

Inside Cardiology Journal: After Journal Citation Reports 2022 have been published

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The yearly publication of Journal Citation Reports (JCRs) by Clarivate Analytics (CA) has always been eagerly awaited, this sentiment is likely shared by academic authors, journal editors, and publishers worldwide. The temperature also grows since readers never know the exact JCR publication date. There is particular interest in the 2022 Edition, as it was announced that two critical changes have been made.

Firstly, all journals included in the Web of Science Core Collection will now have the Journal Impact Factor (JIF) counted and published, meaning that periodicals which had been indexed in both the Arts and Humanities Citation Index (AHCI) as well as in the Emerging Sources Citation Index (ESCI) will have these metrics presented for the first time. So, in all, this amounts to around 9000

more titles. The key rationale for this, as explained by CA experts, is:

- to provide equal opportunities to all journals, since all Core Collection periodicals meet rigorous quality criteria;
- to present more transparently the most impactful articles from both AHCI as well as from ESCI databases.

Secondly, JIFs will subsequently be presented to the first decimal place. Justification for this, in turn, is to eliminate the false sense of precision presented thus far by JIF and to encourage wider use of other metrics and descriptive data in journal evaluation.

For the sake of clarification, it needs to be added that final change will be attained in the JCR 2024 edition. All journal rankings will then be counted and presented once for each of the 254

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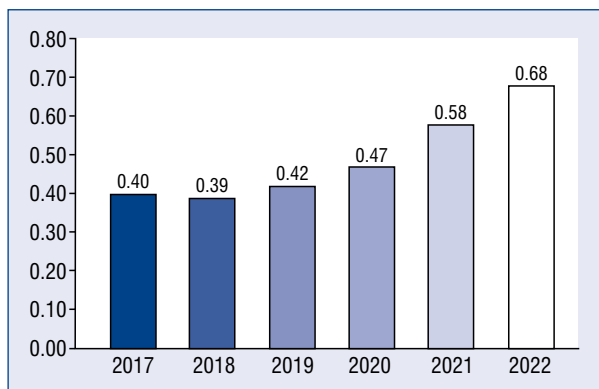


Figure 1. Value of Journal Citation Indicator (JCI) for Cardiology Journal has shown systematic growth over the course of many years for which it has been calculated (Data from JCR 2022 and relevant former JCR editions by Clarivate Analytics).

subject categories, irrespective of their index allocation in the Core Collection.

Checking on the *status quo* of Cardiology Journal (CJ), Editors wish to advocate, looking at it from the above recommended, a broader perspective than just JIF, as, in fact, CJ had noted a decrease in JIF 2022 value by circa 0.5 compared to the prior year’s evaluation. Luckily, this is not a hallmark drop in the Journal’s qualities, but rather a collateral effect of our decision to increase the number of articles and reviews (‘citable items’) published in the final issues as well as to accelerate indexation at the Web of Science for several citable items published earlier as Version of Record (VoR). It was believed that in the longer term, this was a rational policy that would benefit authors. In summation, as is natural for any ambitious scientific journal, as opposed to restricting a number of research papers and trying to accumulate citations from ‘other items’ to artificially boost JIF — a maneuver occasionally seen in academic publishing.

So, digging deeper inside CJ, we first looked at the Journal Citation Indicator (JCI). It is a relatively new way to measure citation impact of a journal’s recent publications. It uses a category-normalized calculation. This approach gives a single value that is easy to compare, interpret, and supplement up to date metrics. Since JCI and JIF are most affected by citations to citable items, their values will correlate. Still, there will be some differences since JCI: — considers an additional year of content; — sums citations across the whole time period following publication till the end of the current year;

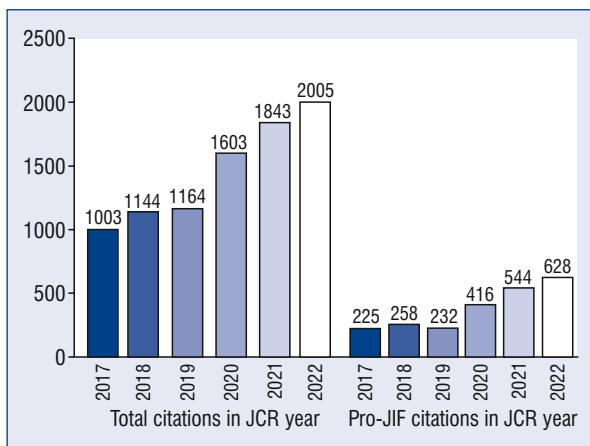


Figure 2. Illustration of a systematic increase in the number of citations received by Cardiology Journal during subsequent Journal Citation Reports (JCRs) years; both their total numbers as well as of those contributing to the yearly Journal Impact Factor (JIF), despite the 2021 to 2022 value drop of these metrics for Cardiology Journal (Data from JCR 2022 and relevant former JCR editions by Clarivate Analytics).

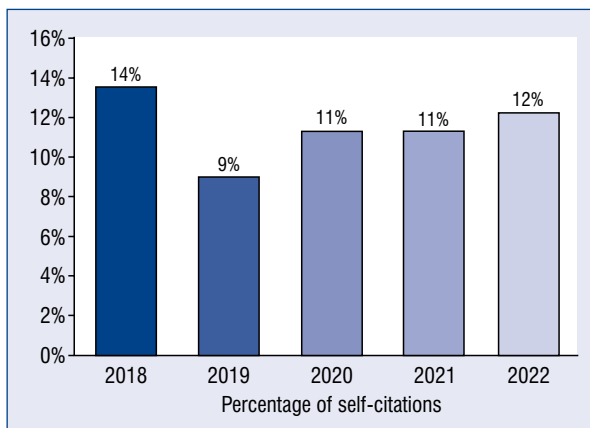


Figure 3. The self-citations that contributed to the Journal Impact Factor (JIF) calculation in subsequent Journal Citation Report (JCRs) years have never exceeded 14%. The last 5-year period is shown (Data from JCR 2022 and relevant former JCR editions by Clarivate Analytics).

— unlike JIF, it counts only citations made to the citable items, ignoring any citations to ‘other items’ (e.g., editorials, comments, letters, etc.).

We have noted that JCI calculated by CA for the Journal (including back calculations since 2017) has been systematically growing (Fig. 1).

We have also checked the number of citations CJ received from all journals included in the

Core Collection during the JCR years, observing a regular increase in their total number and almost regular increases in citations contributing to yearly JIFs (Fig. 2).

Other indices sustain Editors' conviction on fair CJ standing. For instance, the Journal has always kept a natural percentage of self-citations contributing to yearly JIF calculations that have never risen by over 14% since 2011, the beginning of indexation in Science Citation Index Expanded (SCIE) (Fig. 3). On top of that, the H-index for populations of all articles published each 2 years in CJ before the subsequent JCR year has been stable, oscillating between 16 and 19 over the last several years. There has also been a fairly constant average rejection rate of around 75% submissions per year,

however, with wide deviations from the mean, depending on the country of origin of submitting authors. In 2022, CJ received submissions from 35 countries as defined by the country of origin of the submitting author.

Taking advantage of this editorial opportunity, we cordially thank all Authors, Co-editors and Reviewers of Cardiology Journal for their expertise, continued support and understanding that will surely convert into an even more prosperous future for our Journal.

Conflict of interest: First author is a consultant/ advisor to Via Medica, publishers of scientific journals, inclusive of Cardiology Journal. All other authors report no conflicts of interest.