

The JMLA readership survey

One ought to be cautious when looking at the comments in a survey. There is a natural tendency to give more weight to the written comments than to the dull percentages. Your survey might show that 85% of your clientele think the librarians are wonderful, wise and incredibly talented, but the one guy who complains about how badly he was treated the last time he came in can really spoil your day and dislocate your objectivity.

I have been thinking about this while going over the results of the readership survey that the MLA Publications Committee conducted for the *JMLA* this past spring. Over 450 people responded to the survey, and a quarter of them wrote comments. (You can view the results on MLANET).

In general, the results are not too surprising. Fifteen people claim that they always read the entire issue. Heaven help them. Nearly half the respondents say that they always browse the entire issue. That seems a little more realistic.

I cannot help feeling a twinge when I see that 62 people claim to never read the "editor's opinion," but I am more curious about the 139 people who say that they read the "president's page" in 3 or 4 issues each year. Since the president's page only appears once a year, I am not sure what it is that these people think they are reading. That kind of thing encourages a healthy skepticism toward survey results in general.

A large majority thinks that the frequency of publication and the lengths of the articles should be kept as is, and most people rated the format or physical appearance of the journal to be excellent or good. That is reassuring, although we are looking closely at the format and contemplating some changes.

Overall, the results are similar to those from the previous survey, which was done in 1999. The comments are similar, too, and I have been speculating about what they indicate about our readership.

I am not surprised by the number of comments asking for more articles that deal with issues in hospital libraries. But I am concerned about the comments that suggest that this is by design. I would be thrilled, delighted, honored to publish more articles from hospital librarians dealing with specific issues of hospital librarianship. But I can't publish what I don't receive, and we get far fewer submissions from hospital librarians than we do from academics.

The number one reason that people give for not submitting articles is a lack of time. It does indeed take a lot of time and effort to write articles, but I have to wonder if hospital librarians really have less available time than academic librarians.

I was disturbed by the number of people who said they had never submitted an article because they did not think they had anything of interest to write about. I suppose they could be right, and I certainly do not want to encourage anyone to submit articles that hold no interest for anybody, but I think that those people are probably selling themselves short. I simply do not believe that all of those people who think they have nothing to say really are not doing interesting and creative things that could be worked up into worthwhile articles. Respondents gave a long list of topics that they would be interested in seeing articles about. Surely there are enough good ideas out there to sow the seeds of an article from someone who thought that they did not have any ideas worth writing about.

I suspect that while lack of time may be the reason most often given for not submitting, the real majority reason has more to do with the intimidation factor and uncertainty about the editorial process. Rejection of any sort is painful, and to take the time to write an article and send it in is to put oneself at risk. The less familiar one is with the sit-

uation, the greater one perceives the risk to be.

Nearly four years ago, shortly after I was appointed editor, I met with Michael Homan, my predecessor, so that he could orient me to the process. He told me something that I have always kept to heart—that in a large circulation, big reputation, generalist journal, like the *New England Journal of Medicine* or *JAMA*, the peer review process is, at least in part, a process for weeding things out, since there is only room for a small proportion of submitted manuscripts. But in the small specialty journals like *JMLA*, the peer review process is designed to get manuscripts *in*—to help the author who may not quite have an article in publishable form get it that last bit of the way. Each year, at the annual MLA meeting, when I meet with the new editorial board members for the first time, I try to stress this—what I want them to be looking for in each submitted article is what is best, most unique, most worthwhile in the article, and I want their written comments to be designed to help the author make the most of what they have. It does take some courage to submit an article for publication for the first time, and even if the article is not accepted, I want the experience to be as positive for the author as possible.

Which is not to say that rejection is not still painful. You have to be able to get past it. I could only shake my head at the comment, "After having an article inappropriately rejected in the 70s, I lost interest in going through this process again with *BMLA*." That's, um, nearly thirty years of carrying a grudge. And don't you wish you knew what was behind "inappropriately rejected"?

Then there's the person who claims that their article was rejected because they had five authors. That's another one I wish I knew the whole story to. I can proclaim, here and now, that at least as long as I am the editor, an article will

never be rejected because of the number of authors. (Although from time to time I will ask the lead author to double check the guidelines from the International Committee of Medical Journal Editors to be sure that everyone who is listed does indeed qualify as an author.) [1].

In fact, we accept more articles than we reject. Most articles go through one or more rounds of revision, based on the comments of the reviewers, and sometimes that rewriting process can be very extensive. But I have found it to be the case that most articles that get sent in have a definite worthwhile core to them that I want to see get published. If it takes a bit of work to get that core to shine through, that's okay. That is an essential part of the review process.

So what does get rejected? There are occasional articles where the methodology just doesn't hold up, where there is some basic flaw in the study design that makes all of the conclusions unreliable. Similar to this is the article in which the major claim of the conclusions simply isn't supported by the actual data. Sometimes these latter cases can be adjusted by tempering the conclusions, although sometimes when that happens, what is left turns out to not be very significant at all. The importance of thinking through your study design ahead of time cannot be overemphasized. If the data collection is screwed up, there isn't much that can be done to save the article later.

If it is a descriptive piece, on the other hand, a flawed article can often be improved to the point of being publishable. The reviewers will often want additional information, or the article will raise some specific questions for them while they read that they would like to see addressed. They may want the author to be more specific about how the lessons learned in this particular project can be applied to other situations and settings. These sorts of things can almost always be addressed by the author without too much trouble.

It does happen on occasion that

an article is simply so poorly written and is so difficult to make sense of, that it gets rejected for that reason alone, but that is a relatively rare circumstance. Several people made comments about the quality (or lack thereof) of the writing—"least readable of any professional material I look at," "most generally boring," "dense," "esoteric," "not generally readable." On the other hand, 50% of the respondents rated the quality of the writing to be "very readable." Only 14 people judged it to be "not very readable at all." Maybe they all wrote comments.

I do worry about the readability quite a bit, since it is one area that is relatively under my control. I can't fix a poor study design before the manuscript is written and I can't conjure up articles on hospital librarianship that no one is willing to take the time to write, but I can work with the articles in front of me to try to help the author make them as readable as possible.

I take a very conservative approach in this area, however. When you read an article in the *JMLA*, I want you to be reading the authors' words, not mine. I try to edit for clarity, not for style. The last bit that I do before sending the articles on for final proofreading and preparation for the printer is to go through the article very carefully, sentence by sentence. By that point I have read the article a couple of times, and have usually had some dialog with the author about revisions, so I am very familiar with the general subject and approach. Now I am looking to see that each sentence carries the meaning that the author intended. If the sentence is clear, I will leave it as is, even if that is not what I might think is the "best" way to put it. Only if I think that something is unclear or too difficult to follow will I make suggestions to the author about rewriting a sentence or a paragraph or leaving something out altogether. Could the quality of the writing be improved? Almost always—but there is a limit to how far I am going to go in trying to make that happen.

Almost all articles go through some degree of revision before they are finally accepted. I think that is probably the most useful part of the review process—the authors get a chance to see what a few sympathetic (more or less) readers think of the piece, and then have a chance for one more go at it before exposing themselves to the professional world at large. It is inevitable that once you see the thing in print, you will wince at something in it and think, "Why didn't I change that?" You just hope to keep those moments to a minimum. What I would urge people who have not submitted articles to the *JMLA* to remember is that the review process here is designed to help you make your article the best that it can possibly be. If I have to reject something, I will be as clear as I can be about why, and if there are problems with an article that I think we can fix, I will work very hard with you to make that happen.

Aside from the quality of the writing and the content of the articles, there are some practical, production issues that we are looking at. I only saw one comment fussing about how long it takes for something to finally show up in print, but that is one of my biggest frustrations (similar to the quality of the editing, it is one of the few things over which I have some control). Despite my best efforts at changing the workflow in my office, it still takes an average of nine months from submission to print. About half of that is the editorial process and half the production process. I would love to get to the point where articles can be electronically published as soon as the final version is accepted.

I should also mention that the National Library of Medicine (NLM) is currently engaged in a digitizing project to add earlier content to PubMed Central, and the pre-2000 *BMLA* will be going up first. NLM will be adding material in batches, most recent first, but by the time you read this, several years of material prior to 2000 should be up, and eventually there

will be a complete run, going all the way back to the beginning of the 20th century. We are extremely grateful to NLM for undertaking this project.

Of all of the comments, though, the most troubling to me are from those people who wrote things like "academic articles are really irrelevant to the 'working world' of most hospital librarians" or "too research oriented and does not contain enough useful information for my library." I do understand the need we all have for practical, everyday tips and advice. But I do not understand how someone can grow and develop as a professional with that narrow an attitude toward what is "useful." Maybe an

analysis of e-journal use patterns, or a complicated bibliometric analysis of an area of informatics are not what you need to help you resolve today's immediate problems, but aren't you curious about what is going on in these areas of your profession? Shouldn't you be?

The members of the editorial board and the wonderfully supportive headquarters staff will continue to do everything we can to steadily improve the *JMLA*. But the most important thing is out of our hands. Ultimately, the quality and relevance of what we publish is entirely up to you. So to those of you who do not think you have anything to say, or to those of you who are intimidated by the submission

and review process, and particularly to those of you who are working in hospital libraries and would like to see more hospital library content in the *JMLA*, I can only say, make the time. Take the risk.

T. Scott Plutchak, Editor
tscott@uab.edu
University of Alabama at
Birmingham
Birmingham, Alabama

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1. INTERNATIONAL COMMITTEE OF MEDICAL JOURNAL EDITORS. Uniform Requirements for Manuscripts Submitted to Biomedical Journals. Updated October 2001. [Web document]. <<http://www.icmje.org/>>.