

Editorial

The Impact Factor and INDUSTRIAL HEALTH

The concept of an Impact Factor was first proposed by Eugene Garfield in 1955¹⁾. Since that time, the impact factor has risen to prominence in the scientific community, and is now being used as a measure of the quality of scientific journals. Journal editors have also recognized the importance that authors place on this matter, with some journals subsequently tailoring editorial strategies in an attempt to increase their own score²⁾. This situation has led to difficulties for journals in relatively small research fields such as occupational health, where impact factors are generally much lower than for those in other multidisciplinary journals, despite the fact that the absolute quality of the former is no less than that of the latter. In an attempt to alleviate this apparently unfair assessment system, the concept of a “topic-based” impact factor for occupational health literature has been proposed earlier³⁾, albeit with a limited degree of success.

The primary goal of a scientific journal is to communicate new findings via the documentation of scientific advances⁴⁾. In practical fields such as occupational health, journals also exist to serve the needs of occupational physicians⁵⁾, which thereby limits the value of an impact factor as a judging criteria to a certain extent. This issue represents a matter of

constant debate in recent years, and numerous criticisms have now been raised when using the impact factor as a single and absolute measure of journal quality. In spite of certain weaknesses however, the impact factor is still of some importance as an assessment measure for scientific literature.

Our journal, INDUSTRIAL HEALTH, has recently promoted a national strategy on occupational health and safety⁶⁾, and celebrated its 45th year of publication⁷⁾. It was first listed on the Science Citation Index in the late 1980s, and has a current impact factor of 0.911. As shown in Fig. 1, the impact factor of INDUSTRIAL HEALTH disappeared for three years in the past (1995–1997), and then rapidly increased during the next four years (1998–2001). In 2001, the National Institute of Industrial Health (NIIH) became an independent administrative institution, i.e. outside the Ministry of Health, Labour and Welfare, Japan⁸⁾. This was probably the reason why the impact factor temporarily declined for two subsequent years (2002–2003), as all research workers were obliged to undertake many non-research duties in order to fulfill 22 requirements under the newly introduced national assessment system for 32 independent administrative institutions in Japan. Thereafter,

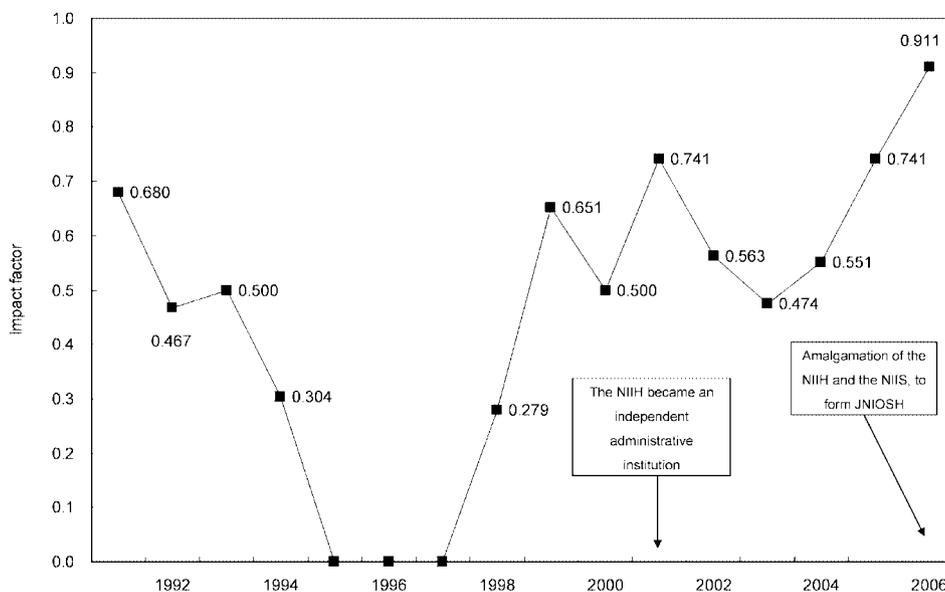


Fig. 1. The INDUSTRIAL HEALTH Impact Factor, 1991–2006.

the impact factor began to rise again, recently attaining its highest value in 13 yr. Our journal has also undergone continuous changes and improvements throughout this time, and from Issue 3 in 2007, is now being published bi-monthly⁹⁾. The journal has also published special issues two to three times per year in 2005^{10–12)} and 2006^{13–15)}. This dynamic situation will help keep INDUSTRIAL HEALTH abreast of contemporary issues in the field, while simultaneously ensuring that it remains essential reading for the occupational health professional.

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The Impact Factor scores for 1989 and 1990 were not shown in Fig. 1 of our editorial. The authors would like to thank Professor Ioan-Iovitz POPESCU, former Professor of Physics at Bucharest University, Romania, who supplied us with this additional data.

Fig. 1. The INDUSTRIAL HEALTH Impact Factor, 1989–2006

