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The Expert Survey-Based Global Ranking of Management- and Clinical-Centered Health Informatics and IT Journals

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Abstract: The goal of this study is to develop an expert survey-based journal ranking for the Health Informatics & Information Technology (HIIT) field. Journal of the American Medical Informatics Association and Journal of Medical Internet Research were ranked as top HIIT management-focused journals, and BMC Medical Informatics & Decision Making and IEEE Journal of Biomedical & Health Informatics were ranked as top HIIT clinical-focused journals. This ranking benefits academics who conduct research in this field because it allows them to direct their research to appropriate journals, convey their accomplishments to tenure and promotion committees, and experience other benefits.

INTRODUCTION

Ranking the quality of journals in academia continues to provide various benefits, especially for scholars that are interested in pursuing careers in specific areas. It can be a good way for promotion and tenure committees to inform themselves (Coe & Weinstock, 1984; Lowry, Humphreys, Malwitz & Nix, 2007). Academics who publish in highly ranked journals earn more than their counterparts (Gomez-Mejia & Balkin, 1992; Mittal, Feick, & Murshed, 2008), and some universities have instituted policies for rewarding faculty members that publish in highly ranked journals (Manning & Barrette, 2005). Besides faculty members, MBA students at faculties whose members publish in highly ranked journals earn more after graduation (O'Brien, Drnevitch, Crook & Armstrong, 2010).

Although rankings are helpful in these ways, they do have their share of criticism. First, policies exist that restrict faculty members to publish in only highly ranked journals, limiting their options for publications (Suchan, 2008). Researchers will then be discouraged from studying areas whose journals are excluded from these rankings or do not rank highly enough, for instance Business and Management Communication (Rogers, Campbell, Louhiala-Salminen, Rentz & Suchan, 2007). Rankings also encourage tenure and promotion committees to favor publications in higher ranked journals (Starbuck, 2005), yet the knowledge contribution is in the content of the paper rather than the journal. Publishing in a top-tier journal is not a guarantee of the quality of knowledge contribution of a paper or a guarantee that it will be cited, and rankings may encourage researchers to seek publication in highly ranked journals rather than making important scientific discoveries.

Despite the criticism of journal rankings, their utility seems to be important. Therefore, it is critical for scholars to ensure that the methods used to rank academic journals are valid and rigorous. Two of the predominant methodologies for ranking journals have been based on either expert surveys or citation impact factors (Lowry et al., 2007; Lowry, Romans & Curtis, 2004; Truex, Cuellar & Takeda, 2009). It is not clear whether the results of these two ranking methodologies agree at an acceptable level, with studies yielding results suggesting that citation impact factors can be used as substitutes (e.g., Thomas & Watkins, 1998), and some that suggest that there is no relationship between the two (e.g., Maier, 2006). Further, there is evidence that researchers rank journals differently depending on their own

research focus, suggesting that the outcome of an expert survey-based ranking will be different, based on the personal factors of the participants (Catling, Mason, & Upton, 2009; Donohue & Fox, 2000; Olson, 2005).

Despite various issues associated with journal rankings, journal ranking lists have been produced in most scholarly domains. At the same time, there have not been many efforts to rank journals in the area of HIIT. One that is known to the authors is maintained by SCImago[i], which uses several forms of citation impact factors, and it was last updated in 2014. No known rankings of HIIT journals are based on expert surveys. As HIIT continues to emerge as a focus for research for many academics, so is the importance of these rankings. Thus, the purpose of this study is to develop a ranking of HIIT peer-reviewed journals based on an expert survey, which has become a popular method to assess the quality and contribution of academic outlets.

LITERATURE REVIEW

As an academic field, Health Informatics & Information Technology is increasing in popularity with researchers, academic institutions, practitioners, and software vendors. Despite the drawbacks of journal ranking lists, we feel that such a list for those interested in HIIT will be beneficial because it will guide and encourage scholars in their HIIT research endeavors. Ranking studies have been performed in a multitude of academic areas, including decision and management science (e.g., Donohue & Fox, 2000), international business (e.g., DuBois & Reeb, 2000), knowledge management/intellectual capital (e.g., Bontis & Serenko, 2009), medicine (e.g., Saha, Saint & Christakis, 2003), and many others. The two methodologies for developing journal ranking lists – those based on expert surveys and those based on citation impact factors - will be described in detail below.

Expert Survey Methods

The expert survey method of journal ranking involves engaging field experts to rank each journal in a discipline against certain criteria, usually through surveys. This method can result in a representative sentiment of the importance of a journal to its field because it is based on the opinions of the experts. There are, however, several disadvantages to this approach. First, authors may tend to rank journals based on their familiarity with them (Serenko & Bontis, 2011), internal ranking lists (Adler & Harzing, 2009), or the opinions of experts (Rogers et al., 2007) rather than pre-specified criteria, resulting in a source of bias for the ranking. Second, those who conduct ranking studies tend to base their lists off of pre-existing rankings, which introduces the possibility of leaving out new and newly relevant journals (Truex, Cuellar & Takeda, 2009). Third, methodological shortcomings may prevent researchers from achieving a representative sample. Fourth, the role of practitioners in these rankings are unclear; nevertheless they provide a valuable perspective on how research is used, yet may be underrepresented in the sample (Saha, Saint & Christakis, 2003).

Citation Based Methods

In addition to using the opinions of experts to formulate journal rankings, various citation-based measures have been used as the basis for a multitude of journal ranking lists. These include the Journal Impact Factor (JIF) (Franceshet, 2010), h-index (Hirsch, 2005), g-index (Egghe, 2006), hc-index (Sidiropoulos, Katsaros & Manolopoulos, 2007), for a few examples. When constructing these indices in their various unique ways, citation data from third-party sources are used, such as Thomson Reuters, Google Scholar, or Scopus. Although it can be viewed as a less subjective method than those that are based on expert surveys, it has several shortcomings. First, the impact of self-citations – occurring when authors cite other articles in the same journal (Rousseau, 1999) – on these indices is not clear. Journal editors may encourage authors to self-cite when submitting articles for publication (Sevinc, 2004), raising ethical questions. Second, the citation numbers that are reported by the third-party sources may be incorrect (Elkins et al., 2010), leading to inaccurate results. Third, journals that have a few highly-cited articles yet many uncited ones may produce a skewed result (Calver & Bradley, 2009; Seglen, 1992). Fourth, niche journals may not have a high number of citations, but may be highly important for researchers in subgroups or different communities of researchers, rather than researchers

in a grander field. Fifth, the quality of all articles in journal is not necessarily reflected in a ranking list. Sixth, journals that have been in-print longer may accumulate more citations (Seglen, 1997). Seventh, irrelevant factors such as the presence of an acronym in a journal name may impact the number of citations a journal has (Jacques & Seibre, 2010).

As such, both methods (expert surveys and citation-based approaches) have their own limitations. In this study, the expert survey method was selected. Moreover, it is argued that it is too early to establish citation-based rankings of HIIT journals. A brief overview of the currently existing HIIT journals showed that many of them have been launched very recently. For example, almost one-third of the HIIT management-focused journals ranked in the present study were launched within the previous three years, which is insufficient to attract a high number of citations and generate h-indices that truly reflect each journal's overall contribution to the HIIT discipline. Generally, new journals are not covered by Thomson Reuters and excluded from its Journal Impact Factor reports. Thus, recently launched HIIT journals, which represent a large proportion of all HIIT journals, may be disadvantaged in citation-based ranking lists. At the same time, given a small, niche nature of the HIIT field, it is likely that active researchers are aware of all HIIT outlets, including new ones, read them, and, therefore, may accurately assess their scientific contribution.

METHODOLOGY

This study adapts the previously used methodology of Serenko & Dohan (2011). A list of ranked journals was developed by means of a comprehensive search of the Ulrich's Periodicals Directory, the SCImago Journal & Country Rank (SCImago) Portal (available at http://www.scimagojr.com), major journal publishers, and Google Scholar. To be included in the list, each journal had to meet the following criteria: 1) be peer reviewed; 2) concentrate on various aspects of health informatics & IT; 3) be currently in-print; 4) be published in English; 5) be excluded from the Beall's List of predatory publishers and journals (available at http://scholarlyoa.com). Each journal was classified as either management- or clinical-focused depending on the following key considerations:

- Journal mission and reviews of the Call for Papers descriptions of the journal as well as Special Issue Topics of the journal, yielding directions to areas of journal paper contributions and focus of published topics in the HIIT field throughout the life of the journal;
- The appeal of the respective journal to certain groups of HIIT readers as well as its appeal to soliciting contributions in the different research domains specific to either management of HIIT or clinical applications of HIIT;
- Composition of editorial review board members, their expertise, and their known published areas of expertise;
- Composition of contributors whose papers have been accepted for publications, their expertise and field of HIIT concentrations either on management-focused or clinical-focused side;
- Similar expertise demanded of peer reviewers who are asked to review contributions submitted to journal for publication considerations; and,
- Key citations of work published in the journal drawing either from management-related IT disciplinary journals or clinical-oriented disciplinary journals.

It should be noted that some journals do have a somewhat "split" focus albeit it is not difficult for a learned expert in health informatics who have published in both camps to detect a tendency towards one side or the other (clinical or management) as evidenced among authors of this particular work. As a result, two journal lists were developed: 1) management-focused (35 journals) and 2) clinical-focused journals (28 journals). Respondents were asked to rank journals within each group separately on a 7-point Likert-type scale. To exclude the order-effect bias (Serenko & Bontis, 2013a), the order of journals was automatically randomized for each respondent. To avoid the "path dependency" problem (Truex, Cuellar, & Takeda, 2009), respondents were able to add and rank up to three additional journals for each group. At the end of the survey, basic demographic data were also solicited (See Appendix 1 – Research Instrument).

To make sure that each journal was equally represented, 50 author names and email addresses were randomly selected from each journal. No discriminatory criteria (e.g., author position, affiliation, seniority, paper title, etc.) were applied. Generally, the names were first selected from the most recent volumes. Each author's name was selected only once. As a result, the list of respondents contained names and email addresses of 3,150 unique authors who published at least one article in one of the ranked journals. Overall, it was believed that these individuals were active HIIT

researchers who were familiar with and were qualified to judge the quality of journals in this field. Each respondent was sent an email invitation to complete the survey followed by three weekly reminders. IP addresses were recorded and used to remove duplicate submissions.

The ranking instrument by Serenko & Bontis (2013b) was adapted. To minimize cognitive load on respondents, they were asked to rate each journal's overall contribution to the Health Informatics & IT field on a 7-point Likert-type scale. The responses were converted to a quantitative measure as follows: none – 0; marginal – 1; some – 2; average – 3; good – 4; very good – 5; and outstanding – 6; and the scores were aggregated for each journal.

RESULTS

Out of 3,150 email invitations, 303 messages bounced back. Four hundred and twenty-nine people attempted to complete the survey. After removing 31 empty, partially complete, and duplicate entries, 398 usable responses were retained for analysis. This yielded the response rate of 14%, which is considered acceptable in online survey research. The actual response rate was higher because 270 automatic 'on-vacation' replies were received, and it was unknown whether these individuals read the survey invitation emails. In addition, it is likely that some email invitations were mistakenly identified as unsolicited messages by spam filters and removed before reaching the recipients. Forty-six percent of responses came after the initial invitation; and twenty-seven, fourteen, and thirteen percent arrived after reminders one, two, and three, respectively.

Researchers from 46 different countries participated in the study. Most were from the USA (33%), Canada (10%), the UK (8%), Australia (6%), Germany (4%), Italy (4%), and India (3%). Thirty-three percent were female. Eighty-three, fourteen, and three percent had a doctoral, master's, and bachelor's degrees, respectively. Seventy-eight, eight, and five percent were academics, practitioners, students, respectively. Nine percent were scholarly administrators, researchers at non-academic institutions, consultants, medical writers, clinical experts, physicians, etc. Thus, some degree of participation by active industry practitioners (i.e., non-academics) was assured. Table 1 (below) summarizes academic and research experience of the survey respondents.

Table 1. Academic and Research Experience of Participants

	Avg.	**Min.**	**Max.**
Years of academic full-time work experience.	12	0	Over 30
Years of non-academic full-time work experience.	8	0	Over 30
Years of research experience in the field of Health Informatics & IT.	9	0	Over 30
The number of peer-reviewed journal published.	39	1	450

Overall, the respondents did not report any difficulty completing the online survey. In addition to the listed journals, the respondents occasionally added and ranked new journals. However, most of them were reported only a few times. Whereas these journals had published health informatics and IT-relevant articles, health informatics and IT was not their major area of concentration. Examples include IEEE Transactions on Biomedical Engineering, Medical Decision Making, European Journal of Health Economics, British Medical Journal, Ultrasound in Medicine & Biology, etc. Studies in Health Technology and Informatics was mentioned by several respondents, but it was published as a book (not as a peer-reviewed journal) and, therefore, excluded from the ranking list. Several non-English language journals and professional (non-peer-reviewed) magazines were also reported. Thus, no new journals were added to the list of ranked outlets. At the same time, a number of respondents indicated that the survey presented Journal of Innovation in Health Informatics under its former name "Informatics in Primary Care (formerly The Journal of Informatics in Primary Care)." Thus, adjustment in the name of this journal and its score was made in the final ranking list.

Tables 2 and 3 (below) present the ranking of Health Informatics & IT management-focused and clinical-focused journals, respectively. As suggested by Gillenson and Stafford (2008), tiers were assigned so that the list contains 5 percent of A+, 20 percent of A, 50 percent of B, and 25 percent of C level journals.

Table 2. Ranking of Health Informatics & IT Management-Focused Journals

Tier	Rank	Title	Year Launched	Score
A+	1	Journal of the American Medical Informatics Association	1994	1,270
A+	2	Journal of Medical Internet Research	1999	930
A	3	JMIR Medical Informatics	2013	695
A	4	Methods of Information in Medicine	1962	544
A	5	Journal of Telemedicine & Telecare	1995	493
A	6	JMIR mHealth and uHealth	2013	492
A	7	Health Informatics Journal	1995	473
A	8	Telemedicine and e-Health (formerly Telemedicine Journal, formerly Telemedicine Journal and e-Health)	1995	453
A	9	Journal of Medical Systems	1977	452
B	10	Health Policy and Technology	2012	338
B	11	Journal of Health & Medical Informatics	2010	331
B	12	IIE Transactions on Healthcare Systems Engineering	2011	330
B	13	International Journal of Healthcare Information Systems and Informatics	2006	313
B	14	International Journal of Healthcare Technology and Management	1999	285
B	15	Journal of the International Society for Telemedicine and eHealth	2013	272
B	16	Informatics for Health and Social Care (formerly Medical Informatics)	1976	271
B	17	International Journal of Technology Assessment in Health Care	1985	261
B	18	International Journal of Telemedicine and Applications	2008	258
B	19	Health Informatics: An International Journal	2012	251
B	20	Technology and Health Care	1993	236
B	21	International Journal of Computers in Healthcare	2010	233
B	22	Online Journal of Public Health Informatics	2009	231
B	23	Journal of Medical Informatics & Technologies	2000	230
B	24	International Journal of Medical Engineering and Informatics	2008	214
B	25	Electronic Journal of Health Informatics	2006	210
B	26	Health Information Science and Systems	2013	194
C	27	Journal of Health Informatics in Developing Countries	2007	189
C	28	International Journal of E-Health and Medical Communications	2010	187
C	29	International Journal of Electronic Healthcare	2004	180
C	30	Indian Journal of Medical Informatics	2006	170
C	31	International Journal of Privacy and Health Information Management	2013	140
C	32	Journal of Health Informatics in Africa	2013	123
C	33	International Journal of Reliable and Quality E-Healthcare	2012	113
C	34	International Journal of Monitoring and Surveillance Technologies Research	2013	83
C	35	International Journal of User-Driven Healthcare	2011	79

As expected, positive Spearman (1904) Rank Correlations between a journal's score and its longevity (years in-print) were observed ($\rho = 0.40$, $p < 0.05$ for HIIT management-focused journals and $\rho = 0.33$, $p < 0.1$ for HIIT clinical-focused journals).

Table 3. Ranking of Health Informatics & IT Clinical-Focused Journals

Tier	Rank	Title	Year Launched	Score
A+	1	BMC Medical Informatics and Decision Making	2001	787
A+	2	IEEE Journal of Biomedical and Health Informatics (formerly the IEEE Transactions on Information Technology in Biomedicine)	1997	731
A	3	International Journal of Medical Informatics (formerly International Journal of Bio-Medical Computing)	1970	633
A	4	Journal of Biomedical Informatics (formerly Computers and Biomedical Research)	1967	596
A	5	Applied Clinical Informatics	2009	414
A	6	Computer Methods and Programs in Biomedicine (formerly Computer Programs in Biomedicine)	1970	324
A	7	Journal of Innovation in Health Informatics (formerly Informatics in Primary Care, formerly The Journal of Informatics in Primary Care)	1991	302
A	8	Applied Medical Informatics	1995	270
B	9	CIN: Computers, Informatics, Nursing (formerly Computers in Nursing)	1983	253
B	10	Computers in Biology and Medicine: An International Journal	1970	242
B	11	Computer Methods in Biomechanics and Biomedical Engineering	1997	203
B	12	Acta Informatica Medica	1993	197
B	13	Journal of Digital Imaging	1988	179
B	14	Journal of Computational Medicine	2014	171
B	15	Computer Methods in Biomechanics and Biomedical Engineering: Imaging & Visualization	2013	159
B	16	The Open Medical Informatics Journal	2007	141
B	17	International Journal of Computational Models and Algorithms in Medicine	2010	137
B	18	Computerized Medical Imaging and Graphics (formerly Computerized Radiology, formerly Computerized Tomography)	1977	129
B	19	Canadian Journal of Nursing Informatics (formerly Canadian Nursing Informatics Journal)	2006	119
B	20	International Journal of Computer Assisted Radiology and Surgery	2006	118
B	21	Network Modeling Analysis in Health Informatics and Bioinformatics	2012	111
B	22	Journal of Computer Assisted Tomography	1977	109
C	23	Computer Aided Surgery (formerly Journal of Image Guided Surgery)	1995	102
C	24	Journal of Pathology Informatics	2010	99
C	25	Radiologic Technology	1929	90
C	26	Bio-Algorithms and Med-Systems	2005	86
C	27	Journal of Computational Surgery	2014	83
C	28	International Journal of Computerized Dentistry	1998	58

DISCUSSION AND CONCLUSION

The assessment of academic journals is a very important yet risky endeavor continuously surrounded by debate, controversy, and ambiguity (Chen & Holsapple, 2013). Therefore, the reader of this paper should keep several issues in mind when evaluating the ranking lists presented above. First, similar to other journal ranking methods, the expert survey approach has several limitations. For example, in their journal ranking decisions, survey respondents are often influenced by the opinion of leading academics (Rogers et al., 2007), their familiarity and personal affiliation with the journal (Peters et al., 2014; Serenko & Bontis, 2011), intra-institutional politics (Adler & Harzing, 2009), and personal research interests (Serenko & Dohan, 2011). Second, a ranking position is not an indication of the goodness of a

journal's content. Most importantly, the scientific community has not agreed on a definition of a journal's quality because of the subjective nature of the concept (Chen & Holsapple, 2013). Third, the mere publication of a paper in a highly-ranked journal does not automatically endorse its significance, quality, and impact. There are many examples of papers appearing in the most prestigious outlets that receive few citations (Rousseeuw, 1991), and top journals often reject submissions that are later published elsewhere and become "citation classics." Fourth, there are other methods, such as the Uncitedness Factor (Egghe, 2010), the Publication Power Approach (Holsapple, 2008), and Author Affiliation Index (Cronin & Meho, 2008; Gorman & Kanet, 2005), which may potentially generate different results. As such, the present study does not make a claim that a particular journal is of high (or low) quality; instead, it merely offers the ranking lists developed based on a single inquiry method that is considered acceptable in scientometrics.

Regrettably, some users of journal ranking lists have little grasp of the shortcomings of various journal ranking methods and, as a result, interpret the findings literally. This is especially dangerous when academic administrators and members of hiring, tenure & promotion, and merit pay committees base their judgement of someone's scholarly contribution solely on their publication in a 'highly-ranked' basket of journals. Whereas journal ranking lists may be consulted, this should be only one of the many criteria used to assess an applicant's overall academic portfolio.

This study developed a ranking list of Health Informatics & IT peer-reviewed journals. To the best knowledge of the authors, no such ranking had been published earlier. Journal of the American Medical Informatics Association and Journal of Medical Internet Research were ranked as top HIIT management-focused journals, and BMC Medical Informatics & Decision Making and IEEE Journal of Biomedical & Health Informatics were ranked as top HIIT clinical-focused journals. Consistent with prior studies, a positive correlation was observed between a journal's longevity (years in-print) and its ranking score. This happens because they have had more time to publish high-quality papers, attract well-known scholars as their board members, increase their readership, and establish their scientific brand. At the same time, there are exceptions. For example, JMIR Medical Informatics and JMIR mHealth and uHealth, both launched in 2013, received a strong A level ranking. Thus, newer journals may quickly achieve good standing and recognition.

APPENDIX 1 – RESEARCH INSTRUMENT

Instructions

- Note: If you are UNFAMILIAR with a particular journal, simply SKIP it (do NOT rank it).

There are two separate ranking lists: 1) Health Informatics & IT Management-Focused Journals and 2) Health Informatics & IT Clinical Journals.

Part 1. Health Informatics & IT Management-Focused Journals

This journal's overall contribution to the Health Informatics & IT field is: (rank each journal)

1 – None, 2 – Marginal, 3 – Some, 4 – Average, 5 – Good, 6 – Very Good, 7 – Outstanding

List of 35 Health Informatics & IT Management-Focused Journals.

If you wish, you may also add and rank up to three additional journals (not listed above):

Add Journal 1

Rank Journal 1: 1 – None, 2 – Marginal, 3 – Some, 4 – Average, 5 – Good, 6 - Very Good, 7 - Outstanding

Add Journal 2

Rank Journal 2: 1 – None, 2 – Marginal, 3 – Some, 4 – Average, 5 – Good, 6 - Very Good, 7 - Outstanding

Add Journal 3

Rank Journal 3: 1 – None, 2 – Marginal, 3 – Some, 4 – Average, 5 – Good, 6 - Very Good, 7 - Outstanding

Part 2. Health Informatics & IT Clinical Journals

This journal's overall contribution to the Health Informatics & IT field is:

1 – None, 2 – Marginal, 3 – Some, 4 – Average, 5 – Good, 6 – Very Good, 7 – Outstanding

List of 29 Health Informatics & IT Clinical-Focused Journals.

If you wish, you may also add and rank up to three additional journals (not listed above):

Add Journal 1

Rank Journal 1: 1 – None, 2 – Marginal, 3 – Some, 4 – Average, 5 – Good, 6 - Very Good, 7 - Outstanding

Add Journal 2

Rank Journal 2: 1 – None, 2 – Marginal, 3 – Some, 4 – Average, 5 – Good, 6 - Very Good, 7 - Outstanding

Add Journal 3

Rank Journal 3: 1 – None, 2 – Marginal, 3 – Some, 4 – Average, 5 – Good, 6 - Very Good, 7 - Outstanding

General Information

Your Current Country of Residence

Your Gender (Male; Female)

Your highest degree earned (Doctoral; Masters; Bachelor; Other – Please enter)

Major field for highest degree earned

How many years of academic full-time work experience do you have?

How many peer-reviewed journal articles have you published?

How many years of non-academic full-time work experience do you have?

What is your primary current position? (Academic; Practitioner; Student; Other - Please Explain)

What is your primary research area? (if applicable)

What is your secondary research area? (if applicable)

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