EDITORIAL

What makes a good journal?

Nordic Journal of Health Economics after five years

The Nordic Journal of Health Economics started in 2011 and published its first issue in 2012. Initially articles were submitted and published infrequently and at irregular intervals, but as the number of submitted articles have grown, so has the content and quality of the journal. In the last year more than 15 articles have been published in one regular issue and two special issues. This historical observation, and a desire to improve, leads to a simple question: What makes a good journal?

One obvious answer is that good journals are those that publish good articles, which in turn can be defined in terms how often its papers are cited or the impact factor. This answer, however, is too obvious to be of much use. A much more useful question would be to investigate the mechanisms that attract and select good articles.

There are at least two general factors and mechanisms that enables a journal to attract high quality contents. First there are a number of non-technical or soft factors. For instance, successful journals are often tied to an institution or an association. This gives the journal a natural home, access to a stable group of authors, referees, readers and academic credibility. Nordic Journal of Health Economics decided early on that in order to survive, they had to have seek an institutional base. One such home was Nordic Health Economists’ Study Group (NHESG). This group was already established with very successful and well attended conferences and became the home for the new journal. Without such support the journal would most likely not have survived.

A second important factor is to identify a niche. At first there were some discussion among the editors about what kind of profile the new journal should have. Health economics is a large subject and some argued that it might be wise to focus on some smaller subfields. For instance, Nordic health economists had done extensive work on the economics of care and local provision of health. Should this be a special focus and perhaps one should seek to be the premier international journal for a small topic? A big fish in a small pond rather than a smaller fish in a larger ocean of general journals.

In the end, however, it was decided that the most realistic niche was more in line with the definition Jacob Viner gave of economics: Economics is what economists do! Or in a Nordic context: We would focus on topics that were of special interest to Nordic researchers. Often this is the same as health economists from other countries; there is no special Scandinavian health economists with different laws than health economics in general. Admittedly Gavin Mooney et al. (2012) argued in the journal’s pages that there was, or at least should be, a different kind of health economics, but this was general argument rather than a specific Nordic call to arms.

Part of the reason for the general focus, was that there were good articles using Nordic examples that sometimes had a hard time getting into journals dominated by readers who were interested in issues topical in the US or the UK. To focus exclusively on a narrow subject would exclude these articles. To avoid this, it was decided to have a general focus appealing to health economists all over the world. Over time the journal has included many articles on a variety of topics by researchers outside of the Nordic region: From Germany, the UK and the US. In this way the niche ended up being general but with a Nordic flavour since we are very much part of the international scholarly community.
A third factor, perhaps more hard than soft, is money. We were lucky to receive an initial grant from the Nordic Council and the Norwegian Research Council that allowed us to employ a part-time assistant and print the first issues. Nora Gamst was the first assistant and she made a heroic effort involving everything from typesetting and web-design to negotiating contracts with publishers. Later on, when the initial founder discovered that he was better at starting things than running them, Ulf Gerdtham stepped in and together with Åsa Ljungvall and other Swedish health economists, they secured another grant that allowed the journal to continue.

In addition to the important issues of money, scope and community, there were a number of technical aspects that had to be solved. One such question is how the referee system should be organized. This is an interesting question both from a theoretical and empirical perspective.

Theoretically a referee system could be organised sequentially or in parallel with different number of referees. Traditionally the rule has been a mixed sequential and parallel system. First an editor determines if a paper is worthy of being sent to referees. If yes, it is usually sent to two or three referees who independently give their recommendations to the editor who, in turn, decides on whether to publish, to ask for revisions, or to reject the paper. Notice, however, that different systems are possible. One could send a paper to one referee, and only send it to a second referee if the first referee was positive, and then perhaps even to a third referee. As an aside one may note that this is how expert opinion in the health sector is obtained. A person visits one expert (say the GP) and is only sent to the hospital if the expert judges this to be useful. A second expert, this time at the hospital, evaluates the case again and decides whether to accept the patient. However, in many countries the patient has the right to a second opinion if the patient thinks that the first evaluation was wrong. A general and interesting question is to what extent different ways of organizing these systems, will produce good end results.

The answer depends on how afraid one is of making the two possible mistakes such a system can make: A journal might end up rejecting some good paper, but it may also mistakenly accept bad papers. As Sah and Stiglitz (1986, 1988) have shown in the context of evaluating investment proposals, different systems have different propensities to make the various mistakes. In a sequential system with a long line of evaluators, it is unlikely that a bad project or paper will survive the process, but there is also a higher risk that a good paper may be rejected.

However, the optimal system also depends on empirical factors: What is the initial balance between good and bad papers that are submitted? How good are the referees at evaluating the quality on average? The more good papers that are submitted, and the better the referees, the shorter the chain of referees need to be, and second or third opinions quickly become costly compared to the marginal benefits.

The initial group initially sought to gather information on the quality of the referee process by comparing to what extent referees agreed with each other from the databases of other journals. However, before the results were available, the reality of time constraints kicked in and the journal ended up with a very traditional setup of an editor and two referees. At some point this issue is worth revisiting, not only because it is theoretically interesting, but changes in information technology has created new and potentially better ways to rapidly evaluate the content of articles. Several journals that specialise in health invite readers to provide comments and rapid responses to articles that are available electronically together with the article. Articles (and comments) can be upvoted or downvoted. The process may be messy, but it allows a larger group to evaluate the article as well as engaging readers much more than the traditional setup. Together with an increased focus on
reproducibility this could create a new and potentially better way of evaluating papers than the current system.

If readers can evaluate things themselves, why have journals at all? Why not just allow all researchers to publish papers and then have a system where the readers filter out the good from the bad? In mathematics and physics, there is arXiv.org that provide a central repository of papers. This is a system that will grow, also in other disciplines. A journal will only survive if its added value as a filtering mechanism is better than the filter than can be provided by other mechanisms.

Technical changes open up new possibilities, but at the same time there is another trend: A large expansion of the number of articles produced. The increased possibility of alternative quality control mechanisms points to the demise of journals, but the growth in research papers produced points in the direction that filters and journal reputation become increasingly important. In a world where it is impossible to read everything, and given the high cost of searching and evaluating everything alone, it becomes even more important to have journals that allow the researchers to focus on good quality content. The challenge for journals, including the Nordic Journal of Health Economics, is to adapt and make sure that they fulfill this role.

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References


