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Bibliometrisk undersøkelse av forskningen i kliniske fag 2000-2005

En utredning for Sosial- og helsedirektoratet

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Forord

Formålet med denne undersøkelsen er å kartlegge den vitenskapelige publiseringsaktiviteten i kliniske fag og helsefag med hovedfokus på helseforetakene i Norge. Kartleggingen skjer ved å benytte bibliografiske data for artikler i utvalgte, internasjonale vitenskapelige tidsskrifter. Derfor dekker undersøkelsen i hovedsak den forskningen som utføres i spesialisthelsetjenesten og ved universitetene.

Undersøkelser av denne typen kan brukes i tre sammenhenger:

- av helsemyndighetene til å vurdere forskningsinnsatsen på et overordnet nivå
- av helseregionene til å vurdere egen forskningsinnsats
- i en framtidig evaluering av målesystemet for forskningen i helseforetakene.

Undersøkelsen er gjennomført våren 2006 på oppdrag fra Sosial- og helsedirektoratet (SHdir) etter initiativ fra Helse- og omsorgsdepartementet (HOD). I direktoratet har seniorrådgiver Barbra Noodt veiledet prosjektet. De regionale helseforetakenes *Strategigruppe for forskning* under ledelse av Bjørn Erikstein har fungert som styringsgruppe. I denne gruppen er både de regionale helseforetakene (RHFene), direktoratet, departementet og Nasjonalt kunnskapssenter for helsetjenesten representert.

Rapporten presenterer metoder og indikatorer som bør diskuteres og videreutvikles. På sikt kan denne typen undersøkelser bli en del av informasjonsgrunnlaget for prioriteringer av og satsinger på forskning. Det er mulig å oppdatere prosjektets artikkeldatabase år for år framover. Men i første omgang bør metoder og indikatorer diskuteres med tanke på mulige forbedringer. Derfor sikter denne rapporten primært mot å illustrere mulighetene og problemene i forbindelse med undersøkelsen.

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1 Innledning

1.1 Bibliometriens muligheter og begrensninger

I bibliometriske undersøkelser benyttes systematiserte data for vitenskapelige publikasjoner som hentes fra de bibliografiske databasene som forskere vanligvis bruker til å finne utgitt forskningslitteratur om sitt emne. I denne undersøkelsen benyttes data fra tidsskriftsindeksen *Web of Knowledge* (utgitt av Thomson ISI), som indekserer mer enn 1 million artikler årlig i omkring 9 000 vitenskapelige tidsskrifter. En av fordelene med denne basen er at man der registrerer samtlige forfatteradresser som ble publisert i artiklene. Det er en forutsetning for denne undersøkelsen at alle forfatteradresser er kjent.

Web of Knowledge dekker *internasjonale vitenskapelige tidsskrifter*. Innenfor medisin og helse er det særlig i basalfagene og i de kliniske spesialitetene at forskningen blir publisert i internasjonale tidsskrifter. I samfunnsvitenskapelig basert helseforskning er det mer vanlig å publisere i form av norske rapporter eller norske tidsskriftsartikler. Det samme gjelder for forskningen i av helseprofesjonene, for eksempel fysioterapi. Med *Web of Knowledge* som datagrunnlag blir undersøkelsen nødvendigvis fokusert på deler av forskningen relatert til spesialisthelsetjenestene.

Bibliometriske undersøkelser kan bidra til at man får oversikt over forskningsaktivitet på et overordnet nivå. Bibliometriske metoder er utviklet for å håndtere store mengder data. Dermed kan man avdekke overordnede mønstre i forskningen som man ellers ikke kan se. Som et eksempel kan vi i denne undersøkelsen vise at de fem helseregionene ikke har helt den samme fagprofilen i sin forskning. Det ser ut til å være en viss "nasjonal arbeidsdeling" med hensyn til hvilke felt man særlig forsker på.

Særlig i basalmedisinsk forskning er forskere ofte opptatt av å vurdere egen og andre forskning ut fra "bibliometriske" parametere som antall publikasjoner, antall mottatte siteringer eller såkalt *impact* i tidsskriftene man publiserer i. Men det finnes ingen snarveier til kvalitetsvurderinger i forskningen. Dette er for lengst slått fast i det profesjonelle og internasjonale forskningsfeltet hvor man arbeider med bibliometriske studier av forskning. Bibliometriske metoder er ikke egnet til å bedømme forskningsinnsats på individ- eller gruppenivå. I denne rapporten holder vi oss til analyser på et overordnet nivå. Analysene er ikke ment å være kvalitetsvurderinger, og bør heller ikke brukes til dette. Hvis vi for eksempel påpeker at en helseregion har relativt få vitenskapelige artikler i et bestemt fagfelt, skal dette ikke tolkes i retning av at man *burde* hatt flere artikler. På et overordnet nivå vil antallet vitenskapelige artikler være uttrykk for et *aktivitetsnivå* i forskningen, ikke hvor "flinke" man er til å publisere. Aktivitetsnivået vil være avhengig av en rekke ting, blant annet strategiske beslutninger, prioriteringer og ressursinnsats lenge før den perioden som man studerer bibliometrisk.

I datagrunnlaget for denne undersøkelsen forekommer opplysninger om den enkelte artikkel og dermed også om forfatternavn, adresse ved helseforetak, osv. Men som nevnt presenterer vi bare resultater på et overordnet nivå. Videre analyser på lavere nivåer bør foretas i dialog med de fagmiljøene det gjelder. Dialogen vil da både kunne utdype den bibliometriske informasjonen som foreligger og avklare mulige begrensninger ved materialet og metodene.

1.2 Datagrunnlag

NIFU STEP gjennomfører hvert år en måling av forskningsaktiviteten i helseforetakene for Helse- og omsorgsdepartementet. Som et ledd i målingen knyttes vitenskapelige artikler til helseforetakene gjennom de publiserte forfatteradressene. Dette skjer i samarbeid mellom NIFU STEP og det enkelte helseforetak. Det foreligger nå kvalitetssikrede data fra de fem årene 2000-2004. Mens denne rapporten skrives, skjer kvalitetssikringen av data fra 2005. Disse skal tilføyes i denne rapporten senere.

Blant artiklene fra helseforetakene i 2000-2004 er hovedtyngden, i alt 6685 artikler, publisert i tidsskrifter som indekseres for *Web of Knowledge*. Disse artiklene er utgangspunktet for en grundigere undersøkelse her. Vi ønsker blant annet å gi en oversikt over forskningen i det enkelte kliniske fag eller helsefag. Faginndelingen av artiklene skjer gjennom en faginndeling av tidsskrifter (nærmere om dette i neste avsnitt). I den forbindelse har vi pekt ut 29 fagfelt med tilordnete tidsskrifter hvor helseforetakene har særlig mange artikler (i forhold til andre institusjoner i Norge), og som derfor er særlig relevante å undersøke. Blant disse 29 fagfeltene er for eksempel nevrologi og kirurgi, men ikke fysikk og bioteknologi. En del av helseforetakenes 6 685 artikler er *ikke* i de 29 fagfeltene som vi har valgt ut til nærmere undersøkelse. Holder vi oss til de 29 fagfeltene, blir det 5 586 artikler fra helseforetakene i 2000-2004 som kommer med i undersøkelsen. Senere skal vi supplere med artikler fra 2005 i samme fagfelt.

For å kunne studere helseforetakenes artikler ut fra en referanseramme har vi laget en database hvor vi også har med alle norske, danske og svenske artikler i *de samme 29 fagfeltene* fra perioden de seks årene 2000-2005. Databasen inneholder 49 334 artikler. *Tabell 1* nedenfor gir oversikt over datagrunnlaget.

Tabell 1. Antall artikler som inngår i undersøkelsen. (Helseforetakenes artikler fra 2005 skal tilføyes senere.)

År	Totalt	Helseforetakene	Norge	Danmark	Sverige
2000	8109	911	1428	2213	4879
2001	8050	943	1468	2174	4884
2002	7945	894	1419	2184	4830
2003	8017	1012	1480	2355	4755
2004	8346	983	1646	2493	4851
2005	8867		1794	2578	5210
Totalt	49334	4743	9235	13997	29409

Helseforetakenes artikler er en delmengde av de norske artiklene. (Det gjenstår å bestemme delmengden av de 1 794 artiklene fra 2005.) Summene for landene blir noe høyere enn totalsummen fordi det er en del artikler som har forfattere i mer enn ett nordisk land.

Databasen med 49 334 artikler har følgende informasjon om hver artikkel:

- Forfatter(e) – totalt 260 706
- Forfatteradresse(r) – totalt 162 464
- Artikkelenes tittel
- Tidsskrift – i alt er det 1 531 ulike tidsskrifter i databasen
- Årgang og sidetall
- Publikasjonstype ("Article" eller "Review")
- Antall ganger sitert i senere utkomne artikler – totalt 489 297 siteringer. Målingen er gjort i mai 2006.

I helseforetakenes artikler er de publiserte forfatteradressene knyttet til standardiserte navn på helseforetaket. I alle andre artikler har vi bare de publiserte adressene (med mange stavevarianter). Datagrunnlaget er begrenset til publikasjonstypene "Article" eller "Review" for å få samsvar med helseforetakenes målesystem hvor dette også er utvalgs-kriterium.

Noe av hensikten med å ta med Danmark og Sverige i undersøkelsen er å kunne sammenligne med et "internasjonalt nivå". Begge disse landene hevder seg godt internasjonalt i klinisk og helsefaglig forskning. Hvis vi skulle tatt med flere land, ville datamengden ha blitt uhåndterlig stor. Men NIFU STEP har en egen database, *National Science Indicators*, med tall (ikke artikler) for hele verdens publisering i de tidsskriftene som dekkes av *Web of Knowledge*. Enkelte steder i undersøkelsen vil vi vise til denne statistikken i forbindelse med at vi kontrollerer det nordiske nivået i forhold til det internasjonale.

1.3 Faginndeling av tidsskrifter

Avgrensningen av data for undersøkelsen og *den videre inndelingen i fagfelt* er foretatt gjennom definerte **utvalg av tidsskrifter**. Dette er den vanligste metoden i bibliometriske undersøkelser av store datamengder. Alternativet er å fagklassifisere hver enkelt artikkel. Å definere artiklenes fagtilhørighet gjennom tidsskriftet de er publisert i innebærer en grovsortering. Man skal derfor være forsiktig med å trekke vidtrekkende konklusjoner av undersøkelsen. Hver enkelt artikkel kan berøre flere fagfelt, og hvert tidsskrift kan publisere artikler fra ulike fagfelt.

Vi har tatt utgangspunkt i den faginndelingen av tidsskrifter som Thomson ISI benytter, men den er modifisert og korrigert i tilfeller hvor det forelå klare feil eller muligheter for forenklinger. Det er viktig for undersøkelsen at

- 1) inndelingen av selve fagfeltene er mest mulig hensiktsmessig og "treffer riktig" i forhold til helsesektorens kunnskapsbehov om egen forskning, og
- 2) at det enkelte tidsskrift er sortert så riktig som mulig i forhold til denne faginndelingen.

Faginndelingen av tidsskrifter er det temaet som har vært drøftet mest med styringsgruppen. Dette har vært det vanskeligste punktet for gjennomføringen av undersøkelsen. Ingen av oss som har arbeidet med eller kommentert undersøkelsen, mener at løsningen som så langt foreligger er ideell. Den må det arbeides videre med. Derfor foreligger den valgte inndelingen av tidsskrifter i rapportens **Vedlegg** til diskusjon og videreutvikling. I vedlegget er tidsskriftene sortert etter fagfelt og dernest i synkende orden etter antall artikler som inngår i undersøkelsen. Noen få tidsskrifter har publisert svært mange av artiklene. Det er særlig disse tidsskriftene som det er viktig å plassere så riktig som mulig.

I undersøkelsen inngår **29 fagfelt**. Dette innebærer et *utvalg* av alle artikler som indekseres for *Web of Knowledge*. Vi valgte de 29 fagfeltene ved å måle helseforetakenes andel av alle norske artikler i fagfeltene. Helseforetakene har for eksempel små andeler av de norske artiklene i sosiologi, fysikk og matematikk, mens andelene er høye i kliniske fag og i helsefag. Vi brukte også skjønn. De fleste av de få norske artiklene i sykepleievitenskap er ikke publisert ved helseforetakene, men ved høyskolene. Likevel tok vi med dette fagfeltet. Vi tok også med "Multidisciplinary Sciences", som er en kategori hvor store tidsskrifter som *Science*, *Nature* og *PNAS* dominerer. Generelle medisinske tidsskrifter som *Lancet*, *New England Journal of Medicine* og *British Medical Journal* er i fagfeltet "Medicine, General and Internal". *Tabell 2* gir oversikt over de 29 fagfeltene.

Tabell 2. Fagfelt som er valgt ut til undersøkelsen. Til høyre vises hvor mange artikler fra Danmark, Norge og Sverige fra 2000-2005 som er med i fagfeltet. I midten vises antallet tidsskrifter de er publisert i. En oversikt over tidsskriftene i hvert fagfelt er vist i *Vedlegg*.

Fagfelt	Tidsskrifter	Artikler
Anesthesia & Intensive Care	31	1260
Cardiac & Cardiovascular Systems	121	4447
Dermatology & Venereal Diseases	30	721
Endocrinology & Metabolism	60	3768
Gastroenterology & Hepatology	40	1645
Geriatrics & Gerontology	29	462
Health Care Sci & Services	71	1090
Hematology	28	1073
Immunology	99	4868
Infectious Diseases	27	1098
Medicine, General & Internal	88	1960
Medicine, Research & Experimental	62	1796
Multidisciplinary Sciences	12	1431
Neurology	100	2817
Nursing	27	826
Obstetrics & Gynecology	43	1714
Oncogenesis & Cancer Res	107	4395
Ophthalmology	32	774
Orthopedics	19	515
Otorhinolaryngology	30	686
Pediatrics	26	1050
Psychiatry & Clinical Psychology	131	1999
Public, Environmental & Occupational Health	74	2578
Radiology, Nuclear Medicine & Medical Imaging	53	1268
Rehabilitation	36	503
Rheumatology	24	1016
Substance Abuse	23	356
Surgery	69	1727
Urology & Nephrology	39	1491
Sum	1531	49334

Kolonnen for tidsskrifter omfatter bare de som har hatt norske, danske og svenske artikler i perioden. Fagkategoriene hos Thomson ISI har flere tidsskrifter. For eksempel er Japanese Heart Journal med i kategorien "Cardiac & Cardiovascular Systems", men dette tidsskriftet har ikke hatt nordiske artikler i perioden. Oversikten i **Vedlegget** omfatter bare de tidsskriftene som har hatt det.

1.4 Indikatorer

I de følgende kapitlene presenteres undersøkelsens resultater i tilknytning til indikatorer for forskningsaktivitet, forskningsprofil, innflytelse, publiseringsnivå og internasjonalt og nasjonalt samarbeid. Indikatorene forklares kort her:

- **Forskningsaktivitet** måles i antall publikasjoner. Publikasjonsmengde kan sammenlignes mellom land, helseregioner, osv., og man kan måle endringer over tid.

- **Forskningsprofil** måles som antall publikasjoner i ett fagfelt dividert på antall publikasjoner i alle fagfelt samlet. Andelen kan variere mellom land, helseregioner, osv. og dermed vise ulik relativ forskningsaktivitet i fagfeltet.
- **Innflytelse** måles som antall mottatte siteringer pr. publikasjoner. Muligheten for å bli sitert varierer med fagfelt og tiden som er gått siden publikasjonen ble utgitt. Derfor beregnes innflytelse relativt til gjennomsnittet for fagfelt og år.
- **Publiseringsnivå** er siteringshyppigheten i de *tidsskriftene* hvor artiklene er publisert, med andre ord i hvilken grad man publiserer i de tidsskriftene som får mest oppmerksomhet i forskningslitteraturen. Nivået beregnes som gjennomsnittlig siteringshyppighet for de tidsskriftene som artiklene er publiserte i. Analysen må gjøres pr. fagfelt.
- **Internasjonalt og nasjonalt samarbeid** kan undersøkes i de artiklene som har adresser ved flere institusjoner (nasjonalt) og i flere land (internasjonalt). For det første kan *andelen* artikler med slikt samarbeid beregnes, og for det andre kan man beregne den relative hyppigheten av visse samarbeidsrelasjoner.

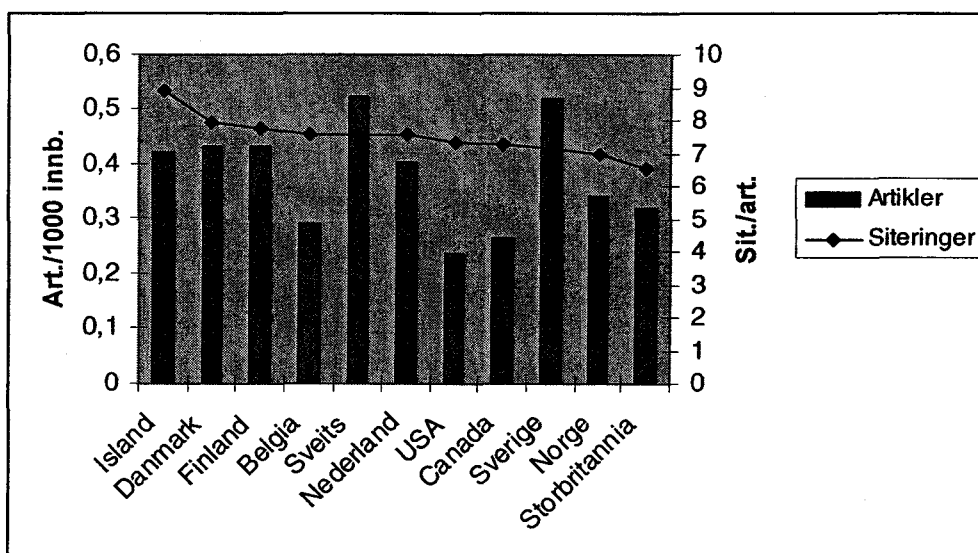
2 Internasjonal referanseramme

For å kunne vurdere resultatene av undersøkelsene i vår "nordiske" database, som vi kommer tilbake til i de neste kapitlene, skal vi her ta utgangspunkt i publiseringsstatistikk for hele verden i databasen "National Science Indicators", som produseres av Thomson ISI og dekker publiseringen i tidsskrifter som indekseres for *Web of Knowledge*. Fra denne databasen er det mulig å ta ut statistikk for hovedkategorien "Clinical Medicine", som dekker vel 2 000 tidsskrifter. Dette er ikke helt det samme utvalget som vi har med i vår undersøkelse, men man kan få et generelt inntrykk av forskningsaktiviteten i Danmark, Norge og Sverige sett i forhold til andre land.

I figur 1 har vi tatt med de elleve landene i verden som har størst siteringshyppighet i fagkategorien "Clinical Medicine" i femårsperioden 2001-2005. Vi ser at alle land i Norden er blant disse elleve. Norge er på tiende plass. De nordiske landene har også høye antall artikler i forhold til folketallet. Ut fra disse to indikatorene kommer Norge godt ut av en internasjonal sammenligning, men svakere ut av en nordisk sammenligning. Av dette kan vi slutte at vi sammenligner med et relativt høyt internasjonalt nivå når vi i det følgende sammenligner med Danmark og Sverige.

Figur 1. "Clinical Medicine": Artikler pr. 1000 innbyggere og siteringer pr. artikkel i 2001-2005 blant de elleve landene i verden med flest siteringer pr. artikkel i perioden.

Kilde: National Science Indicators, Thomson ISI.



I den internasjonale statistikken er det også mulig å undersøke enkelte fagfelt med tilnærmet likt tidsskriftsutvalg som i vår nordiske database. Dette er mulig for 26 av de 29 fagfeltene som er med i undersøkelsen. Her har vi sett nærmere på hvor stor andel av artiklene landene har i det enkelte fagfelt sammenlignet med landets andel av alle artikler i tidsskrifter som indekseres av Thomson ISI. Resultatet er vist i tabell 3. Her er beregningsgrunnlaget alle artikler fra vedkommende land i alle fagfelt. Som eksempel

inngår også artikler i fysikk, biologi og økonomi. Ut fra dette er en relativ publiseringsaktivitet beregnet ved at landets andel av verdens artikler i fagfeltet er dividert på landets andel av verdens artikler i alle fagfelt samlet. Verdier over 1,00 viser høyere aktivitet i fagfeltet sett i forhold til landets generelle aktivitet i alle slags fag. Et eksempel er verdien 2,50 i kolonnen for Norge og raden for helsetjenesteforskning. Dette innebærer at Norge har 2,5 ganger så mange artikler som forventet i helsetjenesteforskning når utgangspunktet er Norges generelle publiseringsaktivitet i internasjonale tidsskrifter.

Tabell 3. Relativ publiseringsaktivitet 2001-2005: Landets andel av verdens artikler i fagfeltet dividert på landets andel av verdens artikler i alle fagfelt samlet. I tabellen vises 26 av de fagfeltene som er med i undersøkelsen. I beregningsgrunnlaget inngår også fagfelt som ikke er medisinske og helsefaglige, for eksempel fysikk, biologi og økonomi.

	Norge	Danmark	Sverige
Anesthesia & Intensive Care	1,31	0,98	1,14
Cardiac & Cardiovascular Systems	1,26	1,04	1,21
Dermatology & Venereal Diseases	0,55	1,53	1,07
Endocrinology & Metabolism	1,22	3,00	1,91
Gastroenterology & Hepatology	1,14	1,26	1,11
Health Care Sci & Services	2,50	1,30	1,56
Hematology	1,20	1,00	1,30
Immunology	1,35	1,46	1,69
Infectious Diseases	1,13	1,62	1,53
Medicine, General & Internal	1,19	1,42	1,15
Medicine, Research & Experimental	1,50	1,14	1,01
Multidisciplinary Sciences	0,90	0,80	0,79
Neurology	1,25	1,11	1,16
Obstetrics & Gynecology	1,50	1,63	1,45
Oncogenesis & Cancer Res	1,73	1,12	1,59
Ophthalmology	0,45	0,70	0,75
Orthopedics	1,43	1,03	1,74
Otorhinolaryngology	0,74	0,77	1,19
Pediatrics	1,14	0,78	1,26
Psychiatry & Clin Psychol	1,89	1,30	1,32
Public, Envir & Occup Health	1,93	1,44	2,00
Radiology, Nucl Med & Med Imag	0,92	0,69	0,76
Rehabilitation	0,97	0,20	1,66
Rheumatology	1,93	1,26	1,76
Surgery	0,74	0,55	0,87
Urology & Nephrology	0,76	1,08	1,21

I de fleste tilfeller overstiger verdiene 1,00. Dette betyr at Danmark, Norge og Sverige generelt publiserer mye i kliniske fag sammenlignet med andre fag, for eksempel realfag. Men i tre kliniske fag er verdiene lavere for alle tre land: kirurgi, radiologi og øyesykdommer. Dette kan vi merke i forbindelse med at vi i kapittel 3 sammenligner internt i Norden. Kategorien "Multidisciplinary Sciences", hvor verdiene også er lave, dekker sentrale tidsskrifter som *Nature*, *Science* og *PNAS* pluss en rekke små generelle tidsskrifter rundt om i verden som stort sett er nasjonale og hvor nordiske forskere nesten aldri publiserer. Her er det altså rimelig at verdiene er lave.

3 Nordisk sammenligning

I det følgende benytter vi databasen med artikler fra Danmark, Norge og Sverige, og vi undersøker seksårs-perioden 2000-2005.

3.1 Forskningsaktivitet

Som nevnt i innledningen, måles forskningsaktivitet i antall publikasjoner.

Publikasjonsmengde kan sammenlignes mellom land, helseregioner, osv., og man kan måle endringer over tid. I forrige kapittel viste vi i *figur 1* at Norge har lav publiseringsaktivitet i klinisk medisin fra et nordisk synspunkt, men relativt høy fra et internasjonalt synspunkt.

Tabell 1 i innledningskapittelet viser at antallet artikler øker i løpet av perioden. Slike økninger er vanlige i studier basert på data fra Thomson ISI. Økt internasjonalt samarbeid er den viktigste forklaringen. Dette gir økte antall artikler pr. land selv om det reelle antallet ikke øker. Men det skjer også en reell vekst i forskningen og i antallet vitenskapelige tidsskrifter.

I *tabell 4* har vi beregnet de tre landenes andeler av artiklene hvert år. Vi ser at mindre enn en femtedel av artiklene er fra Norge, men at Norges andel av artiklene øker, mens Sveriges går ned. Norge har altså i perioden litt større vekst i artikkelproduksjonen eller i deltakelsen i sådan enn de to andre landene har.

Tabell 4. Prosentfordeling mellom landene: Artikler pr. år og totalt fra Norge, Danmark og Sverige.

	2000	2001	2002	2003	2004	2005	Totalt
Norge	16,8 %	17,2 %	16,8 %	17,2 %	18,3 %	18,7 %	17,5 %
Danmark	26,0 %	25,5 %	25,9 %	27,4 %	27,7 %	26,9 %	26,6 %
Sverige	57,3 %	57,3 %	57,3 %	55,4 %	54,0 %	54,4 %	55,9 %
Totalt	100 %	100 %	100 %	100 %	100 %	100 %	100 %

3.2 Forskningsprofil

Forskningsprofil måles som antall publikasjoner i ett fagfelt dividert på antall publikasjoner i alle fagfelt samlet. Andelen kan variere mellom land, helseregioner, osv. og dermed vise ulik relativ forskningsaktivitet i fagfeltet. Et eksempel på bruk av indikatoren finnes i *tabell 3* i forrige kapittel. Her skal vi gjøre en mer konkret og enklere beregning ved rett og slett å rangere fagfeltene etter hvor stor andel Norge har av de tre landenes artikler. Som vist i *tabell 4*, er 17,5 prosent av artiklene fra Norge (andel av sumtallet for Norden). *Tabell 5* viser hvordan denne prosentandelen varierer mellom fagfeltene, fra 27, 6 prosent i helsetjenesteforskning til 8,6 prosent i endokrinologi og stoffskifte. Høye andeler innebærer at vi har mer forskning i dette fagfeltet enn vi kunne forvente ut fra den generelle fordelingen av artikler mellom landene. Siden Norden er referanseramme, avhenger beregningen av hvor aktive de andre landene er i feltet. Stort sett er de svært aktive, som vi så i *tabell 3*. Unntakene er kirurgi, radiologi og øyensykdommer.

Tabell 5. Fagfeltene rangert etter Norges andel av artiklene.

Fagfelt	Sverige	Danmark	Norge	Sum	Andel Norge
Health Care Sci & Services	583	242	315	1140	27,6 %
Psychiatry & Clin Psychol	1078	491	546	2115	25,8 %
Rheumatology	592	225	241	1058	22,8 %
Oncogenesis & Cancer Res	2685	1049	1063	4797	22,2 %
Radiology, Nucl Med & Med Imaging	763	297	280	1340	20,9 %
Public, Envir & Occupat Health	1416	826	546	2788	19,6 %
Neurology	1577	818	579	2974	19,5 %
Cardiac & Cardiovascular Systems	2733	1153	923	4809	19,2 %
Anesthesia & Intensive Care	730	343	254	1327	19,1 %
Infectious Diseases	608	338	222	1168	19,0 %
Pediatrics	704	196	208	1108	18,8 %
Substance Abuse	263	44	68	375	18,1 %
Obstetrics & Gynecology	959	545	329	1833	17,9 %
Hematology	657	311	211	1179	17,9 %
Medicine, Research & Experimental	1013	571	342	1926	17,8 %
Gastroenterology & Hepatology	910	552	310	1772	17,5 %
Medicine, General & Internal	1096	710	362	2168	16,7 %
Surgery	1139	366	292	1797	16,2 %
Immunology	2926	1395	814	5135	15,9 %
Nursing	684	48	137	869	15,8 %
Multidisciplinary Sciences	875	403	217	1495	14,5 %
Orthopedics	334	134	74	542	13,7 %
Rehabilitation	377	70	70	517	13,5 %
Otorhinolaryngology	481	154	87	722	12,0 %
Urology & Nephrology	941	465	186	1592	11,7 %
Ophthalmology	481	225	88	794	11,1 %
Dermatology & Venereal Diseases	421	286	78	785	9,9 %
Geriatrics & Gerontology	309	128	46	483	9,5 %
Endocrinology & Metabolism	2074	1612	347	4033	8,6 %
Sum	29409	13997	9235	52641	17,5 %

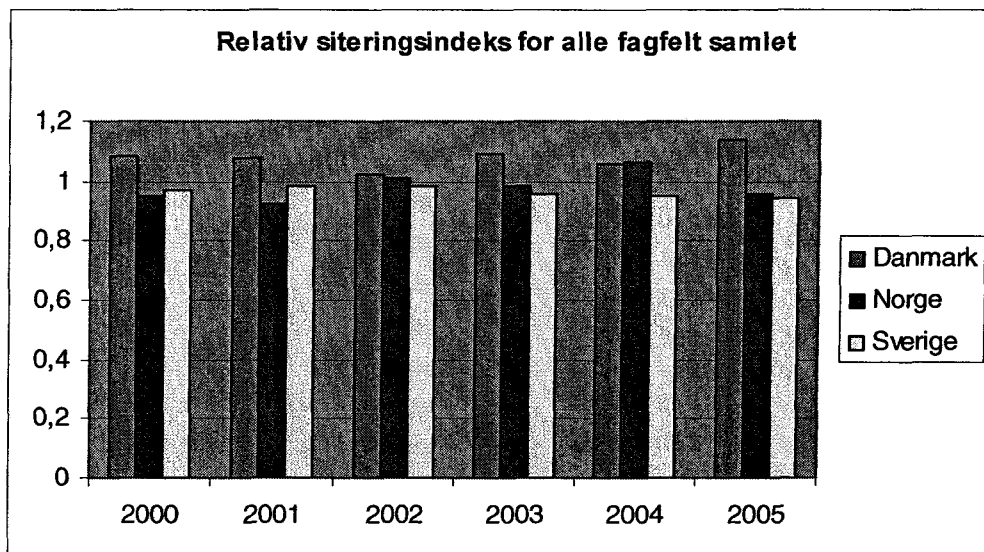
3.3 Innflytelse

Innflytelse måles som antall mottatte siteringer pr. publikasjon. Muligheten for å bli sitert varierer med fagfelt og tiden som er gått siden publikasjonen utkom. Derfor beregnes innflytelse relativt til gjennomsnittet for fagfeltet og publikasjonsåret. Ordet "innflytelse" brukes her som en oversettelse av eng. **impact**, som også kan oversettes med "gjennomslagskraft" eller "oppmerksomhet". Siteringer viser i hvilken grad en publikasjons resultater blir brukt i videre forskning. De sier ikke nødvendigvis noe om forskningens "kvalitet". Kvaliteten må vurderes i en sammenheng, den kan ikke måles.

I *figur 2* sammenlignes innflytelsen til de tre landenes publikasjoner i alle fagfelt samlet. Verdien 1,0 representerer den gjennomsnittlige siteringshyppigheten for de tre landenes publikasjoner hvert år. (I *figur 1* i kapittel 2 har vi allerede sett at alle tre lands publikasjoner blir relativt mye sitert i forhold til et internasjonalt gjennomsnitt.) Vi ser at Danmarks publikasjoner avviker positivt fra gjennomsnittet hvert eneste år. Norske artikler

har en positiv tendens i perioden, bortsett fra det siste året, men her er målingen usikker på grunn av kort siteringstid.

Figur 2. Relativ siteringsindeks for alle fagfelt samlet (vektet etter publikasjonsmengde i det enkelte fagfelt).



Innflytelsen for det enkelte lands artikler varierer mellom fagfelt. I *tabell 6* har vi derfor målt relativ siteringsindeks innen det enkelte fagfelt. Målingen er gjort hvert år. Deretter er gjennomsnittet for de seks årene beregnet.

Tabell 6. Siteringshyppighet i det enkelte fagfelt relativt til de tre landenes gjennomsnitt i fagfeltet.

	Danmark	Sverige	Norge
Anesthesia & Intensive Care	1,25	0,95	0,85
Cardiac & Cardiovascular Systems	1,07	0,95	1,05
Dermatology & Venereal Diseases	1,03	0,99	0,90
Endocrinology & Metabolism	1,10	0,93	0,92
Gastroenterology & Hepatology	1,02	1,05	0,81
Geriatrics & Gerontology	1,25	0,85	1,28
Health Care Sci & Services	1,08	0,97	1,00
Hematology	1,04	0,99	0,97
Immunology	1,02	0,99	1,02
Infectious Diseases	1,15	0,99	0,76
Medicine, General & Internal	1,04	0,87	1,33
Medicine, Research & Experimental	1,07	0,96	1,01
Multidisciplinary Sciences	1,20	0,92	1,01
Neurology	0,96	1,02	1,01
Nursing	1,06	1,00	0,94
Obstetrics & Gynecology	1,20	0,91	0,92
Oncogenesis & Cancer Res	1,13	0,95	1,00
Ophthalmology	0,90	1,07	0,84
Orthopedics	1,07	1,01	0,81
Otorhinolaryngology	0,68	1,10	1,06
Pediatrics	1,15	0,89	1,20
Psychiatry & Clin Psychol	1,16	0,95	0,94
Public, Envir & Occupat Health	1,12	0,98	0,88
Radiology, Nucl Med & Med Imaging	1,14	0,95	0,98
Rehabilitation	1,40	0,94	1,01
Rheumatology	1,09	1,05	0,82
Substance Abuse	1,00	1,02	0,93
Surgery	1,07	0,95	1,10
Urology & Nephrology	1,10	0,95	0,99

3.4 Publiseringnivå

Publiseringnivå er siteringshyppigheten i de tidsskriftene hvor artiklene er publisert, med andre ord i hvilken grad man publiserer i de tidsskriftene som får mest oppmerksomhet i forskningslitteraturen. Nivået beregnes som gjennomsnittlig siteringshyppighet for de tidsskriftene som artiklene er publiserte i.

Analysen må gjøres pr. fagfelt. *Tabell 7* viser at siteringshyppigheten blant tidsskriftene varierer mellom fagfeltene. I to av fagfeltene, "Medicine, General & Internal" og "Multidisciplinary Sciences", dominerer store og mye siterte tidsskrifter som *Nature* og *Lancet*. Derfor er gjennomsnittene høye her. I generell medisin får norske artikler høyere gjennomsnitt fordi Thomson ISI indekserer nasjonale engelskspråklige tidsskrifter fra nabolandene, men ikke fra Norge. Men for øvrig har dansk og svensk forskning et høyere publiseringnivå enn norsk forskning i de fleste fagfelt.

Tabell 7. Gjennomsnittlig siteringshyppighet for tidsskriftene hvor artiklene har vært publisert. (Tidsskriftenes siteringer er målt i femårs-perioden 2001-2005).

Fagfelt	Danmark	Sverige	Norge
Anesthesia & Intensive Care	5,20	5,37	4,46
Cardiac & Cardiovascular Systems	7,13	6,38	6,28
Dermatology & Venereal Diseases	3,73	3,97	4,33
Endocrinology & Metabolism	8,15	8,03	7,32
Gastroenterology & Hepatology	6,70	6,28	5,71
Geriatrics & Gerontology	4,58	3,11	3,23
Health Care Sci & Services	2,34	2,27	2,42
Hematology	7,99	8,13	7,97
Immunology	6,76	7,21	6,98
Infectious Diseases	4,55	4,10	3,80
Medicine, General & Internal	16,36	14,40	17,74
Medicine, Research & Experimental	4,61	4,91	3,96
Multidisciplinary Sciences	32,15	28,08	30,29
Neurology	5,47	5,23	4,91
Nursing	1,92	1,76	1,77
Obstetrics & Gynecology	4,46	3,91	3,46
Oncogenesis & Cancer Res	8,16	7,39	7,64
Ophthalmology	3,25	3,49	3,10
Orthopedics	2,65	2,77	2,73
Otorhinolaryngology	1,77	1,86	1,58
Pediatrics	3,68	3,03	3,40
Psychiatry & Clin Psychol	5,65	4,67	4,06
Public, Envir & Occupat Health	4,27	3,75	4,01
Radiology, Nucl Med & Med Imaging	4,11	3,79	4,01
Rehabilitation	2,30	2,31	2,08
Rheumatology	5,77	6,29	5,61
Substance Abuse	4,28	4,32	4,34
Surgery	3,38	3,24	2,94
Urology & Nephrology	5,01	4,56	4,23

3.5 Internasjonalt samarbeid

Internasjonalt samarbeid kan undersøkes i de artiklene som har adresser ved flere institusjoner (nasjonalt) og i flere land (internasjonalt). For det første kan andelen artikler med slikt samarbeid beregnes, og for det andre kan man beregne den relative hyppigheten av visse samarbeidsrelasjoner.

Som vi ser av *tabell 8*, er det utenlandske medforfattere i mer enn 40 prosent av de norske artiklene. Generelle studier av internasjonalt samarbeid viser at denne andelen varierer med landenes størrelse og er størst i små land. Derfor er det som forventet at Sverige har en lavere andel artikler med internasjonalt samarbeid. Men det er ikke som forventet at Danmarks andel er høyere enn Norges.

Tabell 8. Antall og andel artikler med utenlandske medforfattere.

	Artikler	Med utlandet	Andel
Danmark	13997	6264	44,8 %
Norge	9235	4098	44,4 %
Sverige	29409	12139	41,3 %

Det forekommer 133 ulike land i vårt materiale. Noen samarbeidsland er mer frekvente enn andre. *Tabell 9* viser de hyppigst forekommende samarbeidsrelasjonene. Det er bare ubetydelige forskjeller mellom de nordiske landenes samarbeidsprofiler. Men på grunn av størrelsesforholdene blir Sverige en relativt viktigere samarbeidspartner for Norge enn omvendt. Sverige er Norges største samarbeidspartner i de fagene vi undersøker her. Sverige har åtte samarbeidspartnere som er større.

Tabell 9. Mest frekvente samarbeidsrelasjoner i artiklene.

	Sverige	Danmark	Norge
USA	3925	2007	1303
Storbritannia	2402	1588	944
Sverige		1588	1332
Tyskland	1827	1109	527
Danmark	1588		806
Frankrike	1303	716	428
Nederland	1145	857	470
Italia	1236	688	367
Finland	1522	596	565
Norge	1332	806	
Canada	775	348	252
Spania	685	447	237
Belgia	611	444	226
Sveits	584	417	233
Australia	560	293	155
Japan	506	177	106
Østerrike	367	212	157

4 Forskningen i helseregionene

I det følgende benyttes inntil videre data fra helseforetakene for årene 2000-2004, siden data fra 2005 ennå ikke er kvalitetssikret. De samme indikatorene som i kapittel 3 benyttes. Hensikten er ikke å stille helseforetak eller helseregioner opp mot hverandre i en sammenstilling, men å beskrive forskningsaktiviteten ut fra de referanserammene som er etablert i kapittel 2 og 3.

4.1 Forskningsaktivitet

Totalt sett har helseforetakene forfatteradresser i 63,6 prosent av de norske artiklene i materialet. Dette betyr at helseforetakene *medvirker* til en svært stor del av artiklene, men ofte medvirker også andre institusjoner, særlig universitetene, til de samme artiklene. *Tabell 10* viser det årlige antallet artikler med medvirkning fra helseforetakene og den andelen disse utgjør av alle norske artikler i de utvalgte fagfeltene. Vi ser at andelen varierer noe fra år til år. Variasjonen kan blant annet forklares med at det den første tiden har vært vanskelig for institusjonene å finne en konsistent praksis for tilordning av artikler mellom universiteter og sykehus. Universitetene fikk et nytt målesystem fra og med 2004 som har innvirket på dette. Dessuten ble det gjennomført noen endringer i helseforetakenes målesystem.

Tabell 10. Artikler pr. år fra helseforetakene sammenlignet med totalt fra Norge.

	2000	2001	2002	2003	2004
Norge	1428	1468	1419	1480	1646
Helseforetakene	910	939	891	1012	982
Andel helseforetak	63,7 %	64,0 %	62,8 %	68,4 %	59,7 %

Tabell 11 og 12 viser hvordan artiklene fordeler seg mellom helseregionene. (Summene blir høyere enn tallene for helseforetakene i *tabell 10* fordi noen artikler har forfattere i flere helseregioner.) Helse Sør har litt lavere andel av artiklene i vårt materiale enn regionen har i departementets måleprosjekt. Dette er fordi måleprosjektet omfatter *alle* vitenskapelige artikler, mens denne undersøkelsen bare omfatter tidsskrifter i kliniske fag og helsefag. Helse Sør har mer basalforskning enn de andre regionene.

Tabell 11. Artikler pr. år og helseregion.

	2000	2001	2002	2003	2004
Sør	372	414	363	454	427
Øst	276	269	247	287	292
Vest	202	234	240	265	247
Midt-Norge	113	106	109	133	142
Nord	85	71	83	78	77
Sum	1048	1094	1042	1217	1185

Tabell 12. Prosentfordeling av artikler mellom helseregionene.

	2000	2001	2002	2003	2004
Sør	35,5 %	37,8 %	34,8 %	37,3 %	36,0 %
Øst	26,3 %	24,6 %	23,7 %	23,6 %	24,6 %
Vest	19,3 %	21,4 %	23,0 %	21,8 %	20,8 %
Midt-Norge	10,8 %	9,7 %	10,5 %	10,9 %	12,0 %
Nord	8,1 %	6,5 %	8,0 %	6,4 %	6,5 %
Sum	100,0 %	100,0 %	100,0 %	100,0 %	100,0 %

4.2 Forskningsprofil

På regions- eller foretaksnivå kan antallet artikler i et fagfelt være svært lite. Vi holder oss derfor til enkle prosentfordelinger og viser dessuten absolutte antall artikler når vi her gjør rede for forskningsprofilene.

Generelt fordeler artiklene seg mellom helseregionene som i nederste linje i *tabell 13* (prosentfordeling for totalsummer). Men som vi ser, varierer andelen varierer med fagfelt.

Tabell 13. Artikler i fagfeltene fordelt mellom helseregionene.

Fagfelt	Sør	Øst	Vest	Midt-Norge	Nord	Fordelte artikler
Anesthesia & Intensive Care	21 %	36 %	21 %	15 %	7 %	187
Cardiac & Cardiovascular Systems	30 %	36 %	18 %	9 %	7 %	713
Dermatology & Venereal Diseases	47 %	22 %	19 %	3 %	8 %	59
Endocrinology & Metabolism	28 %	31 %	22 %	12 %	8 %	213
Gastroenterology & Hepatology	36 %	30 %	20 %	12 %	2 %	275
Geriatrics & Gerontology	6 %	31 %	19 %	38 %	6 %	16
Health Care Sci & Services	20 %	28 %	16 %	8 %	28 %	86
Hematology	38 %	26 %	17 %	10 %	10 %	156
Immunology	53 %	15 %	24 %	5 %	3 %	466
Infectious Diseases	24 %	42 %	20 %	5 %	10 %	126
Medicine, General & Internal	24 %	34 %	22 %	14 %	7 %	200
Medicine, Research & Experimental	44 %	15 %	26 %	10 %	5 %	193
Multidisciplinary Sciences	58 %	7 %	30 %	2 %	2 %	43
Neurology	25 %	14 %	30 %	21 %	10 %	388
Nursing	26 %	47 %	16 %	0 %	11 %	19
Obstetrics & Gynecology	29 %	27 %	22 %	16 %	6 %	232
Oncogenesis & Cancer Res	57 %	11 %	19 %	7 %	6 %	777
Ophthalmology	34 %	17 %	30 %	17 %	2 %	53
Orthopedics	37 %	24 %	23 %	13 %	3 %	70
Otorhinolaryngology	26 %	43 %	17 %	5 %	10 %	42
Pediatrics	41 %	28 %	19 %	5 %	7 %	148
Psychiatry & Clin Psychol	17 %	40 %	24 %	7 %	11 %	241
Public, Envir & Occup Health	40 %	18 %	22 %	9 %	11 %	130
Radiology, Nucl Med & Med Imaging	44 %	21 %	12 %	21 %	1 %	161
Rehabilitation	12 %	56 %	12 %	12 %	9 %	34
Rheumatology	30 %	27 %	19 %	9 %	15 %	173
Substance Abuse	13 %	60 %	13 %	13 %	0 %	15

Surgery	34 %	20 %	23 %	17 %	6 %	215
Urology & Nephrology	34 %	17 %	26 %	17 %	5 %	155
Totalt	36 %	25 %	21 %	11 %	7 %	4873

Tabell 13 indikerer en viss spesialisering med ulike nasjonale tyngdepunkter for forskningen i noen av fagfeltene. Som nevnt innledningsvis, betyr lave andeler på dette overordnede nivået *ikke* at man ikke forsker eller publiserer nok. Tallene gir ikke grunnlag for slike vurderinger. Det vi får her, er en oversikt over den faktiske forskningsaktiviteten (med de unøyaktighetene som faginndelingen av tidsskrifter innebærer). Denne oversikten kan være utgangspunktet for en nærmere undersøkelse av lokal aktivitet og lokale prioriteringer i forskningen og en diskusjon om hvilke deler av forskningen man ønsker å styrke.

Tabell 14 gir en oversikt pr. helseforetak. Her har vi tatt med alle fagfelt og helseforetak med minimum 10 artikler i femårs-perioden. Denne oversikten kan både brukes til å studiere fagprofiler på foretaksnivå og til å se hvilke foretak som er særlig aktive innen et fagfelt.

Tabell 14. Artikler pr. helseforetak og fagfelt (minimum 10 artikler).

Fagfelt	Enhet	Artikler
Anesthesia & Intensive Care	Ullevål universitetssykehus HF	62
Anesthesia & Intensive Care	Rikshospitalet HF	36
Anesthesia & Intensive Care	Helse Bergen HF	30
Anesthesia & Intensive Care	St Olavs Hospital HF	28
Anesthesia & Intensive Care	Helse Stavanger HF	10
Anesthesia & Intensive Care	Universitetssykehuset Nord-Norge HF	10
Cardiac & Cardiovascular Systems	Ullevål universitetssykehus HF	213
Cardiac & Cardiovascular Systems	Rikshospitalet HF	195
Cardiac & Cardiovascular Systems	Helse Bergen HF	110
Cardiac & Cardiovascular Systems	St Olavs Hospital HF	57
Cardiac & Cardiovascular Systems	Universitetssykehuset Nord-Norge HF	41
Cardiac & Cardiovascular Systems	Aker universitetssykehus HF	31
Cardiac & Cardiovascular Systems	Akershus universitetssykehus HF	18
Cardiac & Cardiovascular Systems	Helse Stavanger HF	18
Cardiac & Cardiovascular Systems	Sykehuset Asker og Bærum HF	15
Cardiac & Cardiovascular Systems	Nordlandssykehuset HF	10
Dermatology & Venereal Diseases	Rikshospitalet HF	21
Dermatology & Venereal Diseases	Ullevål universitetssykehus HF	13
Endocrinology & Metabolism	Rikshospitalet HF	55
Endocrinology & Metabolism	Helse Bergen HF	42
Endocrinology & Metabolism	Aker universitetssykehus HF	37
Endocrinology & Metabolism	Ullevål universitetssykehus HF	31
Endocrinology & Metabolism	St Olavs Hospital HF	26
Endocrinology & Metabolism	Universitetssykehuset Nord-Norge HF	16
Gastroenterology & Hepatology	Rikshospitalet HF	77
Gastroenterology & Hepatology	Helse Bergen HF	47
Gastroenterology & Hepatology	Ullevål universitetssykehus HF	46
Gastroenterology & Hepatology	St Olavs Hospital HF	30
Gastroenterology & Hepatology	Aker universitetssykehus HF	26
Gastroenterology & Hepatology	Akershus universitetssykehus HF	14
Gastroenterology & Hepatology	Helse Stavanger HF	12
Gastroenterology & Hepatology	Sykehuset Østfold HF	12
Gastroenterology & Hepatology	Det norske radiumhospital HF	12
Gastroenterology & Hepatology	Sykehuset Telemark HF	10
Health Care Sci & Services	Universitetssykehuset Nord-Norge HF	23

Health Care Sci & Services	Ullevål universitetssykehus HF	13
Health Care Sci & Services	Rikshospitalet HF	13
Hematology	Rikshospitalet HF	36
Hematology	Ullevål universitetssykehus HF	30
Hematology	Det norske radiumhospital HF	23
Hematology	Helse Bergen HF	23
Hematology	St Olavs Hospital HF	15
Hematology	Universitetssykehuset Nord-Norge HF	14
Immunology	Rikshospitalet HF	209
Immunology	Helse Bergen HF	104
Immunology	Ullevål universitetssykehus HF	57
Immunology	Det norske radiumhospital HF	39
Immunology	St Olavs Hospital HF	22
Immunology	Helse Stavanger HF	12
Immunology	Universitetssykehuset Nord-Norge HF	10
Infectious Diseases	Ullevål universitetssykehus HF	39
Infectious Diseases	Helse Bergen HF	25
Infectious Diseases	Rikshospitalet HF	23
Infectious Diseases	Aker universitetssykehus HF	14
Infectious Diseases	Universitetssykehuset Nord-Norge HF	10
Medicine, General & Internal	Ullevål universitetssykehus HF	56
Medicine, General & Internal	Helse Bergen HF	33
Medicine, General & Internal	Rikshospitalet HF	29
Medicine, General & Internal	St Olavs Hospital HF	25
Medicine, General & Internal	Det norske radiumhospital HF	16
Medicine, General & Internal	Aker universitetssykehus HF	12
Medicine, General & Internal	Akershus universitetssykehus HF	12
Medicine, General & Internal	Universitetssykehuset Nord-Norge HF	10
Medicine, Research & Experimental	Rikshospitalet HF	66
Medicine, Research & Experimental	Helse Bergen HF	43
Medicine, Research & Experimental	Ullevål universitetssykehus HF	23
Medicine, Research & Experimental	St Olavs Hospital HF	19
Medicine, Research & Experimental	Det norske radiumhospital HF	19
Medicine, Research & Experimental	Universitetssykehuset Nord-Norge HF	10
Multidisciplinary Sciences	Rikshospitalet HF	16
Multidisciplinary Sciences	Helse Bergen HF	13
Neurology	Helse Bergen HF	90
Neurology	Rikshospitalet HF	82
Neurology	St Olavs Hospital HF	80
Neurology	Ullevål universitetssykehus HF	34
Neurology	Universitetssykehuset Nord-Norge HF	31
Neurology	Helse Stavanger HF	29
Neurology	Akershus universitetssykehus HF	10
Obstetrics & Gynecology	Rikshospitalet HF	62
Obstetrics & Gynecology	Ullevål universitetssykehus HF	44
Obstetrics & Gynecology	Helse Bergen HF	42
Obstetrics & Gynecology	St Olavs Hospital HF	34
Obstetrics & Gynecology	Aker universitetssykehus HF	12
Obstetrics & Gynecology	Universitetssykehuset Nord-Norge HF	11
Obstetrics & Gynecology	Helse Stavanger HF	11
Obstetrics & Gynecology	Sykehuset Innlandet HF	10
Oncogenesis & Cancer Res	Det norske radiumhospital HF	394
Oncogenesis & Cancer Res	Helse Bergen HF	134
Oncogenesis & Cancer Res	Rikshospitalet HF	82
Oncogenesis & Cancer Res	Ullevål universitetssykehus HF	76
Oncogenesis & Cancer Res	St Olavs Hospital HF	54
Oncogenesis & Cancer Res	Universitetssykehuset Nord-Norge HF	45
Oncogenesis & Cancer Res	Helse Stavanger HF	17
Ophthalmology	Rikshospitalet HF	17
Ophthalmology	Helse Bergen HF	15
Orthopedics	Helse Bergen HF	14
Orthopedics	Ullevål universitetssykehus HF	13
Orthopedics	Det norske radiumhospital HF	12

Orthopedics	Rikshospitalet HF	12
Otorhinolaryngology	Ullevål universitetssykehus HF	18
Pediatrics	Rikshospitalet HF	59
Pediatrics	Ullevål universitetssykehus HF	37
Pediatrics	Helse Bergen HF	25
Psychiatry & Clin Psychology	Ullevål universitetssykehus HF	73
Psychiatry & Clin Psychology	Helse Bergen HF	37
Psychiatry & Clin Psychology	Rikshospitalet HF	22
Psychiatry & Clin Psychology	Aker universitetssykehus HF	21
Psychiatry & Clin Psychology	Helse Stavanger HF	21
Psychiatry & Clin Psychology	Universitetssykehuset Nord-Norge HF	15
Psychiatry & Clin Psychology	Nordlandssykehuset HF	11
Psychiatry & Clin Psychology	St Olavs Hospital HF	10
Public, Environmental & Occupational Health	Helse Bergen HF	28
Public, Environmental & Occupational Health	Rikshospitalet HF	28
Public, Environmental & Occupational Health	Det norske radiumhospital HF	24
Public, Environmental & Occupational Health	Ullevål universitetssykehus HF	18
Public, Environmental & Occupational Health	Universitetssykehuset Nord-Norge HF	13
Public, Environmental & Occupational Health	St Olavs Hospital HF	12
Radiology, Nuclear Medicine & Medical Imaging	Rikshospitalet HF	43
Radiology, Nuclear Medicine & Medical Imaging	St Olavs Hospital HF	33
Radiology, Nuclear Medicine & Medical Imaging	Ullevål universitetssykehus HF	29
Radiology, Nuclear Medicine & Medical Imaging	Det norske radiumhospital HF	28
Radiology, Nuclear Medicine & Medical Imaging	Helse Bergen HF	19
Rheumatology	Rikshospitalet HF	41
Rheumatology	Universitetssykehuset Nord-Norge HF	26
Rheumatology	Helse Bergen HF	22
Rheumatology	Diakonhjemmet sykehus AS	20
Rheumatology	St Olavs Hospital HF	16
Rheumatology	Sørlandet sykehus HF	12
Rheumatology	Ullevål universitetssykehus HF	12
Surgery	Rikshospitalet HF	55
Surgery	Helse Bergen HF	39
Surgery	St Olavs Hospital HF	35
Surgery	Ullevål universitetssykehus HF	32
Surgery	Det norske radiumhospital HF	14
Surgery	Aker universitetssykehus HF	13
Surgery	Universitetssykehuset Nord-Norge HF	12
Urology & Nephrology	Rikshospitalet HF	32
Urology & Nephrology	Helse Bergen HF	24
Urology & Nephrology	St Olavs Hospital HF	23
Urology & Nephrology	Det norske radiumhospital HF	18
Urology & Nephrology	Helse Stavanger HF	18
Urology & Nephrology	Ullevål universitetssykehus HF	13

4.3 Innflytelse

I de fleste fagfelt oppnår helseforetakenes artikler flere siteringer enn norske eller nordiske artikler generelt. I *tabell 15* har vi målt siteringshyppigheten i forhold til de nordiske (Danmark, Norge og Sverige) gjennomsnittet i 2000-2004. Bare i noen få tilfeller er siteringshyppigheten lavere enn for norske artikler generelt. Resultatene kan sammenlignes med *tabell 6*. I enkelte tilfeller kan noen få mye siterte artikler gi store utslag.

Tabell 15. Relativ siteringshyppighet for helseforetakens artikler målt i forhold til det nordiske gjennomsnittet 2000-2004.

Fagfelt	Relativ siteringshyppighet
Anesthesia & Intensive Care	0,87

Cardiac & Cardiovascular Systems	1,13
Dermatology & Venereal Diseases	1,22
Endocrinology & Metabolism	0,81
Gastroenterology & Hepatology	0,91
Geriatrics & Gerontology	1,70
Health Care Sci & Services	0,82
Hematology	1,06
Immunology	0,95
Infectious Diseases	0,80
Medicine, General & Internal	2,11
Medicine, Research & Experimental	0,95
Multidisciplinary Sciences	2,69
Neurology	1,01
Nursing	1,15
Obstetrics & Gynecology	0,92
Oncogenesis & Cancer Res	1,00
Ophthalmology	0,81
Orthopedics	0,91
Otorhinolaryngology	1,38
Pediatrics	1,02
Psychiatry	1,29
Public, Environmental & Occupational Health	0,93
Radiology, Nuclear Medicine & Medical Imaging	0,88
Rehabilitation	1,52
Rheumatology	0,86
Substance Abuse	0,56
Surgery	1,12
Urology & Nephrology	1,06

Som nevnt varierer siteringshyppighet med fagfelt og med hvor lenge siden det er at artikkelen ble publisert. Hvis vi beregner gjennomsnittet pr. fagfelt og år, kan vi trekke ut artikler som er høyt sitert over en bestemt terskel. *Tabell 16* viser antall og andel av helseforetakenes artikler som er tre ganger mer sitert enn gjennomsnittet. (Siteringer er skjevfordelte mellom artikler, derfor utgjør høyt siterte artikler en liten andel av totalen.) Som vi ser, er de høyt siterte artiklene ikke fordelt mellom helseforetakene etter noe bestemt mønster, bortsett fra at enkelte mindre foretak kan ha høye andeler mye siterte artikler. Grunnen kan være deltakelse i internasjonale studier. Artikler som mange institusjoner i mange land bidrar til oppnår ofte flere siteringer.

Tabell 16. Antall og andel artikler som er tre ganger oftere sitert enn det nordiske gjennomsnittet for vedkommende år og fagfelt.

	Alle art.	Høyt siterte art.	Andel
Aker universitetssykehus HF	239	13	5 %
Akershus universitetssykehus HF	109	4	4 %
Bleifjell sykehus HF	4	1	25 %
Det norske radiumhospital HF	646	39	6 %
Haraldsplass Diakonale sykehus	20	1	5 %
Helse Bergen HF	989	60	6 %
Helse Fonna HF	20	1	5 %
Helse Førde HF	17	2	12 %
Helse Nord Trøndelag HF	31	6	19 %
Helse Stavanger HF	211	26	12 %

Helse Sunnmøre HF	19	1	5 %
Nordlandssykehuset HF	58	2	3 %
Rikshospitalet HF	1327	95	7 %
St Olavs Hospital HF	568	27	5 %
Sunnaas sykehus HF	19	2	11 %
Sykehuset Asker og Bærum HF	40	5	13 %
Sykehuset Buskerud HF	29	3	10 %
Sykehuset i Vestfold HF	44	1	2 %
Sykehuset Innlandet HF	71	2	3 %
Sykehuset Telemark HF	26	1	4 %
Sykehuset Østfold HF	38	3	8 %
Sørlandet sykehus HF	65	2	3 %
Ullevål universitetssykehus HF	1009	75	7 %
Universitetssykehuset Nord-Norge HF	337	11	3 %

4.4 Publiseringsnivå

I tabell 7 ovenfor merket vi oss at artikler fra Norge generelt utkommer i mindre siterte tidsskrifter. I *tabell 17* har vi lagt til tall for helseforetakene. Vi ser at helseforetakenes publiseringsnivå stort sett også er lavere enn de vi finner for forskningen i Danmark og Sverige.

Tabell 17. Gjennomsnittlig siteringshyppighet for tidsskriftene hvor artiklene har vært publisert. (Tidsskriftenes siteringer er målt i femårs-perioden 2001-2005).

Fagfelt	Danmark	Sverige	Norge	Norske helseforetak
Anesthesia & Intensive Care	5,20	5,37	4,46	4,07
Cardiac & Cardiovascular Systems	7,13	6,38	6,28	6,08
Dermatology & Venereal Diseases	3,73	3,97	4,33	4,50
Endocrinology & Metabolism	8,15	8,03	7,32	7,68
Gastroenterology & Hepatology	6,70	6,28	5,71	5,69
Geriatrics & Gerontology	4,58	3,11	3,23	3,91
Health Care Sci & Services	2,34	2,27	2,42	2,34
Hematology	7,99	8,13	7,97	7,49
Immunology	6,76	7,21	6,98	6,65
Infectious Diseases	4,55	4,10	3,80	3,82
Medicine, General & Internal	16,36	14,40	17,74	22,58
Medicine, Research & Experimental	4,61	4,91	3,96	3,89
Multidisciplinary Sciences	32,15	28,08	30,29	22,73
Neurology	5,47	5,23	4,91	4,68
Nursing	1,92	1,76	1,77	2,06
Obstetrics & Gynecology	4,46	3,91	3,46	3,37
Oncogenesis & Cancer Res	8,16	7,39	7,64	7,58
Ophthalmology	3,25	3,49	3,10	3,20
Orthopedics	2,65	2,77	2,73	2,52
Otorhinolaryngology	1,77	1,86	1,58	1,56
Pediatrics	3,68	3,03	3,40	3,32
Psychiatry & Clin Psychol	5,65	4,67	4,06	4,53
Public, Envir & Occupat Health	4,27	3,75	4,01	4,73
Radiology, Nucl Med & Med Imaging	4,11	3,79	4,01	4,03
Rehabilitation	2,30	2,31	2,08	2,32
Rheumatology	5,77	6,29	5,61	5,72
Substance Abuse	4,28	4,32	4,34	3,99

Surgery	3,38	3,24	2,94	3,01
Urology & Nephrology	5,01	4,56	4,23	4,10

4.5 Internasjonalt og nasjonalt samarbeid

Blant helseforetakenes artikler er andelen som har utenlandske medforfattere 38 prosent, dvs. noe lavere enn vi målte på nasjonalt nivå i kapittel 3. I *tabell 18* ser vi at denne andelen varierer mellom regionene, og i *tabell 19* at både små og store foretak (fra et forskningssynspunkt) kan ha høye eller lave andeler artikler med internasjonalt samarbeid.

Tabell 18. Antall og andel artikler med internasjonalt samarbeid i regionene.

	Artikler	Med utlandet	Andel
Sør	2030	835	41,1 %
Øst	1371	470	34,3 %
Vest	1188	462	38,9 %
Midt-Norge	603	208	34,5 %
Nord	394	126	32,0 %

Tabell 19. Antall og andel artikler med internasjonalt samarbeid ved helseforetakene.

	Artikler	Med utlandet	Andel
Martina Hansens Hospital	2	1	50 %
Det norske radiumhospital HF	646	306	47 %
Haraldsplass Diagonale sykehus	20	9	45 %
Helgelandssykehuset HF	5	2	40 %
Rikshospitalet HF	1327	515	39 %
Helse Bergen HF	989	382	39 %
Nordlandssykehuset HF	58	22	38 %
Helse Stavanger HF	211	80	38 %
Ullevål universitetssykehus HF	1009	352	35 %
St Olavs Hospital HF	568	197	35 %
Sykehuset Innlandet HF	71	24	34 %
Diakonhjemmet sykehus AS	30	10	33 %
Aker universitetssykehus HF	239	75	31 %
Universitetssykehuset Nord-Norge HF	337	102	30 %
Helse Fonna HF	20	6	30 %
Sykehuset Asker og Bærum HF	40	12	30 %
Sykehuset Buskerud HF	29	8	28 %
Sørlandet sykehus HF	65	17	26 %
Blefjell sykehus HF	4	1	25 %
Sykehuset i Vestfold HF	44	11	25 %
Sykehuset Østfold HF	38	9	24 %
Akershus universitetssykehus HF	109	25	23 %
Helse Nord Trøndelag HF	31	7	23 %
Helse Sunnmøre HF	19	4	21 %
Lovisenberg Diagonale Sykehus AS	5	1	20 %
Helse Førde HF	17	3	18 %
Sunnaas sykehus HF	19	3	16 %
Sykehuset Telemark HF	26	4	15 %
Helse Nordmøre og Romsdal HF	10	1	10 %
Helse Finnmark HF	11	1	9 %
Hålogalandssykehuset HF	1	0	0 %
Modum bad	4	0	0 %
Psykiatrien i Vestfold HF	5	0	0 %
Ringerike sykehus HF	1	0	0 %
Solli Nervesanatorium	1	0	0 %

Også andelen artikler hvor det er medforfattere i andre helseregioner varierer, men ikke etter samme mønster som det internasjonale samarbeidet. Se *tabell 20*. I *tabell 21* er vist antall artikler i hver regionale samarbeidsrelasjon. Merk at flere enn to regioner kan opptre i samme artikkel.

Tabell 20. Antall og andel artikler med samarbeid med andre regioner.

	Artikler	Med reg. samarbeid	Andel
Øst	1371	477	35 %
Nord	394	126	32 %
Midt-Norge	603	161	27 %
Sør	2030	503	25 %
Vest	1188	280	24 %

Tabell 21. Antall artikler i hver regional samarbeidsrelasjon.

	Midt-Norge	Nord	Sør	Vest	Øst
Midt-Norge		38	95	55	62
Nord	38		60	52	59
Sør	95	60		144	325
Vest	55	52	144		145
Øst	62	59	325	145	

5 Avslutning

I denne undersøkelsen har vi vist eksempler på ulike indikatorer og analysenivåer som kan benyttes til en bibliometrisk kartlegging av forskningen i helseforetakene. Siden det er første gang en slik kartlegging foretas for helseforetakene, er det viktig at både indikatorer og resultater blir drøftet kritisk i helseforetakene og hos helsemyndighetene. Dette er i denne omgang viktigere enn at resultatene tas direkte i bruk. Siktemålet må være at alle parter får mest mulig nytte av denne typen undersøkelser. I den forbindelse gjenstår et videre utviklingsarbeid.

Vedlegg: Faginnndeling av tidsskrifter

Listen omfatter kun tidsskrifter som har hatt artikler fra Danmark, Norge eller Sverige i 2000-2005 og som inngår i fagfelt som er med i undersøkelsen. Fagfeltene er ordnet alfabetisk, mens tidsskriftene er ordnet etter antall artikler i materialet.

Fagfelt	Tidsskrift	Art
Anesthesia & Intensive Care	ACTA ANAESTHESIOLOGICA SCANDINAVICA	450
Anesthesia & Intensive Care	AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE	125
Anesthesia & Intensive Care	ANESTHESIA AND ANALGESIA	97
Anesthesia & Intensive Care	RESUSCITATION	89
Anesthesia & Intensive Care	INTENSIVE CARE MEDICINE	80
Anesthesia & Intensive Care	CRITICAL CARE MEDICINE	74
Anesthesia & Intensive Care	BRITISH JOURNAL OF ANAESTHESIA	72
Anesthesia & Intensive Care	ANESTHESIOLOGY	65
Anesthesia & Intensive Care	JOURNAL OF TRAUMA-INJURY INFECTION AND CRITICAL CARE	40
Anesthesia & Intensive Care	EUROPEAN JOURNAL OF ANAESTHESIOLOGY	37
Anesthesia & Intensive Care	PAEDIATRIC ANAESTHESIA	21
Anesthesia & Intensive Care	CRITICAL CARE	19
Anesthesia & Intensive Care	ANAESTHESIA	16
Anesthesia & Intensive Care	REGIONAL ANESTHESIA AND PAIN MEDICINE	16
Anesthesia & Intensive Care	CANADIAN JOURNAL OF ANAESTHESIA-JOURNAL CANADIEN D ANESTHESIE	10
Anesthesia & Intensive Care	PEDIATRIC ANESTHESIA	9
Anesthesia & Intensive Care	EMERGENCY MEDICINE JOURNAL	8
Anesthesia & Intensive Care	ANNALS OF EMERGENCY MEDICINE	6
Anesthesia & Intensive Care	JOURNAL OF CLINICAL ANESTHESIA	5
Anesthesia & Intensive Care	INTERNATIONAL JOURNAL OF OBSTETRIC ANESTHESIA	3
Anesthesia & Intensive Care	ACADEMIC EMERGENCY MEDICINE	3
Anesthesia & Intensive Care	AMERICAN JOURNAL OF CRITICAL CARE	3
Anesthesia & Intensive Care	JOURNAL OF CLINICAL MONITORING AND COMPUTING	2
Anesthesia & Intensive Care	ANAESTHESIA AND INTENSIVE CARE	2
Anesthesia & Intensive Care	PAIN REVIEWS	2
Anesthesia & Intensive Care	PAIN CLINIC	1
Anesthesia & Intensive Care	JOURNAL OF CRITICAL CARE	1
Anesthesia & Intensive Care	CRITICAL CARE CLINICS	1
Anesthesia & Intensive Care	ANASTHESIOLOGIE INTENSIVMEDIZIN NOTFALLMEDIZIN SCHMERZTHERAPIE	1
Anesthesia & Intensive Care	ANAESTHESIST	1
Anesthesia & Intensive Care	JOURNAL OF EMERGENCY MEDICINE	1
Cardiac & Cardiovascular Systems	SCANDINAVIAN CARDIOVASCULAR JOURNAL	279
Cardiac & Cardiovascular Systems	CIRCULATION	240
Cardiac & Cardiovascular Systems	RESPIRATORY MEDICINE	211
Cardiac & Cardiovascular Systems	EUROPEAN RESPIRATORY JOURNAL	199
Cardiac & Cardiovascular Systems	EUROPEAN HEART JOURNAL	184
Cardiac & Cardiovascular Systems	STROKE	163
Cardiac & Cardiovascular Systems	THROMBOSIS AND HAEMOSTASIS	141
Cardiac & Cardiovascular Systems	ARTERIOSCLEROSIS THROMBOSIS AND VASCULAR BIOLOGY	137
Cardiac & Cardiovascular Systems	THROMBOSIS RESEARCH	125
Cardiac & Cardiovascular Systems	JOURNAL OF HYPERTENSION	120
Cardiac & Cardiovascular Systems	AMERICAN JOURNAL OF CARDIOLOGY	116
Cardiac & Cardiovascular Systems	ATHEROSCLEROSIS	112
Cardiac & Cardiovascular Systems	BLOOD PRESSURE	106
Cardiac & Cardiovascular Systems	JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY	104
Cardiac & Cardiovascular Systems	AMERICAN HEART JOURNAL	103
Cardiac & Cardiovascular Systems	ANNALS OF THORACIC SURGERY	98
Cardiac & Cardiovascular Systems	EUROPEAN JOURNAL OF HEART FAILURE	92
Cardiac & Cardiovascular Systems	CHEST	79
Cardiac & Cardiovascular Systems	JOURNAL OF THROMBOSIS AND HAEMOSTASIS	72
Cardiac & Cardiovascular Systems	HEART	71

Cardiac & Cardiovascular Systems	INTERNATIONAL JOURNAL OF CARDIOLOGY	67
Cardiac & Cardiovascular Systems	HYPERTENSION	63
Cardiac & Cardiovascular Systems	EUROPEAN JOURNAL OF CARDIO-THORACIC SURGERY	61
Cardiac & Cardiovascular Systems	THORAX	55
Cardiac & Cardiovascular Systems	CARDIOVASCULAR RESEARCH	55
Cardiac & Cardiovascular Systems	JOURNAL OF HUMAN HYPERTENSION	55
Cardiac & Cardiovascular Systems	CEREBROVASCULAR DISEASES	53
Cardiac & Cardiovascular Systems	JOURNAL OF THE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY	51
Cardiac & Cardiovascular Systems	CIRCULATION RESEARCH	49
Cardiac & Cardiovascular Systems	JOURNAL OF VASCULAR SURGERY	49
Cardiac & Cardiovascular Systems	PACE-PACING AND CLINICAL ELECTROPHYSIOLOGY	46
Cardiac & Cardiovascular Systems	CARDIOLOGY	45
Cardiac & Cardiovascular Systems	AMERICAN JOURNAL OF HYPERTENSION	44
Cardiac & Cardiovascular Systems	JOURNAL OF ELECTROCARDIOLOGY	39
Cardiac & Cardiovascular Systems	PEDIATRIC PULMONOLOGY	39
Cardiac & Cardiovascular Systems	JOURNAL OF THORACIC AND CARDIOVASCULAR SURGERY	38
Cardiac & Cardiovascular Systems	EUROPEAN HEART JOURNAL SUPPLEMENTS	35
Cardiac & Cardiovascular Systems	CLINICAL CARDIOLOGY	35
Cardiac & Cardiovascular Systems	SHOCK	33
Cardiac & Cardiovascular Systems	JOURNAL OF CARDIOTHORACIC AND VASCULAR ANESTHESIA	29
Cardiac & Cardiovascular Systems	CORONARY ARTERY DISEASE	28
Cardiac & Cardiovascular Systems	EUROPACE	27
Cardiac & Cardiovascular Systems	EUROPEAN JOURNAL OF CARDIOVASCULAR PREVENTION & REHABILITATION	27
Cardiac & Cardiovascular Systems	RESPIRATION	27
Cardiac & Cardiovascular Systems	JOURNAL OF CARDIOVASCULAR RISK	26
Cardiac & Cardiovascular Systems	SEMINARS IN THROMBOSIS AND HEMOSTASIS	24
Cardiac & Cardiovascular Systems	JOURNAL OF ENDOVASCULAR THERAPY	22
Cardiac & Cardiovascular Systems	PERFUSION-UK	22
Cardiac & Cardiovascular Systems	CARDIOLOGY IN THE YOUNG	22
Cardiac & Cardiovascular Systems	MICROVASCULAR RESEARCH	22
Cardiac & Cardiovascular Systems	JOURNAL OF CARDIOVASCULAR ELECTROPHYSIOLOGY	21
Cardiac & Cardiovascular Systems	INTERNATIONAL ANGIOLOGY	21
Cardiac & Cardiovascular Systems	JOURNAL OF HEART VALVE DISEASE	20
Cardiac & Cardiovascular Systems	RESPIRATORY RESEARCH	19
Cardiac & Cardiovascular Systems	RESPIRATORY PHYSIOLOGY & NEUROBIOLOGY	18
Cardiac & Cardiovascular Systems	JOURNAL OF CARDIAC FAILURE	18
Cardiac & Cardiovascular Systems	ANNALS OF NONINVASIVE ELECTROCARDIOLOGY	18
Cardiac & Cardiovascular Systems	JOURNAL OF THE RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM	18
Cardiac & Cardiovascular Systems	JOURNAL OF HEART AND LUNG TRANSPLANTATION	16
Cardiac & Cardiovascular Systems	BASIC RESEARCH IN CARDIOLOGY	15
Cardiac & Cardiovascular Systems	JOURNAL OF CARDIOVASCULAR SURGERY	15
Cardiac & Cardiovascular Systems	JOURNAL OF AEROSOL MEDICINE-DEPOSITION CLEARANCE AND EFFECTS IN THE LUNG	15
Cardiac & Cardiovascular Systems	ANGIOLOGY	14
Cardiac & Cardiovascular Systems	ECHOCARDIOGRAPHY-A JOURNAL OF CARDIOVASCULAR ULTRASOUND AND ALLIED TECHNIQUES	14
Cardiac & Cardiovascular Systems	HEART & LUNG	13
Cardiac & Cardiovascular Systems	SARCOIDOSIS VASCULITIS AND DIFFUSE LUNG DISEASES	11
Cardiac & Cardiovascular Systems	JOURNAL OF ASTHMA	11
Cardiac & Cardiovascular Systems	JOURNAL OF NUCLEAR CARDIOLOGY	11
Cardiac & Cardiovascular Systems	LUNG	9
Cardiac & Cardiovascular Systems	JOURNAL OF THROMBOSIS AND THROMBOLYSIS	9
Cardiac & Cardiovascular Systems	TRENDS IN CARDIOVASCULAR MEDICINE	9
Cardiac & Cardiovascular Systems	VASCULAR MEDICINE	9
Cardiac & Cardiovascular Systems	CATHETERIZATION AND CARDIOVASCULAR INTERVENTIONS	9
Cardiac & Cardiovascular Systems	BLOOD PRESSURE MONITORING	8
Cardiac & Cardiovascular Systems	EXPERIMENTAL LUNG RESEARCH	8
Cardiac & Cardiovascular Systems	CURRENT OPINION IN CARDIOLOGY	7
Cardiac & Cardiovascular Systems	JOURNAL OF CARDIOVASCULAR MAGNETIC RESONANCE	7
Cardiac & Cardiovascular Systems	VASA-JOURNAL OF VASCULAR DISEASES	7
Cardiac & Cardiovascular Systems	HEART SURGERY FORUM	7
Cardiac & Cardiovascular Systems	THORACIC AND CARDIOVASCULAR SURGEON	6
Cardiac & Cardiovascular Systems	JOURNAL OF INTERVENTIONAL CARDIAC ELECTROPHYSIOLOGY	6
Cardiac & Cardiovascular Systems	CURRENT HYPERTENSION REPORTS	6

Cardiac & Cardiovascular Systems	JOURNAL OF CARDIAC SURGERY	6
Cardiac & Cardiovascular Systems	TUBERCULOSIS	6
Cardiac & Cardiovascular Systems	ANNALS OF VASCULAR SURGERY	5
Cardiac & Cardiovascular Systems	HYPERTENSION IN PREGNANCY	5
Cardiac & Cardiovascular Systems	THERAPEUTIC APHERESIS	5
Cardiac & Cardiovascular Systems	CURRENT CONTROLLED TRIALS IN CARDIOVASCULAR MEDICINE	5
Cardiac & Cardiovascular Systems	JOURNAL OF VASCULAR AND INTERVENTIONAL RADIOLOGY	5
Cardiac & Cardiovascular Systems	PHLEBOLOGY	5
Cardiac & Cardiovascular Systems	CANADIAN JOURNAL OF CARDIOLOGY	5
Cardiac & Cardiovascular Systems	FIBRINOLYSIS & PROTEOLYSIS	5
Cardiac & Cardiovascular Systems	ACTA CARDIOLOGICA	4
Cardiac & Cardiovascular Systems	ATHEROSCLEROSIS SUPPLEMENTS	4
Cardiac & Cardiovascular Systems	CURRENT OPINION IN PULMONARY MEDICINE	4
Cardiac & Cardiovascular Systems	MICROCIRCULATION	4
Cardiac & Cardiovascular Systems	CARDIOVASCULAR SURGERY	3
Cardiac & Cardiovascular Systems	CLINICAL AND APPLIED THROMBOSIS-HEMOSTASIS	3
Cardiac & Cardiovascular Systems	PROGRESS IN CARDIOVASCULAR DISEASES	3
Cardiac & Cardiovascular Systems	RESPIRATION PHYSIOLOGY	3
Cardiac & Cardiovascular Systems	INFUSION THERAPY AND TRANSFUSION MEDICINE-INFUSIONSTHERAPIE UND TRANSFUSIONSMEDIZIN	3
Cardiac & Cardiovascular Systems	TRANSFUSION CLINIQUE ET BIOLOGIQUE	3
Cardiac & Cardiovascular Systems	SEMINARS IN RESPIRATORY AND CRITICAL CARE MEDICINE	2
Cardiac & Cardiovascular Systems	ACP-APPLIED CARDIOPULMONARY PATHOPHYSIOLOGY	2
Cardiac & Cardiovascular Systems	HERZ	2
Cardiac & Cardiovascular Systems	HEMATOLOGY-ONCOLOGY CLINICS OF NORTH AMERICA	2
Cardiac & Cardiovascular Systems	CLINICAL AND EXPERIMENTAL HYPERTENSION	2
Cardiac & Cardiovascular Systems	HEART AND VESSELS	2
Cardiac & Cardiovascular Systems	ENDOTHELIUM-JOURNAL OF ENDOTHELIAL CELL RESEARCH	2
Cardiac & Cardiovascular Systems	BLOOD REVIEWS	1
Cardiac & Cardiovascular Systems	HEART FAILURE REVIEWS	1
Cardiac & Cardiovascular Systems	ZEITSCHRIFT FUR KARDIOLOGIE	1
Cardiac & Cardiovascular Systems	RESPIROLOGY	1
Cardiac & Cardiovascular Systems	CARDIOVASCULAR PATHOLOGY	1
Cardiac & Cardiovascular Systems	CLINICS IN CHEST MEDICINE	1
Cardiac & Cardiovascular Systems	HAEMATOLOGIA	1
Cardiac & Cardiovascular Systems	HYPERTENSION RESEARCH	1
Cardiac & Cardiovascular Systems	JAPANESE CIRCULATION JOURNAL-ENGLISH EDITION	1
Cardiac & Cardiovascular Systems	JOURNAL OF INTERVENTIONAL CARDIOLOGY	1
Cardiac & Cardiovascular Systems	PERFUSION	1
Cardiac & Cardiovascular Systems	COMPARATIVE HAEMATOLOGY INTERNATIONAL	1
Dermatology & Venereal Diseases	ACTA DERMATO-VENEREOLOGICA	161
Dermatology & Venereal Diseases	BRITISH JOURNAL OF DERMATOLOGY	113
Dermatology & Venereal Diseases	JOURNAL OF INVESTIGATIVE DERMATOLOGY	109
Dermatology & Venereal Diseases	EXPERIMENTAL DERMATOLOGY	44
Dermatology & Venereal Diseases	SKIN RESEARCH AND TECHNOLOGY	37
Dermatology & Venereal Diseases	JOURNAL OF THE AMERICAN ACADEMY OF DERMATOLOGY	36
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