The ethics of impact factors

In an engaging article entitled ‘Having an impact (factor)’ Gregory Petsko invents a dialogue between a recently deceased genome biologist and St Peter. The biologist is seeking entry to heaven and St Peter advises him that before he gains entry his impact factor would have to be checked. When this is queried by the biologist, St Peter responds:

It’s something we borrowed from you science chaps on earth. Oh, we used to do it the hard way: send a fledgling angel down to check on your deeds, look at how your life affected your friends and family, consider your intentions versus your actions. All that sort of thing. It was tedious and required huge numbers of new angels, who have become somewhat scarce since free-market capitalism became all the rage down there. Then we noticed that you scientists never bothered to do anything like that. If you had to evaluate someone, all you did was look at this number called the impact factor. So we did the same thing. Now when anyone comes here, all we do is look up their number.

The first mention of an impact factor is credited to Eugene Garfield in 1955. According to Garfield, a journal’s impact factor depends on how many citations in one year are made to articles published in the previous two years; and ‘the number of substantive articles and reviews published in the same two years’ (p.90). Journal readers in university positions will understand the perceived importance and implications of citations for evaluating the quality of their publications. This can have significant consequences for their organization, their own progression and their discipline. The impact factors of journals will also determine where academics publish their work. I was dismayed to hear a nurse researcher say recently that she had decided that, from now on, she would publish her scientific work only in medical journals because they had a higher impact factor than nursing journals.

I write this Editorial following the 2010 meeting of the Editorial Board of Nursing Ethics. Both the Board and the publisher are pleased to report that the impact factor of the journal continues to rise. The 2009 impact factor was 1.075. This is a very good position for our journal and it demonstrates that it has a respectable ranking amongst nursing and bioethics journals. The question remains of whether the journal impact factor should be the most important criterion for authors to write for the journal, for reviewers to review for it and for readers to read it. Many other readers will consider citation impact factors to have little or no consequence, and certainly to be of much less interest than the contribution of the articles they read to their everyday health care practice and education. The wide range of articles in this issue, for example, are likely to have something of interest for everyone, be they health care practitioners, educators or researchers.
Alice Gaudine and colleagues discuss and compare the everyday ethical conflicts that arise for nurses and physicians across clinical specialties in Canada. Another article that explores interprofessional perspectives is by David Wright and Susan Brajtman. From a philosophical stance, they focus on particular forms of knowledge (relational and embodied) that nurses can contribute. Bettina Stenbock-Hult and Anneli Sarvimäki discuss the meaning of vulnerability to nurses who work with older patients in Finland. Elisabeth Gjerberg and co-researchers report different aspects of staff and family relationships in nursing homes during end-of-life care in Norway. Sheilla Catlett and Sherry Lovan’s article is a replication of an earlier study by Smith and Godfrey published in *Nursing Ethics*. It is interesting to see how new categories are generated by using relational analysis. The article by Radka Bužgová and Kateřina Ivanová discusses disturbing findings relating to the abuse of older people in residential care in the Czech Republic. They highlight the importance of education in preventing such abuse. Steven Edwards and Jeanette Hewitt examine a controversial aspect of mental health practice, that is, the supervision of self-harm in the UK. They provide readers with an ethical analysis of three responses to self-harm. Another article relating to the ethics of mental health practice, this time focusing on ‘protective empowering’, is by Rosalina Chiocetti.

Other articles in this issue offer insights into the content of and strategies that might be used in professional ethics education. Ruth Chen discusses the potential of clinical education to help students learn to deliver bad news by drawing on their moral imagination. The final article, by Anne Clancy, details the more subtle ethical aspects of qualitative research practice, that is, a researcher’s feelings of uncertainty, discomfort and responsibility.

All of the articles in this issue, focusing on aspects of health care practice, education and research, urge reflection and the evaluation of our activities. It is possible that reading at least some of them will cause some readers to be challenged, to think new thoughts and perhaps even to change their practice. The publication of articles from around the world also broadens our perspectives and stops us becoming ethically myopic or parochial. The authors are offering a critical take on everyday practice; they are taking risks and drawing attention to ethical and innovative practice and to deficits in care. These things would be true even if the journal did not have an impact factor. It is also noteworthy that, whereas the journal had over 89,000 downloads, the most cited articles are rarely cited more than 15 times. The point is that, whereas even the most cited articles are cited only a few times, the most downloaded articles may be downloaded over 1000 times and, it seems reasonable to assume, will be read by most of the people who downloaded them. The impact on an individual’s practice may, therefore, be greater from downloads and reading the hard copy than from citations.

What we need to ask in relation to the ethics of the citation impact factor for our own field is: What are the benefits and harms that ensue from viewing citations as the sole indicator of the value of our work in health care ethics? Is it ethical to manipulate citations (as anecdotal reports suggest some authors do) for our own benefit? The shortcomings of the impact factor as a means of evaluating the quality of research and to progress in one’s career have been discussed by others. It seems to me that the most beneficial aspect of a journal such as *Nursing Ethics* having a respectable impact factor is that it means that authors in academic positions are encouraged to publish here. Those, perhaps like the nurse researcher mentioned above, who are more ambitious, may go to other journals with higher impact factors. This is a loss to the health care professions and, ultimately, to practice. *Nursing Ethics* is renowned as an accessible, high quality and applied journal read by health care practitioners, students and academics alike.

We can be pleased that the journal impact factor for *Nursing Ethics* is increasing, but we need to be wary of forgetting why we became involved in health care ethics in the first place. If we can engage with the impact factor as currently understood without losing sight of who our work is for, and what we hope it will achieve, then well and good. If, however, we find that we have to abandon our professional ideals, then we need to think again. It may be that publishing in professional journals considered to have a lower impact factor will be more effective in reaching and influencing busy practitioners. Where possible, therefore, authors should publish key
messages from their research in these journals also. More generally, we need to ensure that a preoccupation with the impact factor of journals does not distract us from the ethical purpose of our work. We need to assume a sceptical stance and ask fundamental questions about the meaning and implications of ‘impact’ and how this relates to the work we do. We need to be better able to articulate how our research and scholarship relates to everyday health care practice. The reader might well ask ‘Why does this matter?’ The issue of ‘impact’ is very real for health care ethicists in many countries. In the UK, for example, the forthcoming Research Excellence Framework (REF) will focus on outputs, impact and environment.6 The REF determines how much research funding is allocated to universities and supports quality benchmarking and accountability in relation to research investment. Engaging with impact is, therefore, both interesting and critical for our field. Readers with a particular interest in this may find it helpful to examine a recent review of international practice in Capturing research impacts.7

The imaginary story of the encounter between the genome biologist and St Peter at the beginning of this Editorial should serve as a cautionary example, albeit an amusing one, for those of us who feel pressured to pursue the impact factor at all costs. When we come to the end of our lives, whether we have to give an account to a St Peter equivalent or not, what will be most important to us? That we contributed to the flourishing of patients, students, colleagues and health care in general? Or that we had an impact factor of 125? Not everything that matters can be measured.

References