

Perspectives: *The Journal of Research in Nursing*: constancy and change

Sam Porter and Ferhat Tura Bournemouth University, Bournemouth, UK

Introduction

This issue marks the completion of Andree Le May's and Ann McMahon's tenure as Editors in Chief of the *Journal of Research in Nursing*. The journal was founded in 1996 by Veronica Bishop under the title of *Nursing Times Research* which, as its name implied, was conceived as the research-oriented counterpart to the weekly professional journal, *Nursing Times*. Nine years later, quoting Benjamin Disraeli's aphorism that 'Change is inevitable ... Change is constant' (Bishop, 2004: 400), Veronica launched Volume 10 of the journal, now owned by SAGE publications, under the new title of *Journal of Research in Nursing*. The editorial care of the journal has been remarkably stable, with Veronica filling the role of Editor in Chief until her retirement at the end of 2010 when Ann took over the reins, initially under the mentorship of Julianne Meyer and then in partnership with Andree since 2012.

At this important juncture in the development of the journal, we felt that it was appropriate to look back and review its development thus far; to consider its contribution to nursing research and discourse over the last 29 years and to note how that contribution has changed. In line with the journal's strong ethos of evidence-based knowledge, we felt it important to found our reflections on empirical evidence. As a result, we have conducted a longitudinal quantitative analysis of a number of aspects of the journal which looks at both its authors and the types of papers they have written.

Trends in authors

Figure 4

Probably the most striking development of JRN over its lifetime has been the internationalisation of its authorship. For the first four years of publication, it was rare to see papers emanating from anywhere outside its publication home, the UK. While a few more non-UK authors appeared in the early 2000s and their proportion grew during the decade it was not until the 2010s that the proportion of exclusively UK-authored papers dropped below 50%. The proportion currently stands at around a third of papers published. The most consistent rises in the proportion of author origin can be found in Asia, which now accounts for more than one in five papers. While it is not shown on the graph, this has predominantly involved West Asian countries, notably Jordan and Iran. The proportion of North American and non-UK European authors have both shown a parabolic development, with both peaking in 2012-15 and tapering off thereafter. While it is not shown on the graph, this is at least partially explained by the rise of papers authored by authors from different areas, reflecting the internationally collaborative approach many of the authors from these areas and from the UK tend to take.

Figure 1

Another marked, and not entirely unexpected, development over the period has been the steady rise of the average number of authors per paper, almost doubling from 2.1 to 3.8. This reflects the changing scientific environment, where increasing value has been put on teamwork in research and a corresponding decline in the single-authored research paper.

Figure 2

While displaying less of a gradient, there has also been a steady rise in the proportion of first authors who are female, rising from a ratio of just under two in three authors when JRN commenced publishing to just under three in four authors now.

Figure 3

The proportion of first authors that are nurses has remained remarkably steady over the years, starting out at 76% and rising to 84%, then falling back to the most recent proportion of 78%.

Figure 5

Researchers from universities or equivalent educational or research institutions dominate the authorship of papers. Between just under 60% to just under 80% of papers were outputs produced by authors from these types of organisation. However, these headline figures, combined with the small proportion of papers authored solely by practitioners or policy makers, mask an important characteristic of the journal – its role as a forum for those in healthcare leadership and practice. It is important also to look at the ‘mixed’ category, which ranges from just over 15% to 31.6%, and as such constitutes the second greatest proportion of authors’ institutional origins. What this high proportion of mixed origin indicates is that the proportion of authors from the healthcare sector especially is significant, in that people from this sector increasingly conduct their research in collaboration with university colleagues. Thus, between 2020-23, 38% of papers contained contributions by authors outside the university sector.

Trends in papers

Figure 6

Before looking at the changing characteristics of papers throughout JRN’s history, it is important to note that separating these from trends in author characteristics is, to a degree, an artificial exercise. Thus, for example, the rise in the average number of authors per paper is probably at least partially the result of a steady rise in the proportion of empirical papers from 52% to 62% over the journal’s history. Empirical projects are more likely to require teamwork than, for example, methodological papers. Moreover, the tendency for empirical teamwork has increased over time with the pressure on especially quantitative papers to display robustness through data quantity combined with analytic rigour.

As already implied, the rise in the proportion of empirical papers has been accompanied by a corresponding decline in the proportion of methodological papers to less than 5% currently after peaking at almost 20% in the 2010s. This development is interesting not least because methodological papers often accrue considerable numbers of citations in comparison to other types of paper.

There has also been a notable decline in the proportion of papers that do not fit into the main categories. This is likely to be at least partially the result of the development of the ‘Perspective’

series in JRN, which is designed to give a forum for discursive interventions from experts. Previously these types of paper were frequently badged as ‘research papers and were therefore counted in the census, while Perspective papers, being explicitly non-research, have been excluded.

Figure 8

One of the least intuitive results of this survey of papers, given that the mixed methods approach has been strongly championed by many healthcare research methodologists over the period, has been the decline of the proportion of papers adopting such an approach over time, dropping from three in 10 papers in the first years of JRN to one in 10 in recent years. A speculative explanation for this may relate to the discussion above about the increasing amount of time and effort that is required to satisfy the developing demands to demonstrate research rigour, which may also be generating a tendency towards specialisation in a single method.

As for the division between qualitative and quantitative papers, in five of the seven time periods, there is a preponderance of quantitative papers that ranges from 0.5% in 2008-2011 to 13.5% in 2012-2015. However, that generally pattern is massively skewed by the 2004-2007 period when qualitative papers dwarfed those with a quantitative focus by a proportion of more than 2.5/1.

Figure 7

At a more granular level, quantitative approaches are dominated by the use of questionnaires, and qualitative approaches by semi-structured interviews, whether conducted individually or in focus groups. Combined, the proportion of papers adopting these approaches has never dropped below 70% and currently sits at 85%. Conversely, on the quantitative side, the reporting of randomised controlled trials (RCTs) is relatively rare despite that approach often being touted as the gold standard, while on the qualitative side, observational methods are far less common than interviewing. The paucity of RCT reportage is likely the result of the type of journal that JRN is. RCTs frequently take a long period of time and many researchers with different skills to complete. As a consequence, the researchers involved tend to gravitate towards specialist and/or very high impact journals to report their main findings. The reason for the lack of qualitative studies that include ethnographic observation is probably different and is likely a result of the difficulties involved in gaining both the ethical permission and access required to conduct such studies.

Figure 9

The two most notable trends in the substantive focus of papers has been the decline in the preponderance of papers focusing on issues related to nursing research from roughly four in 10 papers in the first dozen years of JRN’s existence to less than two in 10 in the last dozen years. This is partially (though not completely) explained by the decline in the proportion of methodological papers. It would appear that the other reason involves the rise of papers with a mixed focus. It is not immediately opposite why the complexity of the substantive focus in papers should have increased over the journal’s lifetime simultaneously with a decrease in the complexity of methodological focus. Another interesting trend has been then increased focus of

patients' experience and behaviour, which has risen from an average proportion of 6.7% in the first dozen years to 12.6% in the last dozen.

Discussion

What has been most obviously constant throughout the history of the journal has been the commitment of editors and editorial boards to strengthening the links between research, policy and practice, both through the subject matter that it published and through the collaborative teams of authors spanning the clinic and the university that it encouraged. The journal's contribution to the development of research as an activity that could and should be carried out by nursing leaders and practitioners is difficult to overestimate. No one reading its pages could conclude that nursing research is the exclusive remit of professional academics.

One of the reasons why JRN is able to ensure this broad church of authorship is the type of research that it publishes. While, in consonance with general trends in nursing research, the average size of authorship teams has almost doubled from JRN's inception from just over two authors per paper to just under four, this figure remains relatively low. One of the characteristics of smaller research teams is that they require fewer resources. This is reinforced by the overwhelming predominance of semi-structured interviews and questionnaire surveys as the favoured methods adopted by JRN authors. As a significant channel for the publication of mid-sized research projects which can be carried out rigorously by researchers with modest resources, the journal has contributed to broadening of the base of nursing researchers, playing no small part in building a critical mass of research activity.

Probably the most significant change in the profile of the journal has been its geographical expansion. Starting out as an almost exclusively UK-authored journal, now only one third of all authors are UK-based. From being an organ for the publication of domestically based research, JRN has evolved into a truly international journal, attracting authors from every corner of the globe. However, what is most striking about this trend is the degree of international diversity that can be found in the pages of JRN. Thus, while 17% of published papers between 2020-23 emanated from the acknowledged nursing research power houses of North America and Oceania (Australia and New Zealand), 22% had their origin in Asia, many of these from West Asia. The publishing links that JRN has made with authors from Middle Eastern countries like Jordan and Iran provide another example of its role in nurturing the development of nursing research. By providing an English language forum for authors from this region, JRN provides a double function, enabling these authors to gain an international platform for their research and at the same time providing an international audience with research that demonstrates that nursing problems and nursing solutions to those problems are not the exclusive remit of the 'West'. That said, there remains much work to be done to encourage African and South American researchers to share their findings with the rest of the world through the pages of JRN.

It should be noted that the internationalisation of JRN has not simply been the result of external trends in nursing research. Just as important has been the commitment of the editorial board to promote internationalisation, not least through the inclusion of international board members. Thanks must also be extended to reviewers for their support of authors whose first language is not English. In addition, it is important to acknowledge the important role played by the journal's publishers. Most notably, the introduction of SageTrack and the automation of processes that it

has enabled has opened up JRN as a global platform and diminished the possibility of editorial or review bias.

While many other characteristics and trends that emerge from the data could have been discussed here, we have chosen to concentrate on the constant of forging links between academia, policy and practice, and the change of increasing internationalisation because they exemplify in different ways the journal's commitment to the publication of knowledge that is helpful to all nurses – not just to university dons, but to practitioners and policy makers; not just to those in the anglophonic 'West', but to nurses throughout the globe. In short, it has strengthened its longstanding commitment to the dissemination of pragmatically useful knowledge with an increasingly strong ethos of democratic internationalism.

Bishop, V. (2004) Editorial. *Nursing Times Research* 9(6): 400.
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