

IJBM — Interdisciplinary, International, and Outstanding Research on Factors Relevant to Health and Illness

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What did we achieve in the 5 years of my term as the Editor-in-Chief of the *International Journal of Behavioral Medicine* (IJBM)? It has been an interesting and rewarding experience to serve IJBM in this position. In this editorial, I will summarize the major developments during these 5 years and I will assess the current state of IJBM.

The profile of IJBM has been defined as “original research and integrative reviews on interactions among behavioral, psychosocial, environmental, genetic, and biomedical factors relevant to health and illness. The scope of IJBM extends from research on biobehavioral mechanisms; clinical studies on diagnosis, treatment, and rehabilitation; to research on public health, including health promotion and prevention” [1]. A thorough understanding of biobehavioral mechanisms contributes to clinical and public health research. Public health research may benefit from insights derived from clinical studies, and vice versa. IJBM brings these differently focused but complementary domains together to integrate and extend knowledge on factors relevant to health and illness. IJBM is preeminently an interdisciplinary journal.

I believe IJBM has indeed been successful in publishing high-quality papers in the three major domains of biobehavioral mechanisms, clinical care, and public health. Recent examples in the domain of behavioral mechanisms are *The Relationships Between Self-Rated Health and Serum Lipids Across Time* [2] and *Sleep Duration and Regularity are Associated with Behavioral Problems in 8-year-old Children* [3]. Examples in the domain of clinical

care include the papers *Effects of a Weight Loss Intervention on Body Mass, Fitness, and Inflammatory Biomarkers in Overweight or Obese Breast Cancer Survivor* [4] and *Parents’ Pain Catastrophizing is Related to Pain Catastrophizing of Their Adult Children* [5]. Recent examples in the domain of public health are the review on *The Relevance of Fatalism in the Study of Latinas’ Cancer Screening Behavior* [6] and the review on *Prevention of Type 2 Diabetes and its Complications in Developing Countries* [7]. Clinical care and public health have been the most proliferative domains; IJBM could publish somewhat more papers in the field of biobehavioral mechanisms. The International Society of Behavioral Medicine is aiming to strengthen collaboration with more specialized scientific societies in behavioral medicine; this may help to attract more high-quality manuscripts on basic research.

The profile emphasizing three major domains brings the risk of lack of focus. Researchers working in a specific field may feel that their audience is “diluted” by readers from the other two fields; they could prefer to submit to a more specialized journal. To counteract this risk, IJBM has put strong emphasis on publishing special series, focusing on a specific theme in behavioral medicine. Examples include the special series on *Social Determinants of Health at Different Phases of Life* [8]; *Psychological Determinants and Outcomes of Sedentary and Physical Activity Behaviours* [9]; *Psychological Aspects of Cardiovascular Disease* [10]; *Contemporary Perspectives on Risk Perceptions, Health-Protective Behaviors, and Control of Emerging Infectious Diseases* [11]; and *Risk Perceptions and Behaviour: Towards Pandemic Control of Emerging Infectious Diseases* [12]. These special series bring together research coming from basic science, clinical medicine, and/or public health, all contributing to the specific theme.

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These special series, frequently prefaced by an editorial describing the context and cohesion of these papers, have been major achievements. The special series have been instrumental in bringing out the very essence of behavioral medicine, i.e., interdisciplinary research on the interactions among behavioral, psychosocial, environmental, genetic, and biomedical factors relevant to health and illness, with contributions from the domains of biobehavioral mechanisms, clinical care, and public health.

I also believe that research published in IJBM has contributed to the development of scientific theory in behavioral medicine, either by testing theories or by generating theory based on empirical data. A judicious use of theory is instrumental in developing hypotheses and in interpreting empirical findings. Theories facilitate the interpretation and integration of empirical findings, and a good theory helps to identify the next logical step in research [13]. Papers contributing to the development of theory have been published in the three domains mentioned above. Examples include *Predicting Adult Physical Health Outcomes from Childhood Aggression, Social Withdrawal and Likeability: A 30-Year Prospective, Longitudinal Study* [14]; *Is There a Bidirectional Link Between Insomnia and Burnout? A Prospective Study in the Swedish Workforce* [15]; and *Risk Perceptions Related to SARS and Avian Influenza: Theoretical Foundations of Current Empirical Research* [16].

The number of manuscripts submitted to IJBM is rather stable over the last years. Manuscripts originate from all over the world. In 2010, the distribution of submitted manuscripts over regions was as follows: Africa, 2%; Asia, 28%; Australia/New Zealand, 7%; Europe, 39%; Middle and South America, 2%; and North America, 23%. The number of manuscripts from Asia seems to be increasing, which is a good development. The number of manuscripts from Middle and South America is too low; hopefully, this will improve in the coming years.

These manuscripts address issues which are relevant for global health. Not only did manuscripts originate from all over the world, they also address issues related to global health. Examples include behavioral control of emerging infectious diseases, such as influenza A (H1N1) [17]; the cultural adaptation and evaluation of a stress management program in Eastern Europe [18]; prevention of diabetes in developing countries [7]; and the comparison of physical activity in several Asian countries [19] and in several African countries [20]. These examples show that IJBM is a truly international journal. This is a remarkable achievement. It shows that IJBM has its own niche among the journals in the field of behavioral medicine.

A major and very positive development has been the transition to Springer Science + Business Media as publisher of IJBM. The transition to Springer has brought

many benefits, of which I want to mention three. First, Springer provides free and easy electronic access of IJBM to members of all ISBM member societies. This step is an important contribution to facilitate scientific communication among ISBM members. Second, Springer provides a web-based manuscript submission, review, and tracking system. This has improved the efficiency of submitting and reviewing manuscripts; authors, reviewers, and (associate) editors appreciate this very much. Third, Springer publishes manuscripts Online First. It is a tremendous improvement that manuscripts, instead of waiting in line for publication in print, are now published Online First, soon after being accepted for publication. Publication Online First makes results available for reading and citation, soon after being accepted as scientifically valid and worth publishing.

Although its value should not be exaggerated, the impact factor is a reflection of the scientific impact of papers published in the journal. The 2010 impact factor of IJBM is 1.76, and rising. I trust that the growing worldwide interest in behavioral medicine and the continued efforts of the editorial team will boost the scientific impact of research published in IJBM even further.

Overall, I conclude that IJBM is in good shape. I want to thank the associate editors for their strong contributions to achieve the present state. Mike Antoni, Wolfgang Hiller, Yvette Miller, Urs Nater, Linda Powell, Katri Raikkonen, Akizumi Tsutsumi, and, previously, Norito Kawakami, and Christina Lee: thank you for handling the review process of so many manuscripts, for your valuable suggestions on how to improve manuscripts, and for your wise decisions and advice. Members of the editorial board and all anonymous outside reviewers: thank you for your constructive and critical comments, which have been extremely helpful in improving the quality of manuscripts; reviewers' comments do improve the quality of manuscripts. I strongly believe in and have seen empirical evidence for peer review as a system to improve the quality of science. I want to thank authors for submitting their work to IJBM. Only a minority of these manuscripts got accepted. These manuscripts contributed to the advancement of scientific understanding in behavioral medicine. I want to thank the staff at Springer for their highly efficient and very friendly support. Janice Stern, Arlyn Escopete, Tracy Marton and many others behind the scenes: I really appreciated working with you. I will miss these interactions, almost on a daily basis, with you.

Finally, I am very pleased that Christina Lee will take over as the next Editor-in-Chief. Her knowledge of behavioral medicine, her experience as Associate Editor, and her managerial skills are critical factors for bringing IJBM at an even higher level. I wish her success and I wish her joy; being editor of IJBM is an interesting and rewarding experience, indeed.

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