What You Like. . . What You Don’t

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Like so many physicians, I frequently receive requests to complete surveys of opinions or practices. One of the aspects of these surveys that has often frustrated me has been the lack of feedback regarding the results. Recently we surveyed our readership as to what they liked and did not like about JACC. The results provide a fascinating insight into the interests of the readership and have implications for the future direction of the Journal. In addition, by discussing the results, I fulfill the obligation to provide feedback to those who took the time to complete the survey.

As is true of all surveys, the results are often more dependent on the group being questioned than the issue being considered. Therefore, it is crucial to examine the characteristics of the respondents. E-mails were sent to 9,950 members of the American College of Cardiology (ACC), of whom 7.8% responded. Thus, the opinions gathered represent those of only a fraction of the readership. Most respondents were physicians (93%), with the remainder being either members of the “cardiac care team” or PhDs. Most identified themselves as general cardiologists (44%), with the remainder relatively equally divided among interventional cardiology, electrophysiology, noninvasive imaging, or other. Only 2% were cardiac surgeons. The majority (56%) had been in practice from 5 to 25 years, with 20% having practiced more than 26 years and 16% having practiced less than 5 years; 8% were trainees. Most identified their work setting as university (34%) or cardiovascular group (30%). Only 1% resided outside the U.S.

Those solicited were asked to indicate their level of interest in different types of content on a scale of 1 (least) to 5 (strongest). The survey indicated a clear preference for clinically oriented content, with 95% of the respondents assigning either a level 4 or level 5 for articles related to patient care or to information on trends and latest clinical developments. By contrast, only 40% showed the same strong degree of interest for articles describing important research findings not yet applicable to patient care, and only 35% for articles focused on pre-clinical (basic science) research.

In a similar vein, two-thirds of the respondents indicated that they read most or all of the state-of-the-art review articles, while just under 50% read most or all of the clinical research articles. Surprisingly, to me at least, was that only 40% reported reading all or most editorial comments. The editors had often heard that many readers skip the original article with its methods and results and go directly to the editorial; this appears not to be the case. When asked about basic science articles, only 30% indicated that they do more than skim.

The foregoing data paint a picture of a readership strongly oriented to material relevant to current clinical practice. However, I interpret this to be at least partially a reflection of the information overload now confronting physicians. Given the demands of practice and the extraordinary amount of new information being produced regarding cardiovascular disease, physicians are often in the position of reading only the material they must know. It is a bit of a luxury to be able to read articles that are interesting but not yet necessary for clinical care. The most important responsibility of JACC is to provide this “must know” information, and the editors select papers to be presented accordingly. However, it is also important for us to identify the clinically relevant experimental studies that enhance our understanding of disease mechanisms or provide the basis for the introduction of new advances into clinical practice. Given this need for balance, it is not surprising that over 80% of JACC content consists of original clinical research articles and state-of-the-art reviews or material related to them.

A survey finding that was somewhat unexpected—and a whole lot humbling—was the low interest accorded to the Editor’s Page and the President’s Page. Specifically, two-thirds of the respondents indicated that they either skim these articles or skip them completely. As might be expected, respondents who were in or close to their training periods were less likely to read these editorial pages than the more mature cardiovascular specialists. The President’s Page deals with issues affecting the ACC or of importance to contemporary cardiology. I would have thought these would be of great interest, particularly to clinically oriented cardiologists. Although the Editor’s Page usually deals with topics related to the Journal, the subject matter has varied from heart hospitals to fast food to the war in Iraq. Obviously, the majority of Editor’s Pages are not directly relevant to patient care and may suffer from issues relating to information overload. Perhaps most readers just do not feel a close tie to issues surrounding medical journals and peer review. I must say, however, that a number of these Editor’s Pages have generated considerable correspondence. Clearly, the Journal provides important access for the president to communicate with the membership, and the President’s...
Another fascinating finding that emerged from the survey was the lack of use of the online Internet version of JACC. Nearly one-half of the respondents indicate that they never access JACC online. The role of the Internet in medical publications, and JACC in particular, raises certain issues that will be subjects of future Editor’s Pages (assuming they continue).

One of my favorite parts of the survey consisted of the respondents’ write-in comments. Specifically, they were asked to describe what they liked most about JACC and what they would change. I found what they liked to be less interesting and to discuss them would be self-serving. But the things readers did not like or would change are worthy of mention. As would be expected, the majority of comments favored a stronger clinical and practice orientation. However, several other themes recurred. A number of comments reflected the time pressures that readers are under and amounted to pleas for someone to prioritize the literature and select the most important and relevant articles to read. When asked what he/she wanted changed, one respondent wrote, “give me time to read it.” Several readers commented that there were too many articles and/or that they were too long. This was epitomized by one plaintive statement that read, “come out once a year, little text, many pictures.” A number of respondents questioned the relationship of authors with industry and the potential bias that it introduced. They requested more prominent and more complete delineation of such relationships. Based on the number of comments regarding this issue, it is of more immediate concern to readers than I had realized. Respondents also frequently cited the interspersing of advertisements with content as a negative aspect of JACC. Several of those surveyed asked for a short background/summary of pertinent articles at the front of each issue, a feature that is incorporated in the new JACC format, which will appear in the next month or two.

Before closing, it is worth emphasizing that this survey reflects the views of one important JACC constituency—the readers. However, it does not represent the views of the authors, who are the other important constituency. Authors often strive for innovation, even if it has not yet been—or may never be—incorporated into clinical practice. Confronted with the JACC acceptance rate of 15%, they think we should publish more papers, even if it means more pages. Authors will usually choose to publish in a journal that is perceived to be prestigious, even if the number of readers is much lower. There are other differences between the priorities of readers and authors. The editors constantly struggle to balance the factors that make the Journal most attractive to readers against the factors that make it most appealing to authors.

I am reminded that while surveys are useful, they can play only a limited role in determining future direction. Their results are strongly influenced by the sample surveyed and the questions posed. To be sure, the current JACC survey is not free from these limitations. Nevertheless, it is difficult to conceive of any metric of greater importance to a periodical—medical or otherwise—than the satisfaction of its readers. Therefore, we will continue to solicit reader sentiments about JACC and encourage you to write us with your opinions without waiting to be asked to participate in a survey.

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