

## ANNOUNCEMENT

**from the European Society of Anaesthesiology and Intensive Care and the *European Journal of Anaesthesiology***

### **EJA and the Impact Factor**

For years the editorial strategy of the *European Journal of Anaesthesiology (EJA)* has been linked to the improvement of the Impact Factor (IF). Many editorial decisions, including the number of articles published by issue, preferred topics, the priority for guidelines and reviews, and responses to the letters, were driven by this famous metric.

However, the IF was not designed to assess the quality of research, but to help the professionals working in libraries to assess how often publications are referred to. Progressively, it has been used to compare some journals and, at the end of the day, the IF has become the Holy Grail for all Editors-in-Chief with only one goal: a steady increase every year. Many tricks have been popularized among editors to artificially increase the IF: decreasing the number of articles published every year, auto-citations, reviews with recommended suggestions of the journals, etc. As a result, journals with low or intermediate IF received more and more submissions rejected from high IF journals, and the IF gap between journals has increased. Many financial incentives have been built on the use of the IF, combining the rank of the authors and the journals IF.

The COVID crisis has helped to understand the major drawbacks of the IF. Very low-quality papers that were highly cited in 2020 have generated substantial increases in the IF of many journals. As a result of inappropriate citations from COVID papers, the 2021 IF increased for many journals in the fields of Anaesthesiology and Intensive Care. This has not been the case for the EJA as Martin Tramèr (past Editor-in-Chief) wisely rejected all COVID related submissions in 2020 when they did not meet basic quality requirements. So, the *EJA* IF has remained largely unchanged compared with other journals, and it does not reflect the quality of journals which are still comparable.

In 2012, for the first time, a group of researchers and scientists published the San Francisco Declaration on Research Assessment (DORA), which pledged a better quality assessment of research and to abandon the IF as a metric. Nothing happened until 2022 with the Coalition for Advancing Research Assessment (COARA) declaration, promoted by the European Commission, and already signed by 570 institutions in 43 countries. This declaration clearly states in one of the sections that, "inappropriate uses of journal and publication-based metrics in research assessment should be abandoned. In particular, this means moving away from using metrics like the Journal Impact Factor (JIF), Article Influence Score (AIS), and h-index as proxies for quality and impact. 'Inappropriate uses' include:

- relying exclusively on author-based metrics (e.g. counting papers, patents, citations, grants, etc.) to assess quality and/or impact;
- assessing outputs based on metrics relating to publication venue, format, or language;
- relying on any other metrics that do not properly capture quality and/or impact".

The ESAIC signed this declaration during the Euroanaesthesia 2023 meeting. Therefore, the *EJA* (and the *European Journal of Anaesthesiology and Intensive Care (EJAIC)*, our new Open Access journal) will only focus on Editorial and scientific quality and no more on citability. **The IF will no longer guide us for quality.**