

The Globalization of Nursing Research

Have you been paying close attention to the mix of articles in the *Oncology Nursing Forum* (*ONF*) during the past three years or so? I am not referring to the topics we have covered as much as to the geographic distribution of our author pool. For the past few years, about 40%–45% of the manuscripts submitted to *ONF* have come from countries outside the United States. This does not mean that submissions from U.S. authors have decreased, but rather our foreign submissions have added to our yearly tally. Of course, we have always received a steady but smaller stream of submissions from nurses in Canada and Australia, but for the first time since I have been editor, we are regularly receiving papers to review from every corner of the world—Italy, Britain, Ireland, Norway, Belgium, Israel, Taiwan, China, Japan, Chad, and Turkey, to name a few.

We believe this trend, which I have seen evident in a wide variety of nursing journals, may have a number of roots. Many more nursing journals have impact factors these days, including *ONF* (1.907, the fourth-ranked nursing journal as of June 2010). This, I believe, is primarily responsible for our increasing foreign submissions. In addition, nurses from these diverse countries want wider dissemination of their work and want to have international acknowledgment of their contributions to our body of oncology nursing knowledge.

I am often asked when discussing these articles if the nurse authors and sometimes physicians have journals in their own languages or countries to choose from. The answer is yes based on the fact that oftentimes references from those journals are cited, but they may be more generalist in nature and reach a relatively small audience. For the reasons stated earlier, authors seek out more prestigious venues in which to publish.

In the beginning, some of the research submitted seemed very basic, the topics (e.g., breast self-examination) were not current, and the references often were outdated. In the past year, we have seen stronger research and a wider, more

up-to-date range of topics and references. In addition to questions regarding the quality of the science itself, the manuscripts were often poorly written and occasionally the topics seemed to have a low level of interest outside the country of origin. This led to us wonder the extent to which any of this research would reach the nurses actually working in these countries. These questions remain pertinent even after our years of experience peer reviewing and publishing these papers.

There are many more commonalities among patients with cancer than differences. Patients often have the same reactions and needs whether they are from Germany, Israel, or the United States.

Each year at our editorial board meeting, we ponder the impact of these papers and our point of view about considering them, particularly in light of the fact that the number of publishable papers we accept has increased our time to publication after acceptance to almost one year. Each time we have the discussion, we have affirmed our commitment to publishing cutting-edge work as quickly as possible and our obligation to consider *all* the papers we receive and not just those from the United States.

All papers are reviewed and considered based on our established criteria. Foreign or domestic, all papers are held to the same high standards. The topics need to be of interest to oncology nurses, based on strong science, carried out with institutional review board oversight, and well written. This means that a certain portion of papers are rejected immediately. The papers that do not make it into peer review are often, but not exclusively, papers from non-English-speaking authors. Even though every paper is thoroughly edited and copy edited prior to publication, internationally based authors are often asked to obtain the services of an

English-language editor prior to our considering it for review. Papers covering less timely topics may be referred to another journal. If a paper is too narrow in scope, suggestions are made to consider journals in the language of origin. Even when these criteria are applied, a large number of papers are sent out for peer review and many are ultimately accepted for publication.

Publication decisions always involve determining whether to publish a paper online or in print. Papers from foreign countries are often selected for online publication because we believe that access to these articles will primarily be electronic, especially within the country of origin.

Why should readers of *ONF* take the time to consider articles from authors outside the United States? After reading them, you will come to see there are many more commonalities among patients with cancer than differences.

Patients often have the same reactions and needs whether they are from Germany, Israel, or the United States. Differences include healthcare delivery systems, lengths of stay, and lower socioeconomic levels, but these factors are easily considered in the context of most cancer care. Nurses throughout the world have similar workplace dilemmas, patient concerns are universal, and in considering this work, we expand our own horizons. At the same time, we can increase our cultural competence when we care for patients of various nationalities. To enrich the experience with these articles, we often include general facts about the country in question and its overall approach to health care.

It is truly a small world in many ways we may not have considered. We are grateful that the international community has recognized the ability of *ONF* to produce a high-quality journal and reach a global audience. We look forward to continued collaborations.

Rose Mary Carroll-Johnson, MN, RN, can be reached at ONFEditor@ons.org.

Digital Object Identifier: 10.1188/10.ONF.523