

Reading, writing and research impact

Yesterday two things happened that crystallised for me what we are doing here in publishing the Journal of Primary Health Care. The first thing was my lecture to third year undergraduate medical students about research. They are so keen to 'do research', without knowing the first thing about how or why it is done. They so desperately want to change the world right now, as soon as possible, through their amazing research (topic unknown). My view is that their main job as undergraduate medical students is to learn about clinical medicine so that they can become good doctors, and that reading the scientific literature is a critical part of their job, both as students and later as they practise medicine. No one had told them much about reading anything other than lecture notes or medical textbooks so it was a new idea to read beyond this limited literature, and to read as a professional responsibility rather than to pass exams.

The second thing happened while I was helping a friend and colleague to update his curriculum vitae. He is now a full-time medical academic but for decades he was a rural general practitioner, burning candles at both ends while fitting teaching and research around his patients' needs. We came to a paper he had co-authored and he mentioned that according to ResearchGate it had 2500 'reads' in the 18 months since publication.¹ My eyebrows shot up in amazement as (my bad!) I do not typically think of him as a high impact researcher and that statistic shows that this is a really well read paper.

'Impact' is a concern for scientific journal editors, closely following our primary concern, which is to publish articles that our audience likes to read. The big problem with these performance tasks is that there is no very robust measure of them. This is especially the case for editors of journals like the Journal of Primary Health Care, that are specifically designed to serve clinical audiences. Laboratory-based scientists use citations as

their measure of impact and the notion that citations should be the main concern of scientific researchers has spread to the applied medical disciplines. Effectively, counting citations means that 'impact' is measured by counting the extent to which one person's research is built on in another person's research. Citations are not a good measure of impact in the clinical sciences because our primary concern is to not to influence other scientists' research but to publish research that might influence the way clinicians care for patients or how policy-makers construct health systems. For us, reading is the ultimate impact measure because it is only after a paper is read that it has a chance of influencing patient care.

The Journal of Primary Health Care has recently attached an 'Altmetrics' impact measure to each paper.² As the name suggests, Altmetrics is an alternative measure of research impact that uses social media (such as Facebook, Twitter, and news outlets) to measure the amount of attention a paper attracts. We have published several papers that have very high Altmetric scores and that makes us happy (eg³⁻⁶). However, Altmetrics does not tell us about the ultimate measure (reading) and there is not much association between an Altmetrics score, or the number of times a paper is cited, or the number of times a paper is read. For example, even though my friend's paper had 2500 reads, its Altmetric score is 6 and it has 4 recorded citations. Reading is very hard to measure and, like every other measure of science impact, should be taken with a grain of salt. There is no direct measure yet of the impact of scientific publications on patient care.

Even so, this issue of the Journal is full of research for readers to think about. Our lead article investigates the receipt of nutritional advice by 16 people with various long-term conditions, revealing (again) that patients find it hard to maintain healthy diets.⁷ However, this

Susan Dovey
MPH, PhD
FRNZCGP(Hon)

J PRIM HEALTH CARE
2018;10(3):183–185.
doi:10.1071/HCv10n3_ED1
Published online 4 October 2018

CORRESPONDENCE TO:
Professor Susan Dovey
Professor of Public Health
and Epidemiology, RCSI
Bahrain, P.O. Box 15503,
Adliya, Kingdom of Bahrain
susdov@msn.com;
editor@rnzccgp.org.nz

article also raises the suggestion that maybe healthcare providers need to think a little differently about *how* to advise their patients. It suggests that considering the Whare Tapa Wha model of health⁸ when delivering dietary advice might positively influence its uptake. Along similar lines, Rolston's team report research showing gaps in the knowledge about gout of both Pākehā and Māori patients that, if filled, would probably improve their health.⁹ We learn that sometimes it is better to talk to people than hand out pamphlets to assist patients with gout to understand their illness, but sometimes the opposite applies. We have three more research articles about clinical topics. Murray and Roke use data from family planning clinics to define ethnic differences in the use of different contraceptives that seem to rest on financial grounds,¹⁰ and we have two papers about melanoma. New Zealand has a higher prevalence of skin cancer than any other country in the world and Townsend shows what this means for the organisation of care in his rural general practice.^{11,12} Brian and Jameson include the hospital side of the melanoma story, concluding that New Zealand guidelines for melanoma excision biopsy need revision so that they provide more clinically meaningful measures that clinicians can use to audit their care.¹³ Further relating to the practical use of guidelines, Reyneke, Jaye and Stokes examine the process of accepting and using care pathways in the Western Bay of Plenty.¹⁴

We also have an array of papers about health care services. Nixon shows how point of care ultrasounds in rural hospitals influence generalist physicians' decision-making.¹⁵ Soh and Low reviewed the literature on house calls by general practitioners and in doing so they have inadvertently set an agenda for research in this issue of increasing importance as populations age.¹⁶ Why do we not know more about the epidemiology of house calls – who is visited, why and where? Is the call for house calls going to become more pressing? If so, when? How much do house calls cost and who pays?

Szafran's team from Canada show how patients value the team-based care that has been implemented in Canadian primary care clinics

for more than a decade¹⁷ and McKinlay's team extend our knowledge about the importance of social networks by testing the knowledge in general practice about patients' social networks by the statements of patients themselves of their own networks.¹⁸ Strobel *et al.* use routinely collected data to examine process of care indicators for indigenous children in Australia.¹⁹

Finally, check out our columnists discussions of saline eyewashes and echinacea might give you some useful practical tips for accessible treatments for common conditions.^{20,21} Enjoy your reading!

References

1. Llewellyn R, Jaye C, Egan R, et al. Cracking open death: death conversations in primary care. *J Prim Health Care*. 2016;8(4):303–11. doi:10.1071/HC15058
2. Priem J, Taraborelli D, Groth C, Neylon C. Altmetrics: a manifesto, 26 October 2010 [cited 29 August 2018]. Available from: <http://altmetrics.org/manifesto/>
3. O'Hagan L. Narrating Our Selves: Eric Elder Lecture presented at the Annual Conference of the Royal New Zealand College of General Practitioners, July 2016. *J Prim Health Care*. 2017;9(2):100–4. doi:10.1071/HC15925
4. Cadogan A, Mohammed KD. Shoulder pain in primary care: Frozen shoulder. *J Prim Health Care*. 2016;8(1):44–51. doi:10.1071/HC15018
5. Gray L, Stubbe M, Macdonald L, et al. A taboo topic?: How general practitioners talk about overweight and obesity in New Zealand. *J Prim Health Care*. 2018;10(2):150–8. doi:10.1071/HC17075
6. Gray B. The Cynefin framework: applying an understanding of complexity to medicine. *J Prim Health Care*. 2017;9(4):258–61. doi:10.1071/HC17002
7. Francis H, Carryer J, Wilkinson J. The complexity of food for people with multiple long-term health conditions. *J Prim Health Care*. 2018;10(3):186–193.
8. Durie M. Mauri Ora: The dynamics of Māori health. Auckland, New Zealand: Oxford University Press; 2001.
9. Rolston CJ, Conner TS, Stamp LK, et al. Improving gout education from patients' perspectives: a focus group study of Māori and Pākehā people with gout. *J Prim Health Care*. 2018;10(3):194–200.
10. Murray C, Roke C. Who can afford a Mirena® for contraception? *J Prim Health Care*. 2018;10(3):201–206.
11. Whiteman DC, Green AC, Olsen CM. The growing burden of invasive melanoma: Projections of incidence rates and numbers of new cases in six susceptible populations through 2031. *J Invest Dermatol*. 2016;136(6):1161–71. doi:10.1016/j.jid.2016.01.035
12. Townsend T. Diagnosis and management of melanoma in a rural general practice. *J Prim Health Care*. 2018;10(3):207–209.
13. Brian T, Jameson MB. Skin lesions suspicious for melanoma: New Zealand excision margin guidelines in practice. *J Prim Health Care*. 2018;10(3):210–214.
14. Reyneke A, Jaye C, Stokes T. Local clinical pathways: from 'good ideas' to 'practicality' for general practitioners. *J Prim Health Care*. 2018;10(3):215–223.

15. Nixon G, Blattner K, Muirhead J, et al. Scope of point-of-care ultrasound practice in rural New Zealand. *J Prim Health Care*. 2018;10(3):224–236.
16. Soh LL, Low LL. Attitudes, perceptions and practice patterns of primary care practitioners towards house calls. *J Prim Health Care*. 2018;10(3):237–247.
17. Szafran O, Kennett SL, Bell NR, Green L. Patients' perceptions of team-based care in family practice: access, benefits and team roles. *J Prim Health Care*. 2018;10(3):248–257.
18. McKinlay E, Young J, Gray B. General practice and patients' views of the social networks of patients with multi morbidity. *J Prim Health Care*. 2018;10(3):258–266.
19. Strobel NA, McAuley K, Matthews V, et al. Understanding the structure and processes of primary health care for young indigenous children. *J Prim Health Care*. 2018;10(3):267–278.
20. Jordan V. Saline irrigation: a cheap and effective treatment for allergic rhinitis. *J Prim Health Care*. 2018;10(3):279–279.
21. Walsh P. Echinacea. *J Prim Health Care*. 2018;10(3):280–281.