

# Editorial

## IN THE BEGINNING ...

By Kathleen Dracup, RN, PhD, FNP, and Christopher W. Bryan-Brown, BM, BCh, FRCA



**T**he *American Journal of Critical Care (AJCC)*, with its first bimonthly publication in July of 1992, is now publishing its 25th volume. Founding *AJCC* was based on AACN's need for an association-owned, high-quality, scholarly, peer-reviewed journal that would document the significant research and clinical findings of all health care practitioners interested in the ideals of critical care, particularly the tradition of interdisciplinary teams caring for critically ill patients and their families with well-honed expertise and great mutual respect. The new journal also reflected the previously untested ability of AACN to create in-house production systems for a scientific journal in which we all could take pride.

### History of the Journal

In 1990, the AACN Board of Directors was concerned that the publication of the scientific journal AACN owned at that time, *Heart & Lung* (published for AACN by C.V. Mosby), was no longer a viable option for the association, so they decided to start a new journal titled the *American Journal of Critical Care*. The decision was a bold one, giving the coeditors only 6 months to find enough original high-quality papers to fill a first issue. Although it seemed like a Herculean task, both editors (C.B.B. and K.D.) unhesitatingly agreed it could be done, and—with a fearful lack of overt trepidation—agreed to do it.

The process of launching a new scientific journal entailed several challenges. Application for listing in *Index Medicus* (now *MEDLINE*) was done as expeditiously as possible, but the process usually takes

3 years and there were no guarantees. Reviewers from *Heart & Lung* were invited to continue reviewing for *AJCC*, and members of the editorial board also were invited to continue their services. AACN recruited an in-house editorial staff, a mechanism for soliciting advertisements was initiated, and we were off!

The results of this activity were remarkable and reflected the good will and talent of the critical care community. Manuscripts were submitted, reviewed, and accepted at the same rate they had been previously; most of the reviewers agreed to review for the fledgling publication; and a new editorial board was formed. The coeditors had many moments of anxiety, but by the end of the first year of the new journal it was clear we were on a successful path and that AACN's scientific journal was well established.

*AJCC* was listed in *Index Medicus* in less than 2 years. Much credit for that achievement should be given to AACN staff member Ramon Lavandero, who was quite persistent in his efforts with the relevant authorities, showing them that the new journal had the same editors, similar scientific content, and an editorial board as expert as the older indexed journal *Heart & Lung*. The circulation was just under 80 000 and the journal continued to be a membership benefit of AACN. The faith early authors and AACN Board members had in *AJCC* turned out to be justified.

### Increasing Readership

The founding coeditors were keen to increase readership and relevance, particularly for clinicians and researchers, so various strategies were implemented to incorporate the suggestions of readers and authors using carefully collected survey data. Members provided important suggestions for increasing

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the clinical relevance of the journal that led to new regular features (eg, Clinical Pearls, ECG case studies, continuing education credits for designated articles) and a change in the format of articles. Authors were generally less helpful in suggesting potential changes: those whose manuscripts were accepted liked *AJCC* and the review process they experienced; those whose manuscripts were rejected did not. (No surprise there!) The coeditors recognized that most contributors were first-time authors and spent a great deal of time and effort trying to help restore the egos of those rejected so they would continue with their scientific endeavors. The coeditors also took part in a session on publishing at the annual AACN National Teaching Institute & Critical Care Exposition to encourage new authors and recruit new reviewers.

There were trends in research that the coeditors came to dread. For instance, the descriptive study by Nancy Molter on the needs of families with a critically ill relative, published in 1979, showed the high priority families ascribed to information about the patient's condition and prognosis.<sup>1</sup> This single published paper rendered the subject axiomatic. Although many authors subsequently submitted manuscripts on the needs assessment of family members in different critical care subspecialties, often with detailed statistical analysis, the conclusion that information helps the families of critically ill patients remained the same. Keeping family informed had become an unquestioned standard of practice and there was little new to say about it, but many similar manuscripts were submitted for the next few decades. Only a few were published.

## The Joys of Being an Editor

One of the joys of being an editor is the privilege of writing editorials. The journal's founding coeditors would take turns in producing the first draft, which would then be tweaked by the other editor. The coeditors were given a free range of topics and the independence and license to have our own opinions, as long as they did not exceed the bounds of propriety or the interests of AACN. Political correctness was not a major consideration, though being impolitic just short of outrage occasionally was. For *AJCC*, the

editorials also were a mechanism for getting potential readers to open the journal. At that time, surveys showed that the most-read articles were the editorials. Typical topics we covered were the nature of professionalism, whether Fisher type statistics (the standard statistics currently taught in most academic settings) produced sound information, uncertainties about meta-analysis, the downside of a fixed nurse-patient ratio, drawbacks of HIPPA, the value of a doctorate in clinical nursing, the necessity of questioning authority, criticism of Procrustean (one-size-fits-all) administrative rules and regulations in the clinical setting, and the value of critical care in an arena of cost-benefit analysis.

## It Takes a Village

No one should go into the scientific editor business without a sufficient cadre of professional friends, supportive colleagues, and a sympathetic boss! Fortunately, both editors had these requirements as well as a relatively large pool of people willing to review manuscripts. Without them, the journal surely would not have succeeded. Good reviewers are part of any journal's prized assets—in fact, they are the real heroes of scientific journal production. In the case of *AJCC* it must be a labor of love, as the only recompense for reviewers was (and remains) annual recognition in its pages; hours of effort are not compensated monetarily. The founding coeditors were pleased to see so many reviewers continue their service to the journal after we retired.

It is equally heartening to see the journal in such good hands today. The founding coeditors feel pride in what we started and wonder what will challenge the current coeditors as we enter the digital age of paperless publication. We wish them good luck!

The statements and opinions contained in this editorial are solely those of the coeditors in chief.

## FINANCIAL DISCLOSURES

None reported.

## eLetters

Now that you've read the article, create or contribute to an online discussion on this topic. Visit [www.ajconline.org](http://www.ajconline.org) and click "Submit a response" in either the full-text or PDF view of the article.

## REFERENCE

1. Molter NC. Needs of relatives of critically ill patients: a descriptive study. *Heart & Lung*. 1979;8:332-339.

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