Citations, non-citations and visibility of International Orthopaedics in 2017

Andreas F. Mavrogenis¹ · Andrew Quaile² · Marko Pečina³ · Marius M. Scarlat⁴

Published online: 8 October 2018
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Introduction

In 2017, International Orthopaedics, the official journal of *Société Internationale de Chirurgie Orthopédique et de Traumatologie (SICOT)*, received over 2600 submissions to be considered for publication. After peer-review and editorial evaluation, 346 papers were published. Sixty-four papers were included in special issues, one dedicated to Traumatology and one dedicated to the Double Mobility Hip. Overall, the Journal published 289 original research papers, 33 review articles, 12 historical research papers and 12 items related to journal metrics, Editorials, acknowledgements to reviewers, obituaries, erratae and others.

Although the scientific quality of a paper or of a journal is not uniquely based on citation metrics, the more a paper (or journal) is cited reflects the overall impact of the paper and journal on the scientific community [1, 2]. However, not all published papers are cited; some are cited early after publication, while others are cited late (usually within 2–5 years) and some never. This editorial aims to identify and categorize the non-cited papers published by International Orthopaedics in 2017, attempting to provide insights into why some papers were not cited.

Citations of International Orthopaedics in 2017

Two hundred and fifty-three papers (73% of the papers published in 2017) were cited 701 times, with an average citation per paper of 2.75 (range, 1–23 citations per paper), and an h-index of 9 [3]. The self-citations rate was 17.4%, without any correlation between total citations (701) and self-citations (122) [4]. Most of the cited papers were published early in the year 2017, except six papers [5–10] that were published at the second semester of the year and were cited four to six times each.

Ninety-three papers (27% of the papers published in 2017) did not receive any citations up to the time of writing [11–102]. The article type, origin, reviewing and editorial process of the non-cited papers was similar to that of the cited papers. The non-cited papers covered almost every aspect of orthopaedics, mainly trauma, arthroscopic surgery and sports medicine, adult reconstruction, oncology and spine. Most non-cited papers were uncontrolled retrospective case series, experimental and in vitro studies (77 papers). The origin was European (44 papers), followed by Asian (18 papers) and North-American (14 papers). Seven non-cited papers were Letters to the Editor [11–13, 16, 26, 28, 35], and one was an Obituary [102]. Obviously, these types of papers (non-sourcable but citable items in the impact factor calculation) are not cited more compared to other types of article (source items). They do not contribute more to the impact factor of a journal, and most likely do not add to current literature [103].

A journal's contribution to scientific literature and its impact on the scientific community is reflected by its citations. Specifically, the acknowledgment one article gives to another is a reference, whereas the acknowledgment that the referenced article receives is a citation [104]. Citation counts vary considerably by research area and databases. The Internet has dramatically changed the way of sharing and the speed of flow of medical information. In general, Google Scholar shows a greater number of citations, followed by Scopus® and then

✉ Marius M. Scarlat
mscarlat@gmail.com

¹ First Department of Orthopaedics, School of Medicine, National and Kapodistrian University of Athens, Athens, Greece

² Hampshire Clinic, Basingstoke, England

³ Department of Orthopaedics, School of Medicine, University of Zagreb, Zagreb, Croatia

⁴ Clinique St. Michel, Toulon, France

Web of Science®. Currently, web platforms and professional sites provide specific information on defined fields of science, and social media have allowed for inputs from the general public. These are changing the scene of the publication industry from the concept of impact factor to alternative metrics (altmetrics) that measure the impact of a paper based on social media attention including number of downloads, reads, views, clicks, likes, hits and tweets [105]. Sourced from the Web, altmetrics can measure how often papers and other scholarly outputs like datasets are discussed and used around the world. For example, a paper published in 2017 received 2–3 citations in JCR, but more than 1500 reads and downloads in the same time period [106]. Therefore, it is important to consider altmetrics in the evaluation of scientific papers. From the Editors' point of view, we do feel concerned about the citation of published papers and the visibility of our Journal. The number of citations and the Impact factor of International Orthopaedics are in constant growth over the last forty years. This fact is even more valuable as the number of pages, issues and published articles has also increased during the same timeframe. Cited and non-cited papers are a part of the package. Non-cited papers should not be criticized for inappropriate language or presentation because they have been evaluated by the same Reviewers' panel and accepted by the same Editors. Some of the papers come from countries and institutions with low visibility and may be criticized for methods that lack modernity or data processing. Some papers come from countries that are in state of war or poverty. We do not expect citations for some papers as they reflect the current state of the orthopaedic surgery in those institutions and not the complete 'state of art' of modern orthopaedics. They are honest work and contain true data. We do believe that these papers add substantial knowledge to the current literature, and most likely will be helpful to the readers and will be cited in the future.

Why not cite a paper?

Scientific writing should be formal and follow standard rules of spelling, grammar and syntax. It is usually the editorial office that handles these issues. If major language errors exist and the paper is poorly written, it is more likely to be rejected; therefore, writing and language errors are not criteria used to cite a paper or not. Considering the countries of origin, USA submissions are more likely to be accepted, ranked more favorably, and probably cited more compared to non-USA submissions [107]. The lower availability of financial resources and subsequently the lower scientific publishing activity in non-USA and non-European countries may explain the lower contribution to scientific literature of these countries and probably the lower citation rate of their submitted papers [108–110].

Considering the articles types, most submitted papers are clinical case series, which although may be directly

relevant to patient care and may be useful for a decision making approach, in most cases their topics lack substantial novelty. In this setting, an accumulation of cases in a published paper does not seem likely to lead to an important change or improvement in practice, and therefore the paper to be cited in a subsequent publication. Review articles tend to attract greater numbers of citations because they are easier to read, include more information and discussion on a topic and are usually open access; in comparison, original research papers receive more citations when they are important or when they bring novelty. Additionally, authors' comments and Letters to the Editor on a published paper, erratums, obituaries, and historical notes on a topic without contemporary use are most likely not to be cited at all. Papers considering research areas, adult reconstruction, sports medicine and trauma are the most commonly quoted. Although this explains an increased interest for new knowledge and research in these areas, unfortunately, to date not much new information is available to merit a citation.

The time elapsed since publication should also be considered. One or two years may pass before one paper is cited. Similarly, an article reaches the maximum of citations between three to ten years after publication, with citation rate expected to decline thereafter [111]. Therefore, the papers published in 2017 are expected to receive citations through time. Another possible variable is the time to impact. An extremely specialized paper, basic research or novel material may need more time to launch in its field and become practice; therefore, the original papers will take more time to be cited. Nevertheless, we are aware that the choice of citations is subjective and reflects significant authors' biases. Additionally, we do have a concern about self-citations. Self-citations are more likely for authors submitting their papers in high-impact journals compared to those publishing in lower-impact journals [112]. However, self-citation rates of papers published in International Orthopaedics were found to be very low between the reviewed papers, raising no concerns in regards to potential citation inflation [4].

International Orthopaedics is free of publication fees, and one choice 'open access' journal. After an article has been accepted for publication, the authors receive an email with a link where they can opt for their article to be published 'open access' with a publication fee. Few authors agree for their paper to be published 'open access', most likely due to financial issues or because they think 'open access' is equal to easy publishing, or just because they are not interested. We acknowledge these limitations of 'open access'. Since many readers evaluate primarily the abstract of a paper, the papers published in International Orthopaedics contain a structured abstract written as a synopsis of the article and a mirror of the outline of the paper. In our review and editorial process, we do insist on scientifically correct abstract formatting and writing

because we believe that a reader should be able to understand a paper by reading its abstract. However, we do concur that citing a paper by just reading its abstract may be flawed by incorrect conclusions and bring consequently a wrong or inaccurate citation.

In a paper, it is possible to use other people's words and ideas, but with mandatory labeling and reference to the source from which these words and ideas are taken so that the readers can recognize whether something is written in original work or just copied from another text. Copying and using other people's ideas or work without providing appropriate credit (citations) is prohibited, and is called plagiarism. Therefore, to avoid plagiarism, appropriate citations of any text that is not authors' own material is necessary.

Many authors take referencing lightly. Citations should be driven by the quality of the cited papers, and not by social factors or strategic considerations. It does make a difference to include up-to-date citations in a published paper. The citation is the information that is necessary for the readers to identify and find used sources; however, citations must be accurate, complete and consistently applied. Failing to cite appropriate work of colleagues is not fair and does not contribute to medical writing. A good argument can be made for a related study instead of failing to cite; especially if there is something fundamentally wrong with it, the authors should include it and discuss it in their paper with an appropriate citation. Including recent references and data points to a quality and up-to-date paper, therefore we encourage the authors to read and cite items issued during the last five years.

Compliance with ethical standards

Conflict of interest No benefits have been or will be received from a commercial party related directed or indirectly to the subject matter of this article.

Ethical approval This article does not contain any studies with human participants or animals performed by any of the authors.

Informed consent Informed consent was obtained from all individual participants included in the study.

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