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The Impact Factor Illusion—Why We Chase It, Why It Hurts Us, and What We Should Do Instead

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Let me begin with a confession. I check the impact factor of every journal before I submit my work. I know I should not care so much. It is just a number. But I do care. And I am not alone. All of us do. We obsess over it. We celebrate when a paper gets accepted in a high-impact journal. We feel embarrassed when it lands in a low one. We compare ourselves to colleagues who publish in "better" journals. It has become a status symbol.

But here is the uncomfortable question: Does this number actually mean anything useful for us, in our part of the world? Does publishing in a high-impact journal make us better doctors? Does it improve patient care in our overcrowded hospitals? Or are we just running after a ghost—a ghost created by a businessman in the 1960s that has since taken over our professional lives?

I think we need to talk about this. Not to blame anyone. High-impact journals are not bad. They publish excellent science. But we need to understand the game we are playing. And we need to ask if this game is serving us, or if we are serving it.

First, let us understand what impact factor actually is. It is a simple calculation—citations received in a year to articles published in the previous two years, divided by the total number of citable articles published in the previous two years. That is it. A mathematical average. It does not measure quality, rigor, or ethics. It measures popularity. Popularity is not the same as truth. There are famous papers later proven wrong. There are brilliant papers never cited because they are too niche. But we ignore this. We treat impact factor as if it is a stamp of approval from God himself.

The problem becomes worse in our context. We deal with tropical diseases, malnutrition, infectious outbreaks, and resource constraints. These are not topics that excite high-impact journals. They want global relevance. They want large trials, molecular biology, big data. When we submit work on, say, a local scrub typhus outbreak, reviewers say it is "not of broad interest." "Too regional." So, we get discouraged. We feel inferior. We send it to a lower-tier journal. We accept it, but we are not proud.

And then we try to design studies that will appeal to high-impact journals. We look for international collaborations. We try to make our research more "global." In the process, we sometimes forget our own patients. We forget the questions that matter in our own clinics. We stop asking, "What is best for our setting?" We start asking, "What will get me a good citation?"

Here is the irony. Even when we manage to publish in a high-impact journal, does it help us? Not necessarily. These journals demand expensive experiments, advanced statistics, and lengthy revisions. We spend months responding to reviewers. We spend money on editing. We jump through hoops. And at the end, we have a beautiful paper. But did we learn something new? Did we change our practice? Often, no.

But we keep doing it. Because the system rewards us. Our promotions committees look at the impact factor and the quartile. They do not read the paper. They just see the number and think, "This person is doing good work." So, we have built a culture where impact factor is the ultimate currency. It is like money. One paper in a high-impact journal counts more than a hundred in low-impact ones. This is unfair, but it is reality.

The most tragic part is what it does to our young researchers. They see us obsessing over impact factors. They see us celebrating a high-impact publication. They see us depressed by rejection. They internalize this. They think the only valid research is what gets published in Nature or The Lancet. They think local questions are not important. They lose confidence. They start copying foreign research. They stop being curious about their own environment. This is a loss. A real loss. Our environment is rich with questions that need answers—unique populations, unique diseases, unique systems. But we ignore them because we are chasing a number.

I am not saying we should stop trying to publish in good journals. There is nothing wrong with ambition. But we need to be honest about the purpose of our research. If we do it only for impact factor, we are wasting our time and our patients' data. Research is supposed to guide practice. If we publish a paper in a high-impact journal but the findings are irrelevant to our setting, what have we achieved? If we publish in a local journal but the findings change how we prescribe a drug, that is a victory. That is meaningful.

So, what should we do? I have some thoughts.

They are practical, not revolutionary.

First, we need to change our mindset. Stop worshiping impact factors. Look at journals holistically. Does the journal have robust peer review? Ethical standards? Relevance to our region? If yes, that is a good journal. Be proud to publish there. Tell your students that a good paper is a good paper, no matter where it is published.

Second, demand that promotion committees change their criteria. They should not just ask for impact factor. They should ask: What was the research question? How was it answered? How does this help our institution and patients? If committee members read the papers—or at least the abstracts—they can judge quality. It takes effort, but it sends a clear message: we value substance over prestige.

Third, strengthen our local journals. We have many, but many are struggling. Low impact factors. Limited resources. Not indexed. But they are ours. They publish local research. They give a platform to young researchers. Submit your best work to them. Review for them. Serve on their editorial boards. If we build strong local journals, we reduce dependence on foreign ones.

Fourth, teach our students about impact factor. They should know what it is and what it is not. They should know it is not a measure of truth. They should know predatory journals also claim fake impact factors. Teach them to evaluate journals based on practices, not just numbers.

Fifth, celebrate local research. In department meetings, grand rounds, conferences, highlight studies relevant to our community. Invite local researchers to present. Discuss how to implement findings. Create a culture where local research is valued. This will reduce the pressure to chase international fame.

Sixth, accept that we cannot beat the system overnight. But we can change our relationship with it. Treat impact factor as one metric among many. Publish in high-impact journals when it makes sense—when we have a truly global study. But do not do it for every paper. Save energy for meaningful work.

Finally, to young researchers: do not lose heart. Do not feel your work is inferior just because it is published in a local journal. Your questions are important. Your patients need answers. Whether published in Q1 or Q4, honest, rigorous research still counts. What matters is the truth you uncover. What matters is the change you bring to your clinic, your ward, your community.

We need to stop this chase. We need to stop running after the impact factor like it is the only thing that matters. Look at your patients, your students, your colleagues. Ask yourself: What good am I doing? If the answer is yes, you are on the right track. Let us redefine success. Let us measure ourselves by our contributions, not by our citations.

It will not change overnight. But small changes add up. One promotion committee changing criteria. One department celebrating a local publication. One journal improving standards. Let us take these steps together.

Competing Interest:

This manuscript was polished for English readability using an LLM. The ideas, arguments, and opinions expressed are entirely my own.