

## The Readers Speak and the Editor Responds: 1986 Readership Survey

---

Here I sit on a sunny Sunday afternoon, with your 1986 Readers Survey responses spread out before me. My job is to sort through these statistics, comments, and suggestions and to try to reach some conclusions about where we stand with you, the readers, where you would like us to go in the future, and how might we get there?

First, we have the statistical data compiled for us by the Society of Nuclear Medicine national office. The Readership Survey questionnaire appeared in the December issue and, to date, we have received 75 responses—not the 1% of readers that was desired, but not too bad for our first try at this sort of thing. So, let's see who cares enough about the Journal to take the time to fill out the questionnaire. There were 40 physician-respondents (53%) and 10 basic scientists (13%) (about the same proportion that subscribe); 14 technologists (19%) a little underrepresented; three administrators, one commercial representative; and seven others. Not a bad distribution.

The first question asked was to compare the 1986 Journal to the 1985 Journal, and 39 of you felt the Journal had improved. Only three thought it not as good; the rest opted for "about the same". This is encouraging.

Next, we asked what sections of the Journal were most often read. Those leading the way were Table of Contents, Newline, Clinical Sciences, Case Reports, Special Contributions, and Editorials. A related question asked what you would like to read more of in the future, and the answer: Clinical Sciences, Special Contributions, Technical Notes, Case Reports, Abstracts, and Newline. This is interesting, isn't it? Although the sample is small, and we may have a biased sample, I think we ought to consider these statistics carefully, while we look at the comments and suggestions offered.

A sage once said, "people ask for criticism, but they only want praise," and there's probably a lot of truth to that. But, let's consider the critics first and save the praise for later. I have to fortify myself, however, because some of this is strong stuff.

Many of the critical comments are from physicians, mostly in private practice. One physician says, "This Journal is *Dull!* It is a chore to wade through it . . . oftentimes the writing is not clear". Another, "I would prefer a more clinically oriented journal . . . *Please* no more articles on cyclotrons, PET cameras, etc". Finally, is this category of complaint, "This is not an optimal Journal for the practicing nuclear clinician, more for academics in ivory towers". The chemists are also among the critics. One instructs, "Be more critical when accepting papers. I hear that the reviewers' comments are not taken into account and the Editor has the tendency for accepting low standard manuscripts". (Ouch!) Another chemist complains, ". . . the printing smudges easily. Anything wrong with the ink?" (Can't say, but we'll look into it.) Technologists lament, "Research is okay but limited to only a few departments" and "The Journal . . . tends to be boring reading to the vast majority of technologists who are not in teaching institutions". And, finally, a pharmacist on this theme, "The majority of the Journal revolves around techniques unavailable to over 90% of the readers".

Well, there you have it. Is this the way you feel? Would you like to get a word in here? If so, find the December 1986 issue containing the questionnaire, tear it out, fill it in, and send it to us. I'd like to hear from you, too.

Now, we get to your ideas for improvement. This ought to be interesting; we'll start with the physicians again, since they are the majority respondents. One would like to see "less of the basic sciences" and "more the Newline-type article". Another wants "controversial issues . . . discussed more frequently" but wants it done in editorials, not in Newline. On the same theme, we have "more extensive and more frequent comprehensive reviews and in-depth presentations" and "tutorials on special subjects on a regular basis". Several others ask

for more “review”-type articles, and one asks for “more historical vignettes”. One physician requests that the Journal “separate articles so they may be removed (“torn”) for filing without having to copy an overlapping page”. One reader from Europe asks that we include more “Newline articles of relevance outside the USA” and a US reader asks for “regional reports of chapter activities” and “a speaker forum for continuing education”. A technologist would like a “review of technologist’s basic knowledge, possibly a different subject each month” and another suggests an “area for referring physicians info” and “more correlative imaging articles”. Finally, we are asked to beware of publishing “academic publish-or-perish trivia in language that nobody understands” and are given the following clues: “every article with more than three authors”, “every acronym . . . an invitation to dishonesty”, and “every one-mouse paper . . .”.

Now, for some pats on the back. I thought we’d never get to this. “Keep up the good work”, “Great job”, “No complaints, I like it the way it is”, and “about the proper balance” reflect some of the more positive tones. Newline comes in for special mention: “I really like what you’ve done with ‘Newline’—it’s great” and “Newline is an excellent addition; it is professionally done”. Stan and Linda, take a bow. And the last word on this subject I give to this reader, “The Journal is one of the best professional journals in the world. Keep up the good work!” Thanks, we intend to keep working, and hope you will keep reading and writing.

So, where do we go from here? In my first 2-½ years as Editor, my time has been filled with the basics of the Journal, such as the peer review system, style considerations, relations with authors and publishers, etc. Apparently, these efforts have been successful, and this survey tells me that some readers now desire enlarging the scope of the Journal. We will try to do this, but the main constraint is that we can’t publish what we don’t receive. Although most respondents indicated they would like to see more clinical science articles, the number of such articles submitted decreased slightly in 1986 compared to 1985, while the total number of articles submitted increased (by 2%).

As the official publication of the Society of Nuclear Medicine, the Journal should reflect information presented at the Annual Meeting and chapter meetings. I encourage all authors who present papers at these meetings to submit their work to the Journal for consideration of publication. In addition, Dr. Leon Partain is soliciting manuscripts from the Continuing Education Lectures, for subsequent publication in the Journal. In upcoming issues, I hope to respond to readers’ requests for more special contributions and editorials, with the assistance of the Editorial Board. We will also give thought to incorporating basic information for referring physicians and technologists. Other issues raised by the survey will be addressed whenever possible.

All in all, the results of this first Readership Survey are encouraging, and I am pleased you cared enough to provide your opinions. And, to those who did not respond, it is not too late to do so. We who are charged with the responsibility of bringing the Journal to you each month will always try to serve your best interests and the field of nuclear medicine. The duality of the Journal allows us to reflect the present state of nuclear medicine as well as anticipate its future, and to prepare our readers for both. Our goal is that each reader will find something of value in every issue. With your interest and support, I am sure we can achieve this goal.

Thomas P. Haynie, MD  
*Editor*