory Medicine</td>
<td>3.0</td>
</tr>
<tr>
<td>Annals of Thoracic Surgery</td>
<td>3.0</td>
</tr>
</tbody>
</table>

The selection process for inclusion in the Science Citation Index (SCI) will begin after we complete one full volume of publication; 4 issues in our case. The factors that are considered include peer review, ethical publishing practices, an international scope, English language bibliographic information as well as recommendations and requests by the scholarly audience of Web of Science users.

How will readers and citing authors find our journal’s contents while we wait to be evaluated for inclusion in the SCI? The Web of Science has initiated a new index called the Emerging Sources Citation Index (ESCI) and we will be applying for inclusion in this. It will not guarantee that we are accepted into the SCI or assigned an impact factor, but it will help. After we publish 4 issues we will also be applying to the National Library of Medicine for inclusion in MEDLINE. The criteria for MEDLINE are similar to those for inclusion in the SCI but also include appropriateness of the content for a medical audience, the quality of the content and the quality of the editorial work.

As a result, the stature of the new journal, the dissemination of its content and its ultimate impact factor are very much dependent on our editorial team, our reviewers, contributors and readers. The Canadian Journal of Respiratory, Critical Care and Sleep Medicine has an outstanding group of expert Associate Editors and an internationally influential Editorial Board. In addition, the journal will be distributed to all CTS members, which now includes the Canadian Respiratory Health Professionals. This is our journal; we need to nurture it by submitting high quality papers and
we need to reach out to our colleagues and collaborators and encourage them to send their scholarly work to the new journal. The journal provides a new and robust means of communicating with the Canadian and International Respiratory Community. Its impact is in our hands.

References
1. Garfield E. Citation indexes to science: a new dimension in documenta-

Other relevant warnings and precautions:
• Should not be stopped abruptly
• Serious adverse event risk due to adrenal insufficiency and unmasking of pre-existing allergy in
  patients transferred from systemically active corticosteroids
• Risk of systemic effects of inhaled corticosteroids
  o Hypercortisolism, adrenal suppression, growth retardation in children/adolescents, reduced bone
    mineral density, osteoporosis, fracture, cataracts, glaucoma
• Risk of dose-dependent bone loss
• Should not be used with another LABA
• Do not exceed recommended dose
• Small increase in QTc interval may occur
• Caution with cardiovascular conditions
• Oropharyngeal candidiasis
• Potentially serious hypokalemia
• Diabetic patients
• Rare systemic eosinophilic conditions
• Enhanced effect of corticosteroids in patients with cirrhosis or hypothyroidism
• Risk of immunosuppression
• Immediate hypersensitivity reactions may occur
• Not for rapid relief of bronchospasm or other acute episode of asthma
• Serious asthma-related adverse events and exacerbations may occur; seek medical advice if
  symptoms remain uncontrolled or worsen
• Possible paradoxical bronchospasm
• No adequate studies in pregnant/nursing women
• Risk of labour induction
• Monitoring of: HPA axis function and haematological status periodically during long-term therapy, use
  of short-acting inhaled bronchodilators, bone and ocular effects, height of children and adolescents

For more information:
Please consult the Product Monograph at http://www.merck.ca/assets/en/pdf/products/
Zenhale_RME.pdf for important information relating to adverse reactions, drug interactions, and
dosage/administration information which have not been discussed in this advertisement. The Product
Monograph is also available by calling us at 1-800-567-2584.