

From the Editor

Reflections



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As I write this editorial I am completing my second year as editor of *Nursing Outlook (NO)*. It has been quite an adventure. As with many adventures, it has been defined with a steep learning curve, lots of challenge, and many rewards. It is encouraging to see that many of the common parameters usually used to assess a journal's effectiveness are positive. These include the number, focus and quality of manuscripts submitted, the number of authors who are AAN fellows, the timeliness and quality of reviewers' critiques, the journals *Institute for Scientific Information (ISI)* impact factor ranking, and increases in the number of international subscriptions for the year. This past year the number of manuscripts submitted was 64—compared to 63 for the same period last year. The overall rejection rate has stabilized at 34%, which includes both rejection by referees or, less commonly, by the editor on initial submission after it is determined that the content of the manuscript does not fit the editorial purpose of *Nursing Outlook*. For the first 4 issues (8 months) of 2004, 46 of the authors/co-authors on manuscripts published in *NO* were American Academy of Nurses (AAN) members—up from 29 in 2003.

Many readers have shared their opinion that they appreciate the greater emphasis on policy-oriented articles as well as the special issues. This past year, 2 special issues were published: one on Faculty Practice and one on Quality in Health Care. Two more are planned for this year: one on Health Services Research and one on Methods in Health Disparities Re-

search. I have decided *Nursing Outlook* will commit to publishing only 2 special issues a year, so as to continue to allow other manuscripts to be disseminated in a timely fashion. Guest editors for these special issues are leaders in their field and work closely with the editorial staff and me to coordinate these special issues. All manuscripts in the special issues are sent out to referees to ensure a rigorous review.

The quality of manuscripts relies heavily on rigorous review by referees who donate their time and expertise to provide a substantive critique for each article. The submission and review process is entirely Web-based now. The process time from initial submission by the author to initial (revise/reject) decision by the editor is approximately 8–10 weeks. The time from acceptance to publication is approximately 6–8 months. This past year, we have been able to increase our referee base considerably; however, we are still in need of reviewers. The Web-based system provides several advantages for reviewers. They are able to indicate whether they are able to accept or decline a manuscript for review by e-mail. After all reviews are submitted, the reviewer is sent my decision about the manuscript as well as the other reviewers' critiques, which most reviewers report finding helpful. Finally, reviewers can access references from Medline in the area of the manuscript they are reviewing with a click on the Website. We are currently looking for additional reviewers. If you are interested in reviewing for the journal, please submit your curriculum vitae to me via email (mbroome@iupui.edu).

An external evaluative measure of the journal's influence is the ISI impact factor ranking. The impact factor of a journal is determined by percentage of citations of articles from a journal that

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appear in other journals ranked by ISI in their annual Science Citation Index. Currently, only 31 nursing journals are ranked according to the number of citations of articles published in *NO* that appear in articles published in other ISI-ranked journals. Last year, *Nursing Outlook* was ranked 19 of 31 nursing journals ranked by ISI; this year, the ranking rose to 3 of 31, indicating the widespread dissemination of findings, concepts, and ideas published in *Nursing Outlook*. Although the good news here is being ranked 3 of 31, the bad news is that only 31 nursing journals are even ranked by ISI. This topic was one focus of the International Nurse Authors and Editors

(INANE) conference in 2004. Many of the INANE editors signed off on a persuasive proposal developed by Margaret Freda, EdD, RN, CHES, FAAN (editor of *MCN The American Journal of Maternal-Child Nursing*) which was sent to ISI this past fall outlining issues related to their tradition of only ranking 31 of the many outstanding nursing journals. Recently, Dr. Freda has talked with the ISI editors about the proposal and believes the editors for Clinical Medicine and Social Science are looking more actively at many nursing journals and considering them for inclusion. This is very good news for the many nursing journals that are not currently

ranked and that publish very scientifically-sound and relevant articles.

In summary, I believe *Nursing Outlook* is in very good shape, although your suggestions for improvements are always welcome. This year, we will add some additional features I hope readers will find useful. I appreciate all the positive feedback, proposals for special issues and ideas for features many of you have provided. It is also very exciting to receive (and publish) letters to the editor about some of the published articles. Authors find it very rewarding to hear from you, as do I, so please continue to communicate with us!!

MISSION STATEMENT

Nursing Outlook, the official journal of the American Academy of Nursing, provides critical and timely analyses of emerging professional and health care issues of importance to all nurses. The primarily editorial goals of the Journal are to:

1. Publish innovative, original articles that stimulate thoughtful discussion and scholarly debate and policy implications among nurses and other health care professionals.
2. Inform readers about the diversity of opinion on controversial professional and health care and health policy matters affecting nursing and the health of the public.
3. Provide a multidisciplinary forum for the dissemination of information derived from the synthesis of extant knowledge of current and future clinical practice and health policy alternatives.
4. Disseminate information about creative, alternative, and forward-looking models of education and clinical practice as they relate to changing systems of health care.
5. Promote the synthesis and use of scientific knowledge in a timely fashion by nurses and other health care professionals to enhance the quality and efficiency of health care.
6. Provide the American Academy of Nursing with a medium for communicating important policy issues and organizational activities.
7. Increase critical awareness of technologies, products, and services that have the potential for increasing the effectiveness of nurses in all settings.