



Editorial

Handoff as Editor of *Critical Care Nurse*

There comes a time in every career path when one's continued progress down that road is interrupted, redirected, or ended for any of a variety of reasons. The instigating event may be the long-awaited vacation of a lifetime or the unanticipated loss of one's travel companion, attraction of an encore career or unrelenting demands needing attention, the gradual transition to a new life stage or the realization that health- or age-related changes have already advanced you there. However these factors arrive and interact, they may modify one's circumstances sufficiently to materially alter that career course. I now find myself at such an intersection: completing a handoff as Editor of *Critical Care Nurse (CCN)* after 34 years at the helm of this 38-year-old journal.

To ensure continuity and seamless transfer of responsibility to all *CCN* stakeholders, I have completed much of the formal shift of editorial responsibility over the past year by communicating with my successor and key members of the publishing team. In this, my last editorial, I would like to share some personal observations about *CCN's* history and describe the privilege it has been to be with you on this journey as so many attributes of this journal have matured, whereas others have endured largely unchanged.

Attributes That Have Changed

The inaugural issue of *CCN* was published in November-December 1980 under private ownership with 2 nurse coeditors, Penny Vaughan and Vee Rice, from the University of Tennessee in Nashville. These nurses, both pioneers in

describing the scope of critical care nursing practice in lectures and workshops to colleagues across the nation, were highly respected by those of us working in this specialty. After 4 years developing the journal while simultaneously working as critical care nurses, the coeditors decided to pass their baton to a full-time editor. By that time, I had completed a term on the American Association of Critical-Care Nurses (AACN) Board of Directors and Certification Board, served as AACN Liaison for Publications, worked as a critical care and trauma clinical nurse specialist at several facilities, provided lectures and workshops nationally and internationally, published several books and numerous journal articles, and was between clinical nurse specialist positions. As fortunes at times juxtapose with opportunity, *CCN* had an acute need for an editor at the same time I sought another work challenge. After a series of discussions and a site visit to Nashville, I was hired as *CCN's* Editor-in-Chief, effective January 1985. Between 1984 and 1990, journal ownership changed several times until AACN purchased *CCN* in November 1991.

When *CCN* debuted, its tagline was "A journal of clinical excellence for the critical care nurse." Although that descriptor still reflects the essence of this journal, our current tagline, "The journal for high acuity, progressive, and critical care nursing" highlights our broadened scope of practice settings.

For most of its 38-year lifespan, *CCN* has been a bimonthly publication. Two exceptions to that frequency occurred in 1988 and 1992, when 8 issues per year were produced, and in 1989 and 1991, when 10 issues per year were

published; bimonthly appearances resumed in 1993. The size of each journal issue has varied through the years and does not take into account *CCN's* extended content offered online, where supplemental materials and OnlineNOW articles can be accessed. The journal's readership has soared from approximately 9000 paid subscribers in 1985 to more than 120 000 AACN members and subscribers today.

Critical Care Nurse has always sought a blend of clinical content presented in a variety of formats. Early feature articles included review papers that summarized the pathophysiology, clinical findings, and management of specific disorders such as shock, comprehensive care plans for patients with conditions such as adult respiratory distress syndrome, or guidelines for using new technology such as pulmonary artery catheters. Although *CCN* still publishes review papers and literature reviews, today's features are much more likely to include research studies or quality improvement initiatives that offer valid, reliable data to support the practices recommended, rather than merely summaries of suggestions from the literature. Because traditional narrative literature reviews may be highly selective and, therefore, potentially biased, today's systematic and integrative reviews afford greater structure, critique, and scientific rigor to examining literature.

Departments and Columns in the journal are shorter papers compared with Feature articles. The first issue of *CCN* included some unique departments:

- Are You Listening? (A case study interrupted by questions requiring analysis, problem-solving, and interpretation with answers located separately)
- Arrhythmia Quiz (Rhythm strip interpretation)
- Critical Care Crossword (A much-enjoyed alternative learning format)
- Drug Corner (synopsis of actions, indications, contraindications, dosage, nursing implications)

Although none of those original departments remains, *CCN* ensures content diversity across subspecialty practice areas via a combination of unsolicited manuscripts and column manuscripts submitted by nearly 30 different contributing editors. Columns that established unique content niches at their inception include Certification Test Prep, Cochrane Review Summary, Men in Critical Care, and Military Critical Care Nursing. *Critical Care Nurse* has welcomed working with contributing editors widely recognized for their publication reputation, as well as others still establishing their professional mark.

Until *CCN* established its online presence in 2001, our readership and authors were largely confined to North America. Today, both readers and authors span the globe from Canada and South America to Europe, the Middle East, Australia, Asia, and Africa. In 1991 our typical reader was a 36-year-old female staff nurse working in a medical-surgical intensive care unit with a bachelor's degree in nursing and more than 10 years of experience in critical care. Today's typical reader is similar, except about 9 years older.

At the outset, *CCN's* manuscript reviewers were drawn from about a dozen editorial board members, who provided peer review of each paper before publication. Once the supply of manuscripts expanded, that approach became untenable because of the burden of reviews imposed on each reviewer. Before personal email accounts gained widespread use, new reviewers were slowly recruited by word of mouth and telephone calls. Over many years, *CCN* gradually developed expanded lists of reviewers across the subspecialty spectrum. Managing these treasured resources and manually tracking their completed reviews was a labor-intensive necessity for peer review. Today's reviewer database is integrated with *CCN's* online manuscript management system. Its ever-expanding capacity accommodates hundreds of reviewers representing all categories of staff on critical care teams from around the globe.

Until the early 1990s, the editorial office workflow was largely accomplished via manual procedures for manuscript solicitation, processing, peer review, disposition, and scheduling. Four hard copies of each paper were mailed to *CCN's* post office box, from where they were retrieved, sorted, acknowledged, delayed by missing inclusions, manually numbered, entered into a database, assigned reviewers, prepared for mailing to reviewers, weighed, stamped, and mailed. Other procedures ensued for processing incoming reviews, securing tardy reviews, replacing reviews that never arrived, and thanking reviewers. Communication of reviewers' recommendations and manuscript dispositions to authors, often involving multiple rounds of peer review and revision for papers needing refinement, has always represented the heart of the editorial office at work, seeking the best quality content in its most effective presentation for readers' benefit. It took the best part of that first decade for all editorial office procedures to be fully computerized and another decade to go from a paper-based mailing system through

growing pains of innumerable internet service providers, email platforms, server shutdowns, and a quagmire of logistical potholes to get manuscripts to and back from reviewers and authors before *CCN* migrated to an online platform in 2008. For the 23 preceding years, the entirety of *CCN* office operations were gradually transformed into the digital age by my husband's dedication to designing a computerized relational database system tailored to continually improving *CCN*'s ongoing procedures and communications with authors, reviewers, and staff. For a skilled radiologist, my husband Rodger was one fine software developer!

Attributes That Have Remained the Same

Since *CCN*'s inception, some aspects have endured virtually unchanged, including our mission, support for authors, support from reviewers, staff dedication, and commitment to readers. Our mission to provide clinically relevant content for critical care nurses who provide direct patient care has never wavered and sets the course for all journal endeavors.

Unlike a research journal that receives manuscripts from seasoned authors with considerable publication experience, *CCN* has long recognized that many of its authors are more experienced in nursing than in publishing. Whenever possible, we offer extended opportunities for authors to revise and improve their work to enable its publication. Our Publishing Partner Program, which linked authors needing assistance with mentors who volunteered to provide that support was short-lived but highly heralded by those who achieved their personal goals to become published *CCN* authors.

This journal has always been blessed by its cadre of dedicated reviewers who offer their time and expertise to benefit authors and, ultimately, our readers. Many supplant their review recommendations with volumes of supportive, constructive, and instructive insights to improve the paper as well as the author's skills in preparing quality reports. Many of these professionals are internationally recognized experts in their field, so their investments in our authors represent invaluable contributions.

The national office staff provides integral support for all major facets of journal operation from ongoing communication with authors and reviewers to all aspects of print and online production. Their talent and dedication transform papers from their initial submissions into the

polished professional articles that represent the authors, the journal, and AACN so effectively around the world, garnering national and international recognition and awards along the way.

Critical Care Nurse has been an award-winning professional nursing journal for some years now. Our 2018 awards came from the American Society of Healthcare Publication Editors (ASHPE) and APEX International Awards for Publication Excellence:

- Gold Award, Best Regular Department Category: Ask the Experts (ASHPE)
- Bronze Award, Best Peer Reviewed Journal: *Critical Care Nurse* (ASHPE)
- Award of Excellence for Writing—Regular Department: In Our Unit (APEX)
- Grand Award—Writing: Editorial by JoAnn Grif Alspach, "Because Women's Lives Matter: We Need to Eliminate Gender Bias" (APEX)

Beyond these external accolades, however, a more important barometer for affirming accomplishment of our mission is how readers view *CCN*. As Editor, the 2 attributes of *CCN* that I will always be most proud of are as follows:

- When annual readership surveys ask "What needs to be changed to improve *CCN*?" year after year, a majority of those who respond say "Nothing."
- Its distinction for having the highest readership among all critical care publications.¹

There is nothing that warms an Editor's heart more than knowing your journal is read and valued by those for whom it exists.

Closing

When I assumed the role of *CCN* Editor in January 1985, I promised the founding coeditors that I would take good care of this new journal devoted to the clinical practice of critical care nursing. As I hand off as *CCN* Editor, I hope that I have fulfilled that pledge to them and you. It has been an honor to serve you. *CCN*



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Editor

Reference

1. AACN journals. Mediakit. http://www.aacnjournals.org/site/misc/aacn_product_2018_mediakit.pdf. Accessed November 21, 2018.