

Editorial



Critical Care Nurse and the Editors Who Shaped the Journal's History

The year 2021 marks the 30th anniversary of *Critical Care Nurse* (CCN) under the ownership of the American Association of Critical-Care Nurses (AACN).¹ In this editorial, I will share historical information about the journal, as well as highlights and challenges experienced by the editors who founded and shepherded CCN throughout its rich history. Learning about CCN's history helps us understand the journey that has shaped acute and critical care nursing over time.

Although CCN was launched in 1980, the journal was not purchased by AACN until 1991.² The first issue of CCN under AACN's ownership was published in June 1992, the same year the *American Journal of Critical Care* was launched.¹ *Critical Care Nurse* was introduced as one of AACN's new flagship journals at the National Teaching Institute in May 1992 (Hinton L, email, May 12, 2021). The articles listed on the June 1992 cover of CCN (see Figure) show that the topics are still relevant today.

During the early years, November 1980 through December 1984, CCN's founding coeditors Vee Rice, PhD, RN, and Penny Vaughan,

MSN, RN, were at the helm of the journal. Penny had been a founding member of AACN in 1969 and had been joined by Vee in AACN leadership in 1971.^{1,3} The first dedicated, 24-7 intensive care unit was established in Copenhagen in 1953,⁴ and these visionary nurses from Nashville, Kentucky, saw a need to provide education that was specific to critical care nursing.

Vee and Penny had a vision for CCN to share knowledge about pathophysiology, clinical assessment, and anticipated treatments on particular topics that would enhance the critical thinking skills of nurses at the bedside (Vaughan P, email, May 3, 2021). The coeditors wanted to help nurses obtain a better understanding of the rationale behind their clinical practice, and they wanted to empower nurses to communicate more effectively with members of the interdisciplinary team (Rice V, email, April 28, 2021). As educators of one of the first national critical care nursing education programs, they also mentored clinical nurses to author journal articles, which is valued and promoted by CCN to this day.

Vee and Penny launched an editorial board of experienced critical care experts from the United States and Canada. These board members performed peer review and contributed content to departments in their area of expertise. Original departments included Drug Corner, Legal Issues, Arrhythmia Quiz, and Respiratory Therapy. Original issues of CCN included topics on everyday, clinical bedside practice, as well as cutting-edge content on practices such as hemodynamic monitoring, mechanical ventilation, intra-aortic balloon

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pumps, and continuous renal replacement therapy. Articles focused on pathophysiology, covering topics such as shock and hypoxemia. During the first 4 years of the journal, the scope of content grew to include topics such as psychological issues, family care, end of life, pediatrics, advanced nursing degrees, and critical care nursing management. More in-depth home study articles with contact hours were later added on topics such as dysrhythmia interpretation, shock, and fluid and electrolytes. After 4 years of intense work to build *CCN*'s foundation, Vee and Penny passed the editor torch to JoAnn Grif Alspach, EdD, MS, RN, in January 1985.

Grif was the editor of *CCN* for 34 years. During Grif's tenure, the journal continued to expand its scope of content and patient focus from intensive care to high-acuity, progressive care, and critically ill patient populations (Alspach G, email, May 7, 2021). Grif required *CCN*'s content to be evidence based long before evidence-based practice standards became commonplace. To maintain the journal's high quality, she guided authors to separate opinions from facts (Alspach G, email, May 7, 2021). Grif encouraged articles such as integrative reviews to increase rigor and minimize the risk for bias of the content.² She tasked contributing editors with authoring columns on topics of emerging practice such as trauma, sepsis, stroke, and renal and hepatic failure. As the journal expanded to have more than 20 specialty and subspecialty areas, additional departments were added, including specialty certification support and advanced roles such as managers, administrators, clinical nurse specialists, clinical and academic educators, and acute care nurse practitioners. Having served in the US Navy Nurse Corps, Grif developed a special issue on military nursing to share the unique contributions of acute and critical care military nursing. Under Grif's expert guidance, *CCN* also played a central role in disseminating local, national, and international practice guidelines and recommendations for standards of care. During the 34 years of Grif's leadership, the journal's readership increased from 9000² to more than 120 000. Grif retired from her role as editor in 2018; she mentored me, an associate editor at the time, to step into the important role as *CCN* editor. Grif continues to mentor novice nurse authors in her current role as consulting editor for *CCN*.

For many years, *CCN* and its editors relied heavily on the US Postal Service to manage its editorial process.

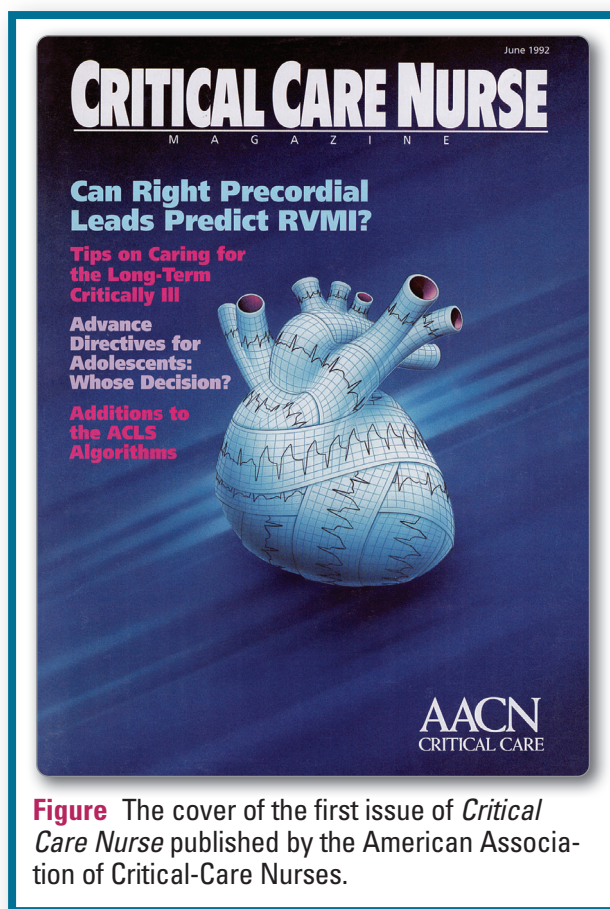


Figure The cover of the first issue of *Critical Care Nurse* published by the American Association of Critical-Care Nurses.

Grif described driving to the post office daily to retrieve journal submissions and related mail (email, May 7, 2021). During 1985 through 1995, authors received postcards in the mail to verify receipt of their manuscript and request any missing components. Grif credited her husband, Dr Rodger Alspach, for the development of software that transformed *CCN*'s office operations behind the scenes.² By the late 1990s, fax helped speed things up, although Grif recalls spending up to 3 hours to transmit a 2-page fax due to delays created by dial-up internet connections.²

Journal workflow changed significantly after the year 2000, when the internet, email, and home computers became more widely adopted. *Critical Care Nurse* established an online presence in 2001, increasing its reach because of the ability to connect to nurses around the globe.² Digital capability created opportunities for content still in place today, such as OnlineNow articles and videos. In 2008, the manuscript management for *CCN* transitioned to Editorial Manager, which facilitated the journal workflow processes for the editor, authors, peer reviewers, and the publication team.

In reflection, many things have changed over the years, but *CCN*'s commitment to educating nurses at the bedside remains. I recently reached out to Vee, Penny, and Grif to learn more about their tenures as editors:

- Vee Rice found it exciting and gratifying to see positive responses from the nurses. She also delighted in witnessing the growth of *CCN*'s readership during the initial years of the journal, which continued under Grif Alspach's expert editorial leadership. Vee's greatest reward was to see *CCN* become an official publication of AACN. To this day, when new issues are published, she remembers her association with the journal during its infancy and her contributions to shaping what the journal has become (Rice V, email, April 28, 2021).
- Penny Vaughan's highlights include helping nurses to become published authors. She shared in their joy when they saw their articles in print. Penny felt privileged to meet nurses from around the country and hear about their stories and needs. As an editor and critical care educator, Penny received great satisfaction from knowing that nurses across the United States and around the world benefited from the clinical content in each issue of *CCN*. She was excited to have the opportunity to make a difference in the lives of nurses by giving them the information and tools they needed to provide expert clinical care to critically ill patients and compassionate care for their families (Vaughan P, email, May 3, 2021).
- Grif's highlights as the *CCN* Editor are unchanged since the sentiments she expressed in her final editorial.² Grif remains most proud of the results of the *CCN* readership surveys. Over the years, when asked about what needed to be changed to improve *CCN*, the great majority of readers responded "nothing."² In addition, Grif remains proud of the status of *CCN* as the critical care publication with the highest readership² (Alspach G, email, May 7, 2021).

Summary

Today *CCN* has reached 41 years (30 of those years with AACN) and continues to provide education for nurses at the bedside. Nurse authors are encouraged to submit manuscripts to the journal, peer reviewers help to maintain high quality, and readers contribute to the growth, popularity, and importance of *CCN* to bedside

critical care nursing. The early *CCN* editors created a legacy of lifelong contributions to critical care nursing. In 2002, Penny and Vee were awarded the AACN Pioneering Spirit Award; Grif received this award in 2013.⁵ Grif's contributions were also recognized with the Marguerite Rodgers Kinney Award for a Distinguished Career in 2019.⁶

Writing this editorial on the history of *CCN* and its editors makes me proud to be a critical care nurse and to serve other critical care nurses. I am humbled to follow in the footsteps of these great critical care visionaries, leaders, and editors. *Critical Care Nurse* has never lost sight of the founding editors' mission and vision to provide articles on topics that support nurses at the bedside to provide excellent, evidence-based care and to achieve optimal outcomes for patients and their families. **CCN**



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