

The Journal of Family Practice—1974-1983: Analysis of an Evolving Literature Base

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This paper examines the spontaneous evolution of original work in the field of family practice as published in this journal over the past ten years. An analysis was carried out by principal content, by type, and by source of the more than 1,700 papers published during that period. More than one half (currently 60 percent) of published papers have dealt with biomedical subjects; a majority of the remaining papers have dealt with health services and educational subjects. The most common type of paper has been observational research, with case studies, reviews, methods, opinion, and experimental research following in that order. The last five years have seen a continuing increase in the proportion of observational research papers, a slight decrease in reviews and opinion, and a marked decrease in methods papers. Sixty percent of published papers have been contributed by family physicians or others working in family practice settings. About three fourths of papers have been contributed from university or medical school settings, with one fourth from various community settings. All parts of the country have contributed to the publication of original work in the field. The trends that have been identified over the first ten years in terms of focus and content of the literature of record seem quite appropriate for the current and next stages of development of family practice as a clinical specialty.

This issue marks the tenth anniversary of *The Journal of Family Practice* and the start of the 11th year of publication. The *Journal* began as a quarterly publication in 1974, five years after family practice was recognized as a specialty with the formation of the American Board of Family Practice. The *Journal* became bimonthly in 1975 and

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has been published on a monthly basis for the last seven years.

The literature read by family physicians is of two basic types: (1) the *literature of record* (ie, based upon original work) and (2) the *derivative literature* (ie, based upon reviews of original work of others). As has been pointed out previously, a strong and growing literature of record is crucial to the development and vitality of family practice, as it has been for all other established clinical specialties.¹

The Journal of Family Practice is the only

monthly journal in this field in the United States devoted to the needs of the emergent specialty for a literature of record including peer-reviewed original work and commentary from clinical, educational, research, and health policy perspectives. Since less than 2 percent of papers are invited, published work in this journal over the last ten years represents the spontaneous evolution of this new specialty in these areas. Because the literature of record reflects in large part the content, process, and concerns of a specialty, it is instructive to examine the dimensions and nature of this body of literature. The purpose of this paper is to report the results of a content analysis of *The Journal of Family Practice* as it relates to the profile and progress of the developing specialty of family medicine.

Methods

The 17 published volumes of *The Journal of Family Practice*, dated May 1974 through December 1983, were examined. Journal staff extracted numbers of articles received, accepted, and rejected for publication, as well as authors' degrees, institutional affiliations, geographic location, and affiliation with family medicine. The authors reviewed and categorized each article by principal content (eg, biomedical, educational, health services) and by type (eg, editorial, case study, review, observational research). Although not all articles were easily characterized by content and type (eg, an educational review containing some new data), the authors assigned each article into a single content and type category based upon predominant approach and content.

Results

A total of 1,709 papers of various types have been published in *The Journal of Family Practice* over the ten-year period 1974 to 1983. Over most of the last ten years, the proportion of accepted manuscripts has been approximately 50 percent of submissions, although this figure has gradually declined over the last several years to its present 40 percent level.

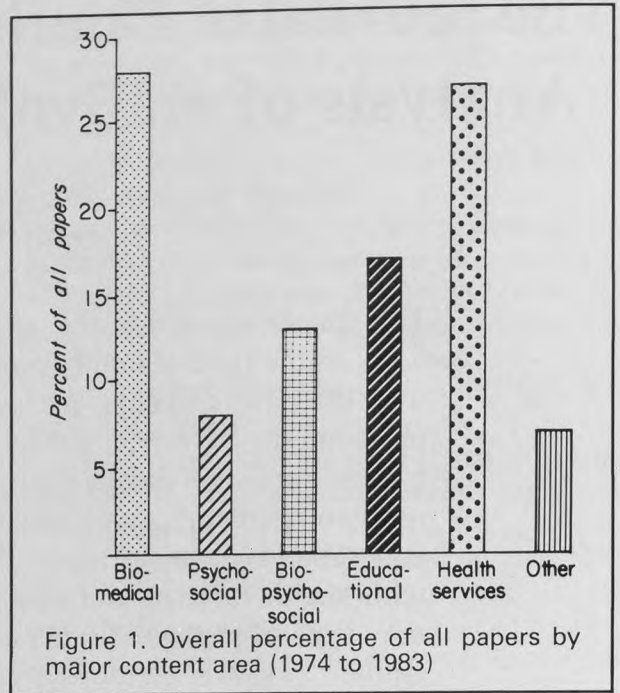
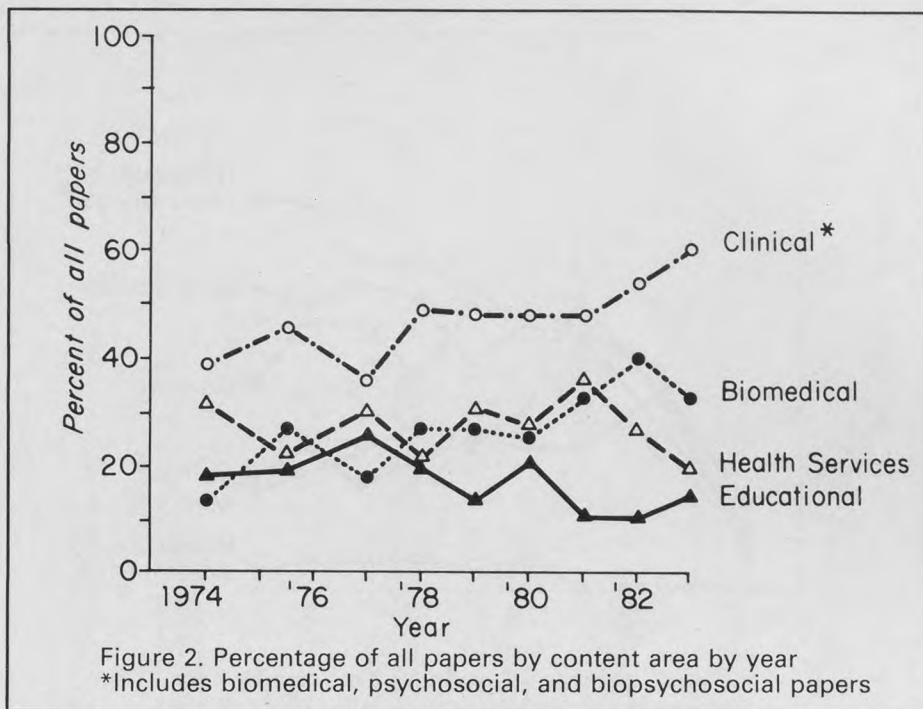


Figure 1. Overall percentage of all papers by major content area (1974 to 1983)

During the ten-year period 44 percent of published papers have been by single authors, with 29 percent by three or more authors. The proportion of single-author papers has gradually decreased in recent years as the proportion of papers by three or more authors has increased (now about 40 percent). About 78 percent of published papers have included physician authors, 12 percent PhDs, and 10 percent others; these proportions have remained rather constant over the years. Sixty percent of published papers have been contributed by family physicians or others working in family practice settings; an additional 18 percent of papers have included family medicine authors working in collaboration with other disciplines.

Over the last ten years 78 percent of published papers have been submitted from university or medical school settings, with 22 percent from community settings (including community hospitals, private practice and other community practices, military settings, and national organizations, eg, the American Academy of Family Physicians). During the last five years this balance has shifted slightly, with 71 percent of papers submitted from university or medical school sites and 29 percent from community sites.

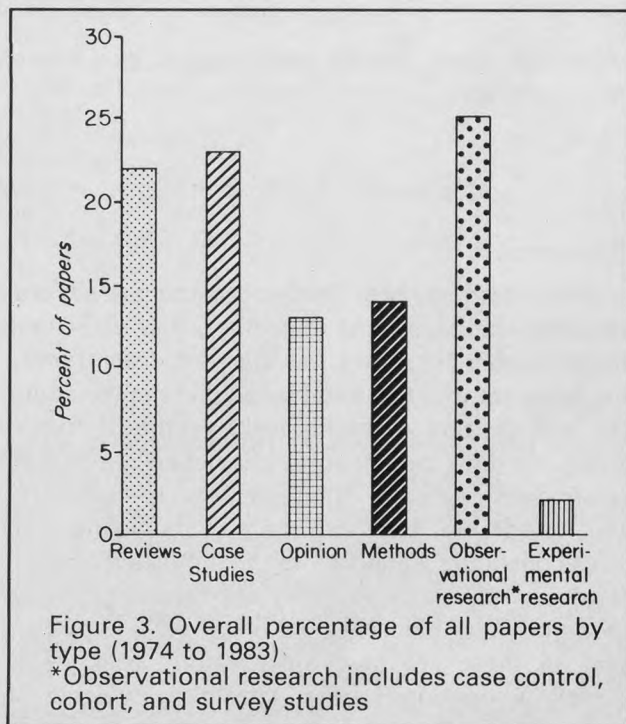
Figure 1 displays the overall spectrum of con-



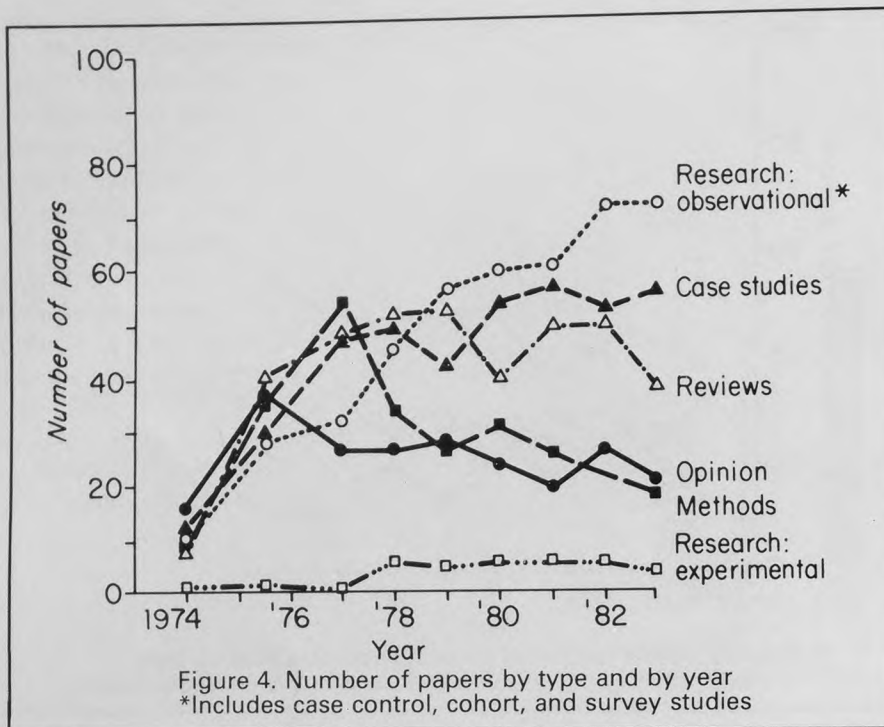
tent of published papers over the period 1974 to 1983 in terms of biomedical, psychosocial, biopsychosocial, educational, health services, and other categories. Figure 2 shows an increasing proportion of clinical papers (ie, biomedical, psychosocial, and biopsychosocial papers) over the last several years to about 60 percent of all papers and a slight decline in educational papers.

As shown in Figure 3, the largest single category of paper is observational research, with case studies, reviews, methods, opinion, and experimental research following in that order. Figure 4 reflects a continuing increase in observational research papers, a marked decrease in methods papers, a slight decrease in reviews and opinion, and a consistently low proportion of experimental research papers.

To identify possible changes in the geographic distribution by source of papers, the locations of authors were compared for the years 1974 to 1975 and 1982 to 1983. Figure 5 displays these findings for nine regions of the United States, Canada, and other foreign countries. It can be seen that all sections of the United States have contributed to this body of literature, with most papers originating from the Pacific Coast, North Central, Middle



Atlantic, and South Atlantic regions. Recent increases in manuscript submissions are noted in the



Mountain states, North Central region, and South Atlantic region.

Comment

These findings bear further comment in several respects. Perhaps most important, it is clear that most of this literature has derived from family medicine settings representing all parts of the country and reflects a predominantly clinical focus. Most authors are family physicians, although other disciplines are often involved in collaborative authorship. That university or medical school sites contribute a majority of the published original work in the field is probably not surprising, since research is an inherent goal of programs and faculty in these settings. Since family practice is largely a community-based specialty, however, it is gratifying that a substantial number of papers originate in various community settings. In addition, many of the papers categorized as derived from university or medical schools reflect work done in collaboration between these sites and var-

ious community practices, so that community settings are more heavily represented in this published literature than might be initially apparent.

One of the most interesting findings of this study is the large proportion of papers dealing with health services subjects. On reflection, this is not surprising, since family practice has developed as a specialty more as a response to major deficiencies and needs in the health care system than as a result of any advance of biomedical knowledge or technology. In addition, since family practice takes an integrative approach to psychosocial issues, it is gratifying to see that this area and biopsychosocial subjects are well represented in the specialty's published clinical literature.

The sizable proportion of research, mostly clinical, is directly addressing a basic need of the field. Family practice as a specialty began with no research tradition, and work in this new area has required development of research skills, methods, and organized approaches. It is most appropriate that papers dealing with methods have constituted a sizable proportion of published papers, especially in the earlier years, and that the proportion of opinion papers has decreased as the proportion

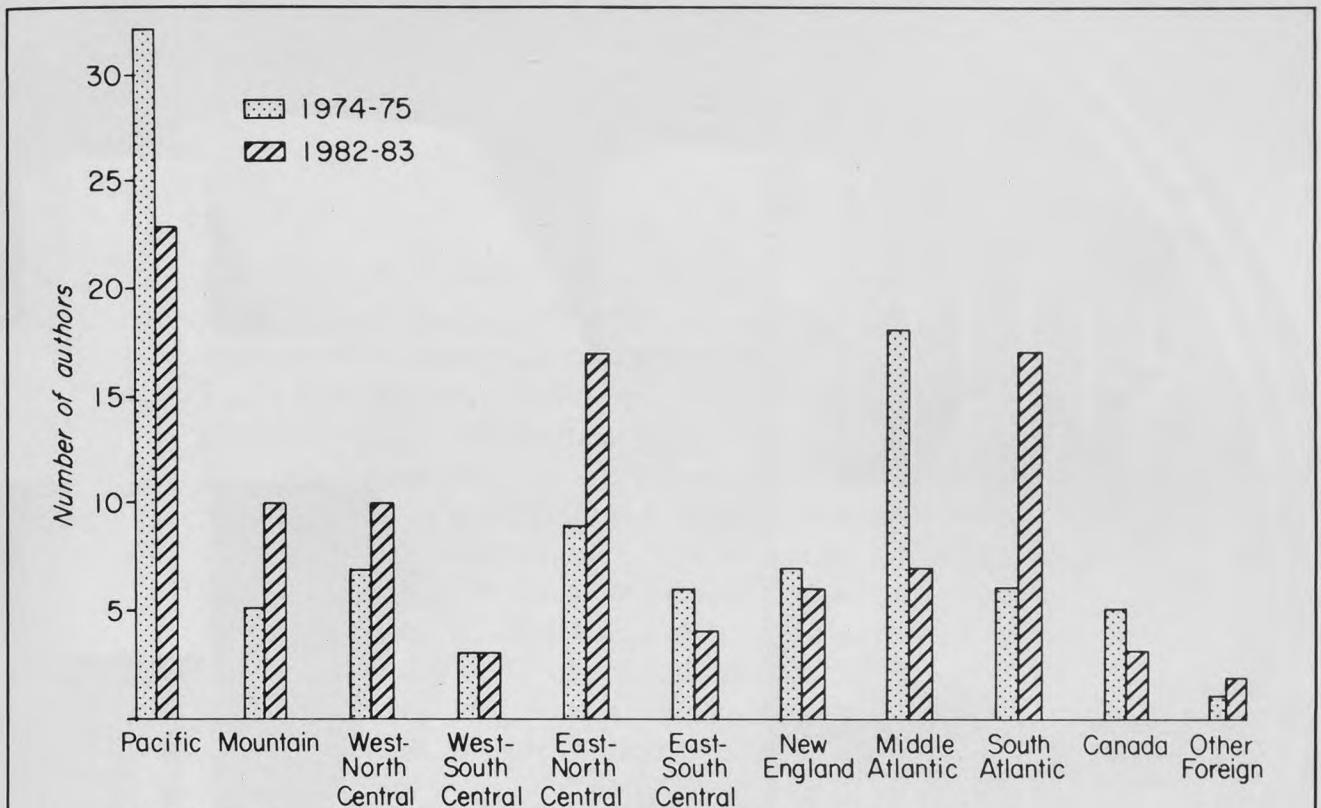


Figure 5. Geographic distribution of authors for selected years by US census regions:

Pacific—California, Oregon, Washington, Alaska, Hawaii
 Mountain—Montana, Idaho, Wyoming, Nevada, Utah, Colorado, Arizona, New Mexico
 West North Central—North Dakota, South Dakota, Nebraska, Kansas, Missouri, Iowa, Minnesota
 West South Central—Texas, Oklahoma, Arkansas, Louisiana
 East North Central—Wisconsin, Illinois, Indiana, Ohio, Michigan
 East South Central—Kentucky, Tennessee, Mississippi, Alabama
 New England—Maine, Vermont, New Hampshire, Massachusetts, Rhode Island, Connecticut
 Middle Atlantic—New York, Pennsylvania, New Jersey
 South Atlantic—Maryland, Delaware, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida

of published research increases and the specialty begins to mature.

Excellent progress has been made over the past ten years in developing a body of original published work addressing the needs of family practice in clinical, educational, research, and health policy areas. It is inevitable that the next ten to 20 years will see continued growth and development of this literature base paralleling maturation of the specialty. The trends that have been established in the first ten years in terms of focus and content seem generally appropriate also for the next stages of the specialty's development. That various kinds of observational research collectively make up the

major research effort to date in the field seems congruent with the major research issues, problems, and environment of research in family medicine settings. One would hope, however, that as research methods are further refined and adapted to the special needs of primary care, experimental research will occupy a somewhat more prominent role than it has to date in the development of new knowledge and evaluation of new techniques and interventions within the field.

Reference

1. Geyman JP: The literature of record in family practice: Progress, problems, and needs. *J Fam Pract* 13:591, 1981