

Editorial

THE STATE OF THE JOURNAL IN THE INFODEMIC AGE

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As much as it might seem indulgent to reflect on the state of our learning community during these difficult times, we know that it is only through such reflections that we can continue to make improvements in the quality of the science we publish. For many of us, the pandemic has meant an overabundance of new scientific information. New scientific information seems to hold the key to how we can keep ourselves safe in our homes, safe in our workplaces, and safe as we go about our daily routines. As we have become more dependent on new scientific knowledge, we have also had to contend with the overabundance of inaccurate information. Both *misinformation*—the spread of false or misleading information—and *disinformation*—the tactical spread of false information to deceive or cause harm—make it harder for us to care for ourselves and to serve our institutions and our patients.¹

The scientific peer review process sits in the liminal space between researchers working individually and collectively to generate new scientific knowledge and the potential social value and goodness that such scientific knowledge can achieve. In our understanding of the production of scientific knowledge, modern science is a team enterprise: each member of the team comes with distinct and overlapping expertise, experiences, biases, and

interests. The nurse researcher may come with theoretical, methodological, or analytical skills to ask and answer new relevant questions pertinent to nursing care. The epidemiologist may come with skills in study design or health measurement that will minimize the potential for biases in certain types of studies. The biostatistician may come with skills to apply statistical and computational methods to analyze quantitative data. Scientific teams decide how they will work together to marshal the material, literary, and social technologies they have at their disposal to produce an adequate answer to the scientific questions.²

A core mission of the *American Journal of Critical Care* (AJCC) is to create a space for our readers to engage with research and innovation that is relevant to how we provide interdisciplinary care to acutely ill patients and their families. When a manuscript is submitted through our Editorial Manager system, our peer review coordinator forwards the submission to one or both coeditors. As editors, we decide whether the submission should go forward to be peer reviewed. If the manuscript is deemed suitable, we work to find 2 or 3 reviewers willing to conduct a double-blind review (where neither the authors nor the reviewers are aware of each other's identity) of the manuscript.

During the COVID-19 pandemic, we have seen a steady increase in the number of manuscript submissions to AJCC. From 2018 to 2019 calendar year, total manuscript submissions increased from 206 to 301; in 2020, we had 332 submissions, a further 10% increase in total submissions from 2019. So far in 2021, we are on

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doi:<https://doi.org/10.4037/ajcc2021600>

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track to surpass 400 submissions, which would be a further 20% increase in total submissions from the 2020 year. This increase in submissions is occurring as members of our community (our editorial staff, our peer reviewers, and our readers) are struggling to sustain their professional responsibilities during the COVID-19 pandemic. In the past 3 years, an average of 38% of our submitted manuscripts were sent on to our peer reviewers and about 46% of the manuscripts submitted for peer review were ultimately accepted for publication in *AJCC*. In 2020, the turnaround time from manuscript submission to first decision averaged about 75 days; so far in 2021, this average has crept back up to 86 days, which is where it was in 2019.

To say that the peer review process sits at the nexus between the submission of new scientific information and the wider dissemination of such information acknowledges that there is a communal process in evaluating and judging the social value of the scientific information that is to be disseminated. Aristotle, in *Nicomachean Ethics*, famously wrote, that “Every art and every inquiry, and similarly every action and pursuit, is thought to aim at some good.”³ At *AJCC*, we value clinical research with the potential to lead either directly or indirectly to improving our patients’ health or well-being; we value scientific information and discussion that can be used to inform moral principles or health care decision-making for acutely ill patients, health systems, and society. The peer review process is an essential part of how we can maximize the value of what we disseminate in our pages. Our peer reviewers serve as gatekeepers to ensure that we publish scientific work of the highest quality and value. It is our peer reviewers who provide the necessary guidance to help a research manuscript be more digestible to our clinical readers and more suitable for publication.

As part of our mission to help our readers engage with the original research that we publish, we thought it was important to create a mechanism for novice peer reviewers to learn how to conduct

a high-quality peer review of an original research manuscript. Near the end of 2019, we recruited our first cohort of the *AJCC* Junior Peer Reviewer Program. The goals of the program are (1) to train high-quality peer reviewers using adult learning principles of deliberate practice, structured feedback, and mentoring; (2) to provide opportunities for discussing critical appraisal of the scientific literature; and (3) to build an interdisciplinary community of scholars interested in the art of peer reviewing academic manuscripts. Our first cohort of *AJCC* Junior Peer Reviewers consisted of nurse leaders with graduate degrees and early-stage clinical or research faculty with an interest in critical care research. The program was a 2-year commitment during which each learner was expected to (1) conduct at least 4 high-quality reviews of original articles submitted to *AJCC*; (2) participate in at least 4 web conferences, where we would discuss peer reviewing generally or critically appraise a scientific article that was published outside of *AJCC*. The editors provided feedback to the learners on the structure and quality of their reviews. During the quarterly web conference hosted by *AJCC*, editorial staff was available to provide informational or appraisal support on the peer reviewing process. The overwhelmingly positive feedback from this program has encouraged us to recruit for another 2-year cohort that will start in 2022. Interested applicants can still submit their application by sending their resume or curriculum vitae along with a short paragraph discussing their interest in the program to ajcc@aacn.org.

What are some next steps for our learning community here at *AJCC*? Our coeditors have recently become members of the Committee on Publication Ethics (COPE), an organization aimed at providing advice and guidance to scholarly journals on best practices. Given our interdisciplinary mission, we know it will be important for us to sustain a diverse editorial board in terms of research training, research interests, career stage, gender, race, ethnicity, and intersectionality. We will work to create more avenues for the members of our editorial board to have more direct impact on the publications and discussions in our pages. The newest member of our editorial board is our *AJCC* Editorial Fellow, who will serve our team as an intermediary between our editors in chief and the *AJCC* Junior Peer Reviewers.

We know that we can improve on the time it takes to steer manuscripts from submission to publication. We welcome your thoughts and

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reflections on the publications in the journal, which can be submitted through a letter to the editor. We will explore the utility of providing more opportunities for readers to express their comments on the published articles via our new website. In the coming months, we will explore how we can improve our use of social media to create more awareness of our journal research content and to engage with our readers more deeply in the appraisal and dissemination of scientific knowledge. Just as modern science and clinical care are team enterprises, so too is dissemination of high-quality interdisciplinary research to inform practice.

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

FINANCIAL DISCLOSURES

None reported.

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