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Intensive Care Medicine: the journal's status and readers' opinions

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It is a tradition that every year in the USA a talk about the state of the union is given to the nation to analyse the past achievements and delineate future programs. Similarly, as Editor in Chief of *Intensive Care Medicine*, at the beginning of my fourth year mandate, I have the responsibility of reporting the state of the journal, presenting the general picture and the perspectives.

Great attention has been given to the opinions of our readership, and in collaboration with the European Society of Intensive Care Medicine (ESICM), an online survey was launched during 2010 to understand the preferences of our readers and members. The present editorial summarises the evolution of *Intensive Care Medicine* over recent years and the results of the survey.

How the journal is doing

Leading the journal is not a one-man job, but a team effort. Thanks to the fantastic contributions of the editorial team,

we were able to keep the profile high and accomplish important achievements. These include the launch of the new website in 2008 (<http://icmjournal.esicm.org/>) and the clear increase in the impact factor to 5.186 from 4.406 in 2006 (Fig. 1), a ranking of third in the world classification of Critical Care Journals.

The number of submissions has increased over time, and at present *Intensive Care Medicine* receives more than 1,400 manuscripts per year (Fig. 2): 49% from Europe, 16% from USA and Canada, 5% from Australia and 30% from the rest of the world, including China, India and South America, whose submissions have consistently increased over the last 2 years. The more productive European countries are France, Germany, Italy, Spain and the Netherlands (Fig. 3). More than 50% of submissions are original papers, in large part clinical and physiological works [Fig. 1 in the electronic supplementary material (ESM)].

Due to the high number of manuscripts we receive, a careful selection is indispensable to maintain the high scientific quality in the face of difficult international competition. The consequence is an increased rejection rate, which is now approximately 82%. Unfortunately this also means rejecting a number of potentially good papers that do not reach the high standard required.

The time for the first response after a manuscript submission has been cut to no more than 3–4 weeks (Fig. 2 in the ESM). We believe that a fast reply for the first revision is a fundamental step to increasing the appeal of the journal, avoiding unnecessary and unpleasant delays for the authors, especially if the paper is finally rejected.

Almost 4,000 members of the society receive the printed journal, which can be found worldwide in a huge number of institutions and consortia. About 7,200 people receive each month's table of contents information electronically. These numbers witness the growing interest in our discipline and the journal. A confirmation of this

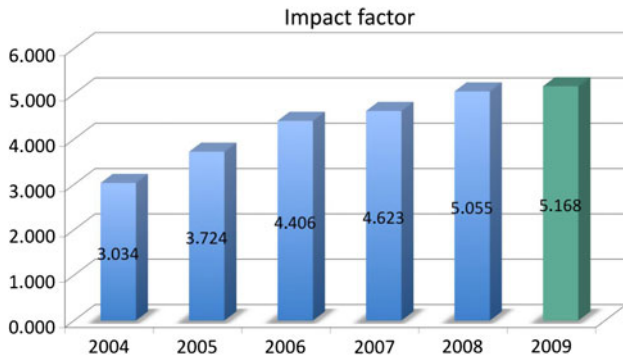


Fig. 1 The impact factor of *Intensive Care Medicine* from 2004 to 2009

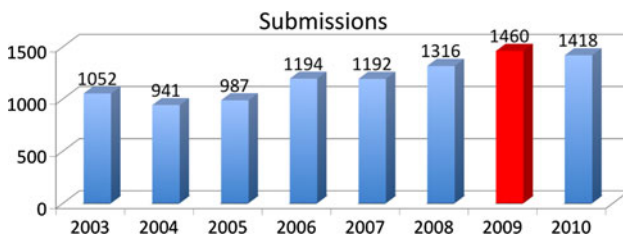


Fig. 2 Number of articles submitted to *Intensive Care Medicine* from 2003 to 2010

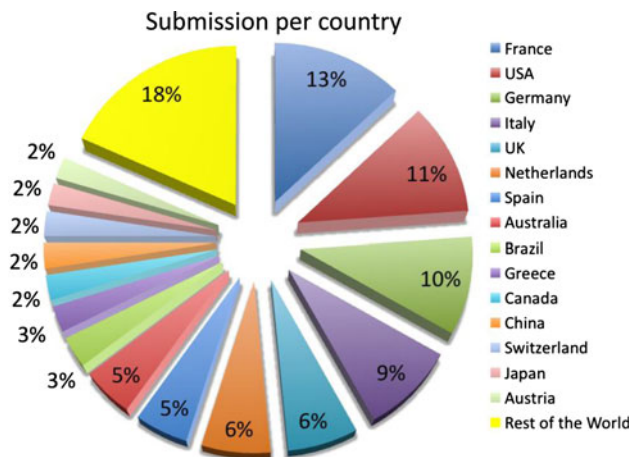


Fig. 3 Submissions per country

came from the nearly 1 million full-text downloads we had last year.

The survey

During 2010 in collaboration with the ESICM, an international online survey was launched to determine the feelings, opinions, preferences and orientations of our

readership. There were 898 respondents from 83 different countries (the total grew to 1,364 when the numbers of the online poll at the journal website and the numbers of the ESICM survey were summed together for the specific question regarding the article preferences).

Almost 80% of the respondents were male, with an average age of around 45 years. This was similar to the results obtained by Laurent Brochard, the former Editor in Chief, in an earlier survey [1]. As at that time, women are a minority, confirming that critical care is a specialty where women are still less numerous.

The more common specialties of the respondents were anaesthesiology (54%) and internal medicine (24%), and 59% had more than 10 years of professional experience in the field of critical care (Fig. 4). A large number of the respondent physicians were deeply involved in clinical activities, and in 77% of the cases this was in combination with research or administrative work.

Part of the survey was intended to explore the impact of the new website (<http://icmjournal.esicm.org/index.html>) and its efficiency. Seventy-three percent of the respondents were aware of the new website, but 245 (27%) had no knowledge of it at all. This showed the need for a better strategy to increase visibility. As a response to this need, the journal editors emphasised the website in their interviews broadcast every day at the ESICM congress held in Barcelona in October 2010, and a session was entirely dedicated to the Intensive Care Medicine Year in Review.

Fifty-five percent of our readers visit the online version at least once a week or once a month. Almost 83% of the respondents found the online version of the journal important or very important, but when was asked how they preferred to read *Intensive Care Medicine*, only 44% answered that they prefer the online version (Fig. 3 in the ESM). Most of the reasons for this preference were

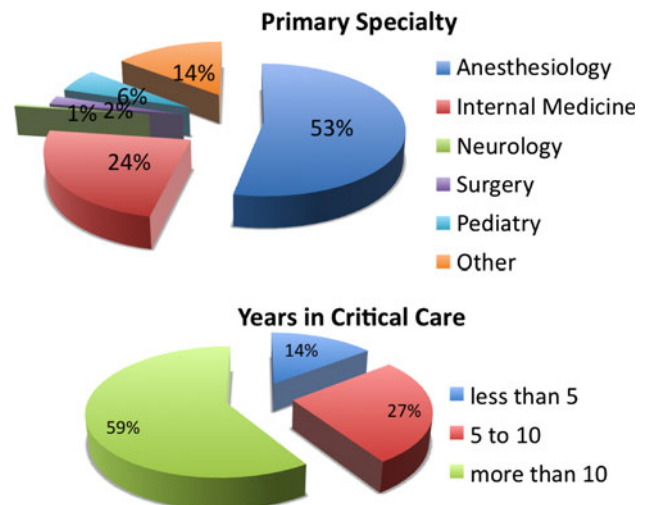


Fig. 4 Survey respondents' specialties and years in critical care

related to tradition and the tactile feeling of having the journal in one's hands. Indeed 54% of the readers share the printed journal with their colleagues.

Online access is reached through personal credentials in 60% of cases, but 34% get access through institutions, libraries or consortia. Still 6% of our colleagues have no online access at all.

The online version is considered important or very important for 82% of respondents, and 72% of them are open to accepting an online version only, without the printed version, if the ESICM offers a reduced membership fee (Fig. 4 in the ESM). On 27 July, the editorial board and the ESICM representatives had a meeting with Springer officers to start negotiations on this specific issue, and this new opportunity may become available within 2011.

The electronic repository of the journal (the ESM) often allows for more insight into many articles. This tool is used more and more frequently to give a number of details that cannot be reported in the printed version, including beautiful videos (for example, see [2, 3]).

The impact factor is perceived as important or very important for almost 80% of our members, and this is pushing us hard to keep the journal profile high.

When the ESICM members were asked which articles they prefer to see published in *Intensive Care Medicine*, the top three were reviews, original articles and editorials with respectively 36, 32 and 9%. A minority choose the brief reports and case reports (Fig. 5). After a careful discussion during the editorial board meeting, in consideration of the readers' opinions and as a consequence of their minimal impact, these categories were abolished. All case reports can now be submitted as letters to the editor.

Seventy-six percent of our readers consider the journal to have improved its quality over the last 3 years, and this offers a strong encouragement to continue our hard work.

After a check of the top five most downloaded articles [4–8], we were happy to find that our readers in large part chose the papers whose immediacy index (the number of

times a given article is cited during the same year of publication) was higher.

New developments

The online survey offered an important message: the reviews are considered the most appealing articles. We therefore decided to increase the number of good reviews and "state of art" articles to better respond to this cogent request from our readership.

Goran Hedenstierna, as associate editor, is taking care of the technical and physiological notes that are gaining large popularity among the readers. It is our intention to promote this section with the production of educational materials and videos.

We believe in the importance of the free circulation of scientific information, and we would in principle be favourable to opening *Intensive Care Medicine* to all the readers and not only to the members and subscribers, but at present editorial and financial reasons render this choice problematic. *Intensive Care Medicine* is in fact not an open access journal (where all authors pay to get their papers published). Our authors are not charged for publication; only a few papers get free access, at the request of authors who want to pay for it. However, we have recently negotiated with the publisher to offer open access, without charge, for special feature articles.

Thanks to the facilities and the technical features implemented at the new website, downloading papers in your personal database system, using the export selected citations and RIS is now easy and fast.

At present we are discussing the possibility of beginning a blog as other medical journals have done to offer the opportunity for posting comments and reactions, but this discussion is still very preliminary.

Dear reader you are important!

All of the editorial board is strongly committed to assuring the best scientific quality and interesting papers to you! We are sure that your support will be of invaluable help to continuing the success of *Intensive Care Medicine*.

A special thank goes to the entire editorial board. The dedication and the enthusiasm of all editors are the major contributors to the success of *Intensive Care Medicine*.

The collaboration of the ESICM in the persons of the President Andrew Rhodes, the President Elect Jean Daniel Chiche, the Past President Rui Moreno and the Secretary Philipp Metnitz was essential for the launch of the online survey. The editorial board of *Intensive Care Medicine* is thankful for the continuous support that the ESICM has given for the promotion and progress of the journal of our society.

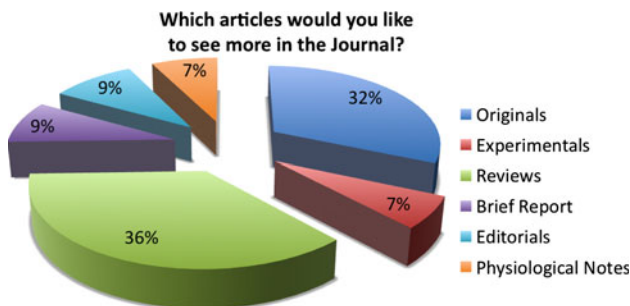


Fig. 5 Survey respondents' preferences for different article types

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