The Balancing Act: Mission, Readers, and Other Voices

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Both Thorne's and Chinn's papers challenge us to reflect on how we as editors facilitate the inclusion of all voices and perspectives to create a "global conversation." They challenge us to be open, intellectually and ethically unbiased, and inclusive. Thorne's paper is a comprehensive and thoughtful review of practices by which editors might perpetuate the status quo in scholarly thought and create barriers to presentation of different and new voices and ideas. These barriers include language, editorial processes, the reviewers we choose, how we define scholarship, and biases towards unpopular ideas. She provokes and prods us to think about how we might inadvertently contribute to stifling new voices and new ways of thinking.

Chinn's paper also prompts us to think about challenges in presenting ideas that are not central to conventional thinking or popular. She describes content areas where we have fallen short as well as backlash that can result when readers choose to see thinking that is out of the main-stream as oppositional instead of unique.

My thoughts are from my perspective as the editor of an American journal geared for practising nurses, the *American Journal of Nursing AJN* is a 112-year-old broad-based, peer-reviewed, and evidence-based journal. It publishes original research, review articles, and quality improvement reports, as well as news, short clinical columns and opinion pieces, narrative writing, and even poetry and flash fiction.

The common theme presented in both papers is the difficulties and challenges in publishing content that is not central or may be outside of conventional "scholarship," or that may be unpopular or politically charged. While this is a challenge to any editor, nursing journals like *AJN* have a great deal of leeway since our content area includes all aspects of nursing. *AJN*'s purpose was very clearly laid out in the first issue, published in October 1900:

It will be the policy of the magazine to lend its pages freely to the discussion of subjects of general interest, presenting every question fairly and without partisanship, giving full recognition to all persons offering a suggestion that shall be in the line of nursing progress, excluding only such controversy as shall seem to be personally malicious or lacking in the broad interest of the profession. (Palmer, 1900)

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So, given that we are a general practice journal, and given our charge from Ms. Palmer, our subject matter should include all issues that may have an effect on the health and well-being of those we care for, as well as issues related to how we as nurses can provide that care effectively. The journal should be a channel for presentation and analysis of ideas and should help nurses weigh the merits of available information and opinion. And while we are a scholarly journal in the traditional sense of following standard criteria for review of research and scientific writing, we do have many columns that are venues for creative expression, opinion, and reflection. Our social media sites have also been a proving ground of sorts, allowing for expression and reaction and providing a mechanism for exploring ideas and issues.

The primary question, then, in making decisions about content is, Who does the journal serve and how best can we serve them? Certainly serving our readers is paramount, but who are our readers now, in this new world where information is only a URL away? AJN's readers have largely been American nurses; in the first part of the century, these nurses for the most part practised in the community setting and later moved into hospital-based nursing. That trend has continued and currently almost two thirds of our readers practise in acute-care settings. Annual reader surveys tell us that our subscribers and readers want evidence-based clinical information relevant to their practice and information that will have an impact on their role as nurses.

Today that does mean including global content, as the information needs of American nurses have changed along with the diversity of the population for whom they provide care — according to US Census figures, 13% of the population is foreign-born. And while the great majority of our readers live in the United States, over one quarter of monthly visitors to *AJN*'s Web site and social media pages are outside of the United States.

I am cognizant that "including international content" is vastly different from providing a voice to those who are outside our borders, and we do seek content written by nurses outside of the United States. It is a challenge, as there is a great deal of complexity to achieving balance between "inclusion-friendly" editorial practices with the need to maintain scientific rigour, journalistic standards for writing, and, key for a practice journal, relevance to our readers. We have received complaints and reminders from some of our more parochial readers, however, that we are the *AMERICAN Journal of Nursing* and should focus on American health-care issues. For us it is a delicate balance and we struggle with how to please all of our readers as our readership changes.

And while we must serve our readers in order to remain viable, we must also serve the profession. We are very mindful of our legacy as an historical archive of the progression of American nursing in the context of a changing society. This means covering issues that may be unpopular but important, documenting how nurses think about such issues and how nursing as a whole may respond or not, and covering the "business" of the profession. And as Chinn notes in her paper, there are risks to doing that — we have lost alliances and subscribers because readers objected to what we published. On some occasions it was not even that we advocated for a particular position or viewpoint — readers objected to the subject matter in a professional journal. This included a poem about an adulterous nursing student; a report about the struggles of the professional organization; cover artwork that some felt was too risqué; an article on the underuse of emergency contraception. Editorials on supporting Muslim nursing colleagues, women's rights, and the problems faced by gay teens elicited negative responses from some readers. A reader opinion piece on why all nurses should oppose war provoked some readers to cancel their subscriptions, saying we were unpatriotic and that the piece had no place in a professional journal.

I believe that my job as editor of a journal geared towards practising nurses is to provide our readers with content they need to perform their role as nurses and to inform their thinking about their profession in the context of the world in which they live. To do that, we need to present all stories and all sides of the story; we need to weed out the facts from the rhetoric. If we only publish what is mainstream and safe, we are not serving our readers well, nor are we serving the profession. It is our objective to challenge readers' assumptions and provoke critical thinking and conversations. In this age of information overload, I see our journal as a curator of information — sorting through the noise and identifying what is important, unbiased, accurate, and relevant to nurses wherever they might practise. Most of the time, it will be content readers recognize that they need and want and value, but on occasion it may be a "stretch" — an editorial or article that may be outside of readers' comfort zones or challenge their beliefs. Our readers are not shy in informing us if we have crossed an arbitrary line they have set for us, and e-mail and social media sites offer many pathways to voice opinions. But it means that readers are thinking and discussing and reacting, and that means we are fulfilling the purpose for which this journal was founded so many years ago.

References

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