

Editorial

Furthering our impact and contributing to the body of global and local knowledge in risk management and safety in medicine

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Dear colleagues,

This issue marks a new chapter in our journey, one characterized by a steadfast commitment to advancing research in the fields of risk management and safety in medicine. With each new issue, we aim to further our impact and contribute significantly to the body of knowledge in these crucial areas.

We would like to share the citation metrics for the *International Journal of Risk and Safety in Medicine* (JRSM) with you, according to the Journal Citation Reports (JCR), released in June 2024 [1].

JRSM received its first Journal Impact Factor (JIF) in June 2023 when the JCR included JIFs for the Journals of the Emerging Sources Citation Index (ESCI) database of Web of Science and the categories were linked with their edition, such as ESCI in case of JRSM.

This year the JCR decoupled editions from categories, establishing one category across all relevant editions for the sake of better use of the JCR metrics by research communities around the globe to compare journals easier with consolidated categories and unified rankings.

The JRSM JIF for the year 2023 (awarded in 2024) has been recorded at **0.9**, which is a modest but meaningful reflection of the journal's growing influence. Without self-citations, it stands at **0.8**. This metric, though often debated, continues to be a key indicator of the reach and relevance of our published research. It is essential to understand that the JIF is influenced by numerous factors, including the volume of publications and the nature of the research being cited, particularly in a niche area such as ours. The JIF was calculated as a ratio of the JRSM citations received in 2023 by a count of its published papers in 2021 and 2022.

Our journal's performance is also demonstrated through the Journal Citation Indicator (JCI), which is **0.35**, an increase from the last year metric of **0.31**. This metric provides a valuable perspective on the citation impact of our published work relative to others in the field, listing it in Q4 in Public, Environmental & Occupational Health. It underscores the need for continued efforts to enhance the visibility and application of the research we publish [1].

CiteScore counted the citations received by JRSM publications in the past four years to articles, reviews, conference papers, book chapters and data papers, published in 2020–2023, and divided the resulting number of citations by the number of publications in these four years. JRSM received the 2023 (awarded in 2024) CiteScore **2.2**, which is an increase from 2022 CiteScore of **1.8** and JRSM continues to be ranked in Q3 in the Medicine and Public, Environmental and Occupational Health subject categories of Scopus and SCImago with the Scientific Journal Ranking (SJR) 2023 of 0.25 [2,3].

The data for 2023 shows a total of **315 citations**, with a cited half-life of **6.4 years**. This figure illustrates the lasting value of the research contributions published in our journal, highlighting the enduring relevance of the topics we cover. The citing half-life of **7.6 years** further emphasizes that the research we disseminate not only impacts the field immediately but continues to be a reference point for years to come.

We continue to receive good level of submissions from all over the world with the majority of submissions coming from Europe. In the last three-year period, the top 8 countries which contributed most to JRSM publications were: England (28 papers), Italy (20), India (10), Canada (7), USA (6), Germany (5), Spain (5), and Iran (4). The top 8 institutions which contributed most to JRSM over the last three years were: University of Bologna (8 papers), University of London (6), Maastricht University (4), McMaster University (4), Arabian Gulf University (3), Barts Health NHS Trust (3), University of Florence (3), and University of Otago (3).

Over the years that were included into these JCR analyses we have witnessed a diverse array of research being published and cited across various categories. Notable articles contributing to our citation metrics include those addressing enduring sexual dysfunction following treatments like antidepressants, and global analyses of off-label drug use. These topics resonate deeply within the medical community, showcasing the journal's role in addressing both emergent and enduring issues in safety in medicine and risk management.

The top 20 Journal titles citing IJRSM in all years are: International Journal Of Risk & Safety In Medicine; Healthcare; Nature Reviews Urology; PLoS One; Scientific Reports; Frontiers In Neuroendocrinology; Pharmacoepidemiology And Drug Safety; Antibiotics (Basel); BMJ Open; BMJ Open Quality; Brain Sciences; Sustainability; Bulletin Of The World Health Organization; Canadian Medical Association Journal; Drug Safety; Frontiers in Public Health; International Journal Of Impotence Research; Journal of Pharmaceutical Policy and Practice; Saudi Pharmaceutical Journal; and Andrology.

The most cited paper in the 2021–2022 years (14 citations), which contributed to the JIF 2023 of our journal was “Diagnostic criteria for enduring sexual dysfunction after treatment with antidepressants, finasteride and isotretinoin” by David Healy and co-authors [4].

In terms of open access, our journal published **21 citable items** under the Gold Open Access model in 2023, accounting for **17.65%** of our content. This commitment to open access is a vital part of our strategy to increase the dissemination and accessibility of research, particularly in a world where the speed and reach of information are more critical than ever.

This August 2024 issue welcomes seven research papers from universities, academia and health institutions in Armenia, Egypt, Ghana, Japan, Malta, Morocco, India and USA, all of which address safety issues using varying approaches and methodologies.

We would like to highlight the research paper by Jacob Puliyl, MD MRCP MPhil (International Institute of Health Management Research, New Delhi, India) and Brian S. Hooker, PhD (Simpson

University, Redding, CA, USA and Children's Health Defence, Franklin Lakes, NJ, USA) on an Indian rotavirus vaccine safety. The authors re-analysed the surveillance data from the self-controlled case series (SCCS) study [5] and found that the mean age of intussusception was significantly lower in the vaccinated (205 days) compared to the unvaccinated (223 days) with significantly more intussusceptions in the first 30 days after vaccination compared to the next 30-day window. The authors concluded that traditional risk adjustments using data from unexposed cohorts in SCCS may not be appropriate for investigating the risk of intussusception where vaccination lowers the mean age of intussusception [6].

We also would like to draw your attention to the research paper that explores the relationship between perceived organizational learning and safety climate in hospitals as a function of Interprofessional collaboration. In their cross-sectional study of nearly 1,500 healthcare workers, the authors from Tokyo and Chiba in Japan determined the mechanisms that enhance a hospital's safety climate, demonstrating that Interprofessional collaboration mediates the relationship between organizational learning and improvement of patient/family involvement [7].

The observational descriptive study from Morocco on the prevalence of YouTube videos providing information on glucocorticoids highlights the prevalence of YouTube videos regarding the misuse of corticosteroids, emphasizing the need for targeted interventions to promote safe and informed medication practices within the online environment [8].

Three research papers from Egypt, Ghana and Malta call for more educational efforts and better specialised training in areas of ADR reporting, medical errors specifically in neonatal resuscitation and in a diabetic clinic in Ghana to increase awareness on the ADR reporting, to distinguish and recognise types of medical errors and to tackle the identified factors that influenced medication errors [9–11].

We thank and congratulate the authors and value their important contribution to this issue.

As we look ahead, the challenge remains clear: to elevate the journal's impact and to ensure that the research we publish is not only cited but also utilized to improve practices, policies, and outcomes in healthcare. The editorial team is dedicated to curating a high-quality, relevant, and influential body of work that will continue to advance the fields of risk and safety in medicine.

We extend our gratitude to the authors, reviewers, and readers who are integral to the journal's success. Your contributions are invaluable and, together, we will continue to push the boundaries of what can be achieved in medical research.

On behalf of the entire editorial board, we hope that you will share with us the satisfaction with and lessons learnt from the newly released citation metrics and hope that you will enjoy reading this issue.

We look forward to your valuable contributions!

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