

# The functions of a journal

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After two years as Editors, we are half way through the term of our appointments. At this stage in our tenure, we would like to reflect on some of the considerations that now go into our decision-making processes. Clearly, our primary commitment is to contribute to the health of the public in Australia and New Zealand, but there are many other initiatives that contribute to this in a more direct and substantial way. The Journal's function is to support those initiatives by helping to develop a critical and well-trained public health workforce and to generate a substantial research base for practitioners and policy makers.

Given that the Journal is the single biggest financial commitment of the PHAA, it is worth making explicit where our focus has been in the past year, and to suggest changes for 2003 and raise a troublesome issue that has arisen in the course of the past year.

## Developing the discipline

Any public health discipline or field of study is led by people who are highly skilled in research and publication. The Journal's rests on their commitment in submitting high-quality research papers. Equally important is the nurturing of colleagues who are still in the process of acquiring these skills. Our practice has been to send out for review a high proportion of submitted papers, even those which we anticipate might not pass the review process. In this way, we can provide constructive feedback to authors and give them insight into the directions they need to take for successful publication. In this process, we have relied heavily on the goodwill of reviewers who provide detailed comment and helpful suggestions. We consider this to have been one of the primary educative functions of the Journal.

The task of reviewing is difficult and time-consuming, but it is central to the quality of public health research. The skill of good reviewing is seldom taught and good reviews seldom get any wider distribution than the Journal's files. In the past year, we have expanded our database of reviewers to include new and first-time reviewers and, at the same time, introduced the practice of distributing to reviewers the final decision on a paper as well as copies of the reviews. This displays an important part of the reviewing process that was previously hidden. First-time reviewers have seen it as very helpful in developing their reviewing skills.

## Defending against bias

In the past year, we have made public our views on issues of bias in the design and conduct of research. These guide our decision-making as Editors. As these Editorials raised no negative comment we take it that we have represented fairly the views of the research community on what counts as good science in public health. But good, scientific research can be undermined if there is bias in the publication process.

The problem of publication bias is well-recognised. Usually this refers to the tendency of journals to prefer papers reporting a positive outcome – and we have been alert to this problem. We do not discriminate against articles with negative findings. The additional problem of bias is encountered when people involved in a field of study hold firm views and act to exclude alternative views or the views of competitors in a field. Again, in addressing this problem, we have had to rely on the careful analytical skills of reviewers. Our practice has been to engage as many of the contending views in the reviewing process as is feasible. In those cases where agreement between authors and reviewers could not be reached – or where we thought the differences were of sufficient general interest for public debate – we have offered reviewers the opportunity to publish their views with the original paper or as Points of View.

We now propose to take a further step, that of removing the names of authors from papers sent for review. One reason for doing this is that it has been requested by some reviewers and some authors. Another is that our network of authors and reviewers is relatively small and the same parties will be involved in other reciprocal assessment activities such as reviewing grant applications. We understand that authors may still be identifiable, but there is a difference between knowing who has written something and making a good guess. The additional administrative load is, we believe, justified in terms of the gain in further minimising bias in the reviewing process. We know there are major differences between journals over 'blinding', 'double-blinding' and completely open review and we welcome feedback about how the new system works.

## Appropriate and inappropriate publication

The Notes for Contributors, inside the back cover of the Journal, begin with the expectation that 'Manuscripts are submitted on the understanding that they are offered exclusively to the Journal'. This means that they have not been submitted to another journal simultaneously, that they are not under consideration by another journal at the time that they are submitted to *ANZJPH* and that they will not be submitted to another journal while they are going through the review or the revision process at *ANZJPH*. Simultaneous submission wastes the time and resources, both editorial and administrative, of both journals, as well as the time and energy of all the reviewers involved. Journals regard this as a very serious breach. As all authors have to sign the original letter of submission and agree to any changes to a submitted paper, all authors of a paper are responsible for preventing this from occurring. We propose in future not to accept publications from any of the authors involved in such a breach for a period of two years.

Simultaneous submission can also lead to duplication when the same or very similar versions of an article appear in different journals – perhaps in the belief that it ensures that nobody who might be interested will miss seeing it. The revolution in electronic databases, in rapid searching and in the capacity to download abstracts and whole text makes this redundant. It also means that repetitive publication of the same article becomes very obvious.

We are aware that broad dissemination of research findings is an essential part of public health and we do not want to reduce that in any way. It is completely appropriate for a paper accepted by *ANZJPH* to be summarised in a leaflet for study participants, written up for practitioners in a journal focused on practice implications, turned into a poster for an agency or a small community, shortened and summarised for a wider audience through local or national newsletters, or presented with more detail in a formal report to an advisory body or State or Federal department.

We also have some concerns about papers presenting a very tiny slice from a project. These are papers which reviewers sometimes recommend should be published as a Letter to the Editor rather than an article. No-one is suggesting that the findings of, say, the current Longitudinal Study of Australian Children or the recent Blue Mountains Eye Study could or should be published as a single journal article. The crucial point is that a single journal article needs to include something of substance.

We welcome your comments.

### In this issue

Reflections on inequality form the common theme of the first five articles this month. Colin Mathers and colleagues from the World Health Organization describe the differences in life expectancy across OECD countries in 2001. What is novel about this analysis is the application of new methods to improve the comparability of self-reported health data across countries so as to end up with a measure of healthy life expectancy (HALE), instead of the former disability-adjusted life expectancy. Uncertainty intervals are a useful addition to the Tables and Figures, and the discussion of the problems and strategies used to measuring health status is very informative. Pascale Allotey and Daniel Reidpath confront us with much larger inequalities in their discussion of the mismatch between the health problems of refugees and the wealth, or rather the poverty, of the countries in which they find asylum. Their reflection includes an analysis of the 'fairness' of the distribution of refugees according to the economic capacity of the host countries, and the profound adverse implications for health and social development.

Gwynnyth Llewellyn and colleagues report on the health status of a group of mothers with intellectual limitations who had been referred to a parent education program. They identified substantially worse physical and mental health in this group, even after stratification for income and paid workforce participation. Women in the group were very likely to have experienced abuse, further compounding their poor health. At the other end of the health and wealth spectrum, Victorian women having their babies in private hospitals rated their care more highly than those in public hospitals in all three State-wide surveys of recent mothers 1989-2000. Fiona Bruinsma and colleagues found small improvements in ratings of antenatal care and care in labour over the decade but poor ratings of postnatal care remained unchanged and were identical across the public/private divide. In the last of the inequality papers, Nicola Spurrier and colleagues report differences in health related quality of life (HRQL) among children

aged 6-17 from a large representative Australian study. They make the point that HRQL reflects the prevalence of children's physical and emotional problems, the way families perceive health and the impact that health problems have on children, parents and families but emphasise that regardless of how socio-economic status was defined, children in less advantaged households had consistently lower scores in a range of areas. Difficulties of interpretation and possible study limitations are presented clearly.

The next two papers are about both cancer and uncertainty. Each presents an argument about the some specific research needed to improve health policy. Simon Eckermann and colleagues demonstrate that tamoxifen is potentially cost-effective in preventing breast cancer in women at high risk, but also that this conclusion is highly sensitive to whether tamoxifen prevents these cancers permanently or just delays their clinical presentation. What is needed is long-term follow-up of women in randomised trials. Jeff Dunn and colleagues report a systematic review of quality of life studies in colorectal cancer in which they found inconsistency with respect to quality of life over time and the relationship between quality of life and survival. Small sample sizes and methodological problems limited interpretation. Given the prevalence of colorectal cancer in Australia and the quality of the existing evidence, they call for large, longitudinal studies to increase knowledge of factors which predict quality of life.

Smoking retains its place among public health concerns with three papers. Renee Bittoun's Point of View looks at the evidence supporting advice to use the 'four Ds' (delay smoking, drink water, take three deep breaths, and do something to take your mind off smoking) and finds no substantiation of their effectiveness and virtually no assessment of whether these strategies are used. Stephen McDonald and colleagues show that self-reported cigarette smoking is a 'valid qualitative measure' when collected as part of a larger study in a remote Aboriginal community. Stephen Kisely and colleagues show positive results of an eight-week group intervention to reduce smoking in individuals with a psychiatric disorder, without adverse effects on their mental state.

Preventing illness in institutions, at home and in the community is the common goal of the last group of papers which cover: training in safe manual handling of people with disabilities; identifying factors promoting and inhibiting influenza vaccination of staff in aged care facilities; reporting the alarming decline in physical activity among Australian adults; a call for a national Chlamydia screening program; and monitoring the illness of returned travellers.

Also, don't miss our new listing of recent book releases in public health and associated areas.

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