The Time from Submission to Publication in Primary Health Care Journals: A Cross-Sectional Study

Tsung-An Chen [1], Ming-Hwai Lin [1,2] , Yu-Chun Chen [1,2,3,4,*,†] and Tzeng-Ji Chen [5,6,*,†]

1   Department of Family Medicine, Taipei Veterans General Hospital, Taipei 11217, Taiwan;
    firen8056@gmail.com (T.-A.C.)
2   School of Medicine, National Yang-Ming Chiao-Tung University, Taipei 112304, Taiwan
3   Big Data Center, Taipei Veterans General Hospital, Taipei 11217, Taiwan
4   Institute of Hospital and Health Care Administration, National Yang-Ming Chiao-Tung University,
    Taipei 112304, Taiwan
5   Department of Family Medicine, Taipei Veterans General Hospital Hsinchu Branch, Hsinchu 310403, Taiwan
6   Department of Post-Baccalaureate Medicine, National Chung Hsing University, Taichung 402202, Taiwan
*   Correspondence: yuchn.chen@gmail.com (Y.-C.C.); tjchen@vhct.gov.tw (T.-J.C.)
†   These authors contributed equally to this work.

Abstract: Background: The time from submission to publication can significantly impact the speed of knowledge dissemination and is influenced by multiple factors. This research aims to investigate the time from submission to publication of journals of primary health care and to explore the factors that influence this duration. Methods: We selected journals of primary health care and extracted their impact factors, annual publication frequencies, and open access status. The time from submission to acceptance (SA lag), acceptance to publication (AP lag), and submission to publication (SP lag) were calculated. Additionally, we conducted statistical analyses to determine whether impact factors, annual publication frequencies, and journal open access status had an influence on publication time. Results: This study revealed the average SP lag was 243.4 days (interquartile range, IQR 159–306), the average SA lag was 177.8 days (IQR 99–229.3), and the average AP lag was 65.6 days (IQR 14–101). Variations were observed in SP lag, SA lag, and AP lag among different journals. SP lag generally decreased with higher impact factors. Journals with open access had longer SA lag but shorter AP lag. There was a general trend of decreasing SP lag and SA lag with an increasing number of annual publications, but no clear trend was observed for AP lag. Conclusions: Improvements are needed in reducing the duration from submission to publication for primary health care journals. Significant variation exists among journals. Additionally, factors such as the impact factor, open access status, and the number of annual publications may influence publication speed.

Keywords: primary health care; publication time; health professional education; bibliometrics

1. Introduction

According to statistical data, there has been a steady increase in the volume of global scientific research [1]. This phenomenon is beneficial for academic advancement, as the dissemination of new research findings facilitates the transmission of novel knowledge, providing clinical practitioners with increased opportunities to translate this knowledge into clinical practice [2]. Nevertheless, there remains a significant time interval between submission and publication. Prolonged duration during this phase may impede the expeditious dissemination of new knowledge, consequently delaying its application in clinical practice [3]. Furthermore, for authors, the duration from submission to publication represents a critical factor to consider when selecting a journal for manuscript submission [4]. Hence, comprehending the time elapsed from submission to publication is an essential topic of consideration, both for academic progression and for the perspectives of authors and journals.

Numerous previous studies have consistently indicated that the duration from submission to publication is influenced by a multitude of factors. These factors included the journal's field of specialization [5–9], its impact factor [6–8,10], the annual publication frequency [7], open access availability [8,11], the presence of online publication options [3,7,10,12], and variations across different years [6,9,13,14]. The duration from submission to publication can be further divided into two processes. The first process is the period from submission to acceptance, during which the time spent primarily involves the speed of peer review and manuscript revision. The second process is the interval from acceptance to publication, with the time consumed mainly linked to the pace of journal editing, proofreading, and final publication processes [3].

Due to the increasing recognition of the importance of research in the field of primary health care [15,16], and due to the duration from submission to publication being intricately linked to the dissemination of knowledge in the field, this topic is, therefore, of significant importance in the journals dedicated to primary health care. To our knowledge, there are relatively few papers currently available that investigate the duration from submission to publication in journals within the field of primary health care. One such study dates back to 2015; however, it is worth noting that this study not only encompassed articles related to primary health care but also included those from the domains of general and internal medicine. Furthermore, it relied on a sampling approach and was conducted a significant amount of time ago [3]. Another study in 2022 examined the duration from submission to publication in primary health care journals [17]. However, this study primarily focused on journals with higher impact factors and compared them with internal medicine journals. It is important to note that not all primary health care journals have equally high impact factors [18]. Hence, there is currently no comprehensive research available that thoroughly investigates the duration from submission to publication in all relevant primary health care journals, along with the associated influencing factors.

Therefore, the primary aim of this study is to comprehensively investigate the time required for research articles to progress from submission to publication in journals within the primary health care domain. Additionally, we seek to explore the factors influencing the duration of this process.

2. Materials and Methods

2.1. Journal and Articles Collection

We selected journals falling within the category of "primary health care" from those indexed in the InCites JCR® for the year 2022 and included in the SCIE (Science Citation Index Expanded). We extracted the impact factor and annual publication frequency of these journals for the year 2022. To determine whether a journal is open access, we relied on information from the journal's website and notations provided by InCites JCR®. Non-English articles were excluded, and only English language articles were retained. Furthermore, we referred to the "publicationtypelist" attribute within the MEDLINE®PubMed® XML Element. Articles with a "journal article" attribution in the publicationtypelist category were retained, while those lacking this attribution were removed.

2.2. Data Extraction

Among the eligible journal articles, we queried the submission, acceptance, and publication dates using attributes such as PubmedPubDate, articledate, and PubDate from the MEDLINE®PubMed® XML Element. We considered the PubmedDate_received as the submission date, PubmedDate_accepted as the acceptance date, and identified the earliest date among PubmedDate_entre, articledate, and pubdate as the publication date. In cases where the attributes did not display these dates, we examined the original article to determine whether it included information on the submission, acceptance, and publication dates. Articles without such information in the attributes or the original text were excluded from the analysis.

2.3. Statistical Analysis

We designated the duration between submission and acceptance as the "submission–acceptance lag" (SA lag), the time between acceptance and publication as the "acceptance–publication lag" (AP lag), and the interval from submission to publication as the "submission–publication lag" (SP lag).

We conducted a descriptive statistical analysis of all articles meeting our selection criteria, as well as the average values and distributions of SA lag, AP lag, and SP lag across different journals. Furthermore, we employed the Kruskal–Wallis test and Mann–Whitney U test to assess the factors such as impact factor, annual publication frequency, and journal open access status's influence on publication time. The entire statistical process and chart generation were carried out using IBM SPSS Statistics 25.

3. Results

As depicted in the flowchart presented in Figure 1, a total of 2993 articles were indexed in the SCIE category of "primary health care" in the year 2022. Among these, there were 2460 English language articles classified as "journal articles". Out of these articles, 1198 could be identified with received, acceptance, and publication dates, originating from 12 distinct journals (Table 1).
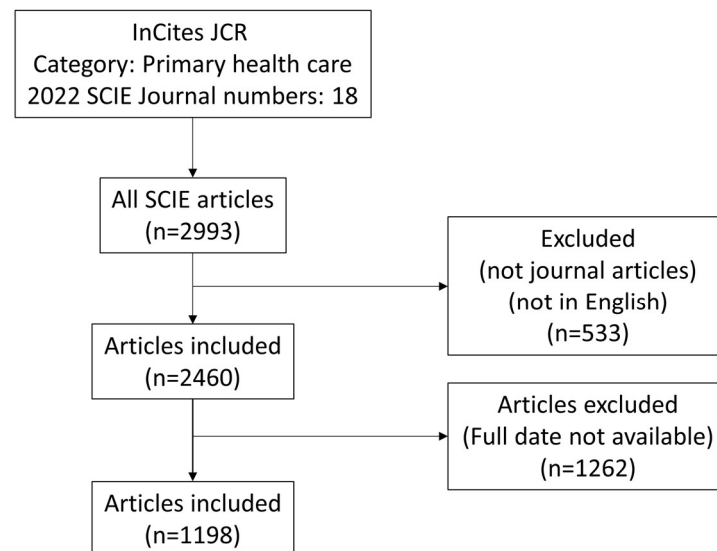
Figure 1. Inclusion criteria and numbers of included and excluded articles.

Table 1. Descriptive analysis of submission–publication, submission–acceptance, and acceptance–publication lag of articles published in journals falling within the category of "primary health care" indexed in the InCites JCR® for the year 2022 and included in the SCIE [1]. (*n* = 1198, 2022).

	Days from Submission to Publication (SP Lag)	Days from Submission to Acceptance (SA Lag)	Days from Acceptance to Publication (AP Lag)
Number of articles	1198	1198	1198
Mean (days)	243.4	177.8	65.6
Min (days)	10	1	0
Max (days)	1599	1028	1424
1st quartile (days)	159	99	14
3rd quartile (days)	306	229.3	101

[1] SCIE, Science Citation Index Expanded.

Among these 1198 articles, the average submission–publication lag (SP lag) was 243.4 days (interquartile range, IQR 159–306). The average submission–acceptance lag (SA

lag) was 177.8 days (IQR 99–229.3), and the average acceptance–publication lag (AP lag) was 65.6 days (IQR 14–101) (Table 1).

Upon separately examining the SP lag, SA lag, and AP lag for each of the 12 journals (Table 2, Figures 2–4), substantial variations were observed. Notably, the journal with the longest SP lag was *Primary Health Care Research and Development* (376.5, IQR 241–509), while the journal with the shortest SP lag was *Atención Primaria* (120.2, IQR 77–153.5). Regarding SA lag, the journal *Primary Health Care Research and Development* had the longest duration (284.2, IQR 172–362), while the journal *Atención Primaria* exhibited the shortest SA lag (72.9, IQR 42–79). Finally, the journal *Annals of Family Medicine* reported the longest AP lag (175.6, IQR 146–224), while *Physician and Sportsmedicine* demonstrated the shortest AP lag (6.8, IQR 4–8).

Table 2. The characters, submission–publication, submission–acceptance, and acceptance–publication lag of journals falling within the category of "primary health care" indexed in the InCites JCR® for the year 2022 and included in the SCIE [4].

Journal Name [1]	Published Issues	Number of Published Articles	Impact Factor 2022	Open Access [3]	Days from Submission to Publication (SP)		Days from Submission to Acceptance (SA)		Days from Acceptance to Publication (AP)	
					Mean	IQR [4] (Q1–Q3)	Mean	IQR (Q1–Q3)	Mean	IQR (Q1–Q3)
Annals of Family Medicine (AFM)	6	93	4.4	-	359.3	290–429.5	183.7	125.5–231.5	175.6	146–224
Atención Primaria (AP)	10	17	2.5	+	120.2	77–153.5	72.9	42–79	47.2	17.5–81.5
Australian Journal of Primary Health (AJPH)	4	73	1.3	-	273.3	200–339	189.1	116.5–257.5	84.2	53.5–103
BMC Primary Care (BMC)	1	335	N/A [2]	+	220.6	160–274	198.4	134–251	22.2	12–28
Journal of the American Board of Family Medicine (JABFM)	6	141	2.9	-	265.9	208–286	118.1	74.5–132	147.8	120–176
NPJ Primary Care Respiratory Medicine (NPJ)	1	56	3.1	+	282.6	207–330	239.1	175–292.3	43.5	19–55.8
Primary Care Diabetes (PCD)	4	128	2.9	-	173.2	99.8–218.8	160.5	90–205.3	12.7	6–14
Primary Health Care Research and Development (PHCRD)	1	75	1.6	+	376.5	241–509	284.2	172–362	92.3	40–85
Scandinavian Journal of Primary Health Care (SJPHC)	4	55	2.1	+	327.8	255–363	241.1	179–259	86.7	57–108
British Journal of General Practice (BJGP)	12	118	5.9	-	189.6	142–224	110.9	82.8–133.3	78.7	50–103.3
European Journal of General Practice (EJGP)	4	32	3.4	+	280.8	172.3–388.8	235.7	118–360.5	45.1	29.3–48.8
Physician and Sportsmedicine (PS)	4	77	2.3	-	123.5	76–154.5	116.5	69.5–148	6.8	4–8

[1] There were 18 journals initially. After excluding articles without dates of submission, acceptance, and publication dates, the remaining articles were sourced from these 12 journals. [2] The journal was renamed as *BMC Primary Care* in 2022, and therefore, it lacks a historical impact factor. [3] Both hybrid and subscription journals are categorized as non-open access journals. [4] SCIE, Science Citation Index Expanded; IQR, interquartile range.
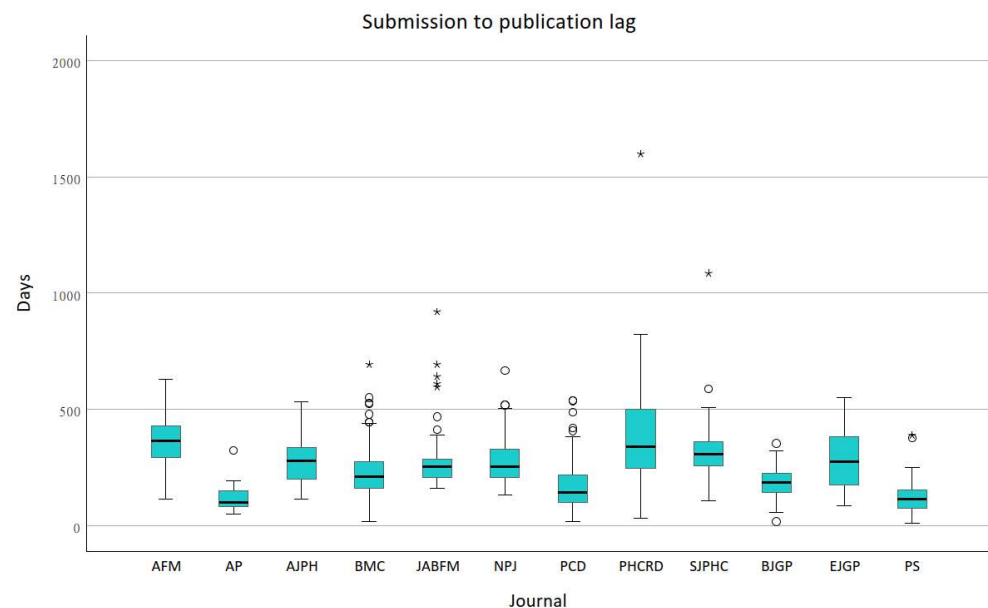
Figure 2. The distribution of submission to publication lag in 12 journals. (*Annals of Family Medicine* (AFM); *Atención Primaria* (AP); *Australian Journal of Primary Health* (AJPH); *BMC Primary Care* (BMC); *Journal of the American Board of Family Medicine* (JABFM); *NPJ Primary Care Respiratory Medicine* (NPJ); *Primary Care Diabetes* (PCD); *Primary Health Care Research and Development* (PHCRD); *Scandinavian Journal of Primary Health Care* (SJPHC); *British Journal of General Practice* (BJGP); *European Journal of General Practice* (EJGP); *Physician and Sportsmedicine* (PS)). Circles (○) indicate outliers and asterisks (*) indicate extreme outlier.
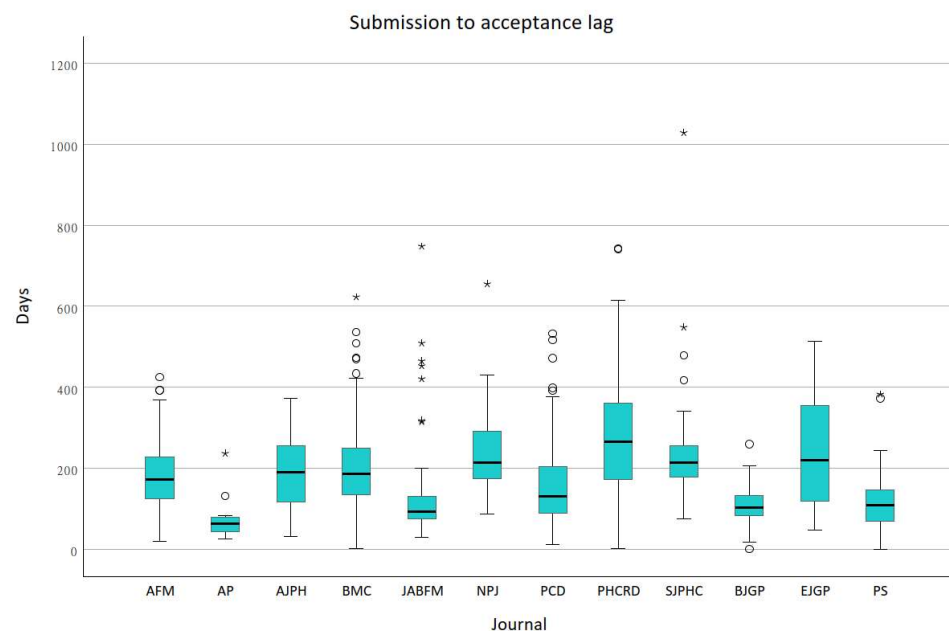
Figure 3. The distribution of submission to acceptance lag in 12 journals. (*Annals of Family Medicine* (AFM); *Atención Primaria* (AP); *Australian Journal of Primary Health* (AJPH); *BMC Primary Care* (BMC); *Journal of the American Board of Family Medicine* (JABFM); *NPJ Primary Care Respiratory Medicine* (NPJ); *Primary Care Diabetes* (PCD); *Primary Health Care Research and Development* (PHCRD); *Scandinavian Journal of Primary Health Care* (SJPHC); *British Journal of General Practice* (BJGP); *European Journal of General Practice* (EJGP); *Physician and Sportsmedicine* (PS)). Circles (○) indicate outliers and asterisks (*) indicate extreme outlier.
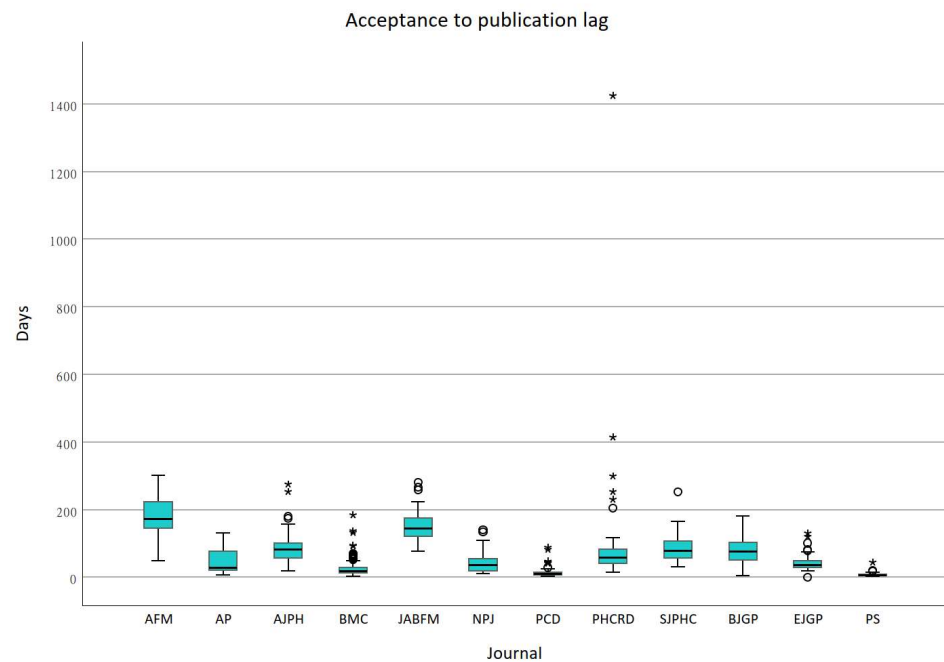
Figure 4. The distribution of acceptance to publication lag in 12 journals. (*Annals of Family Medicine* (AFM); *Atención Primaria* (AP); *Australian Journal of Primary Health* (AJPH); *BMC Primary Care* (BMC); *Journal of the American Board of Family Medicine* (JABFM); *NPJ Primary Care Respiratory Medicine* (NPJ); *Primary Care Diabetes* (PCD); *Primary Health Care Research and Development* (PHCRD); *Scandinavian Journal of Primary Health Care* (SJPHC); *British Journal of General Practice* (BJGP); *European Journal of General Practice* (EJGP); *Physician and Sportsmedicine* (PS)). Circles (○) indicate outliers and asterisks (*) indicate extreme outlier.

Our investigation revealed that the impact factor of journals has a discernible influence on SP lag, SA lag, and AP lag ($p < 0.01$). In the case of SP lag, aside from the lower range of impact factors (two–three), SP lag tends to decrease as the impact factor rises. However, for SA lag, no clear trend was observed. In contrast, AP lag generally decreases as the impact factor increases, while a significant increase in AP lag was observed for impact factors greater than four (Table 3).

Table 3. Comparative analysis of SP lag, SA lag, and AP lag of journals by their impact factors in 2022.

IF Groups	1–2	2–3	3–4	>4	*p* Value
Number of articles	148	416	88	211	-
SP lag (mean)	325.6	213.7	282.0	264.4	<0.01
SA lag (mean)	237.3	145.1	237.9	143.0	<0.01
AP lag (mean)	88.3	68.5	44.1	121.4	<0.01

We observed that the open access status of journals has an impact on SP lag, SA lag, and AP lag ($p < 0.01$). Journals with open access tend to exhibit relatively longer SP lag and SA lag, while having relatively shorter AP lag (Table 4).

We observed significant differences ($p < 0.01$) in SP lag, SA lag, and AP lag among articles from journals with varying annual publication frequencies. In the case of SP lag, except for journals with an annual frequency of six issues, all other articles displayed shorter SP lags as the number of issues per year increased. Similarly, for SA lag, it was found that SA lag decreases as the number of issues per year increases. Conversely, for AP lag, with the exception of journals with an annual frequency of >six issues, it was observed that AP lag increases as the number of issues per year rises (Table 5).

Table 4. Comparative analysis of SP lag, SA lag, and AP lag for different articles in journals with open or not open access.

Access Types	Open Access [1]	Not Open Access	*p* Value
Number of articles	570	628	-
SP lag (mean)	257.9	230.2	<0.01
SA lag (mean)	216.2	143.0	<0.01
AP lag (mean)	41.8	87.1	<0.01

[1] includes hybrid and subscription journals.

Table 5. Comparative analysis of SP lag, SA lag, and AP lag in different articles in journals releasing different issues per year.

Yearly Issues	1	4	6	>6	*p* Value
Number of articles	466	363	234	135	-
SP lag (mean)	253.1	215.7	303.6	180.8	<0.01
SA lag (mean)	217.1	175.8	144.6	106.1	<0.01
AP lag (mean)	36.0	39.9	159.2	74.7	<0.01

4. Discussion

This study encompassed a total of 1198 articles derived from 12 distinct journals. The average SP lag was 243.4 days (IQR 159–306). The average SA lag was 177.8 days (IQR 99–229.3), and average AP lag was 65.6 days (IQR 14–101). Notably, there were significant variations in SP lag, SA lag, and AP lag among different journals. Furthermore, our findings indicate that the impact factor of journals, annual publication frequency, and open access status may exert an influence on SP lag, SA lag, and AP lag in publication.

Our study reveals that the average SP lag for primary health care journals is 243.4 days. According to previous research, there exists a substantial variability in the time it takes for a manuscript to progress from submission to publication, ranging from 91 days to 639 days [19]. There have been numerous studies examining the duration from submission to publication in various other medical specialties. For instance, the time from submission to publication in the field of anesthesiology is reported to be 186 days [7]. In general medical journals, this duration is noted as 224 days [3]. Plastic surgery journals exhibit an interval of 10.3 months from submission to publication [2]. Meanwhile, neurosurgery journals report a submission to publication time of 207 days [10]. These findings highlight that while primary health care journals do not have the longest submission to publication duration, there is still room for improvement in this regard.

We observed that the SP lag of journals generally decreases with an increase in impact factor, with exceptions noted in the impact factor range of two–three. This phenomenon primarily manifests in the shortening of AP lag, while it is less evident in SA lag. Prior research has yielded varying conclusions regarding the impact of impact factor on SP lag. Some studies indicate that SP lag increases with higher impact factors, possibly due to the higher submission volumes in journals with greater impact factors [6] or stricter academic review standards [10], leading to an extended SP lag. Conversely, other studies suggest that SP lag decreases with higher impact factors, potentially attributed to the greater resources available to higher impact factor journals, including larger pools of peer reviewers and editorial staff, reducing time required for journal publication [8]. Additionally, longer publication delays may lead to shorter citation periods for journal articles, subsequently diminishing the journal's impact factor [8,20,21]. Our study results may reflect the interplay of these two influencing factors.

Our study also identified that journals with open access have longer SA lag, while demonstrating shorter AP lag. There has been considerable research in the past examining the impact of open access on publication delays. Some studies indicate that open access has no influence on SA lag, AP lag, or SP lag [11]. However, other research suggests that open access journals, due to their ability to directly publish accepted articles online rather than

waiting for the completion of an entire journal issue, experience a significant reduction in SP lag and AP lag [22]. Conversely, because articles in open access journals are freely accessible to readers, more researchers can access the authors' work, leading many authors to prefer submitting to open access journals [4]. Moreover, many research funding agencies mandate open access publication as a condition of their grant awards. This mandate also influences authors' choice of publication platforms, leading to a higher concentration of submissions to open access journals. This can result in an excessive workload for editors and reviewers, leading to an increase in SA lag [12].

Our study also revealed that SP lag and SA lag generally decrease with an increase in annual publication frequency, but AP lag does not exhibit a noticeable trend. Some studies suggest that increasing the number of journal issues per year may contribute to a reduction in SP lag [6]. However, other research indicates that there is no significant relationship between SP lag and the number of issues published per year [7]. Given the limited prior research in this area, our findings should be interpreted with caution. For instance, it is possible that the decrease in SP lag is not solely attributable to the increase in annual publication frequency but may also be influenced by the number of articles being accepted for publication. Additionally, the emergence of online publication may have a more significant impact on speeding up publication time compared to the number of issues published per year [7,12,23–25].

As our study demonstrates, there is room for improvement in both SA lag and AP lag in primary health care journals. Therefore, proactive measures can be taken to expedite publication speed. Regarding SA lag, the primary influencing factors remain the speed of peer review and author revisions [26,27]. Delays in peer review assignment or response, as well as the submission of low-quality manuscripts by authors, can contribute to an increase in SA lag [28,29]. Thus, efforts can be made to enhance the quality of submitted manuscripts and establish efficient peer review mechanisms to reduce SA lag. On the other hand, AP lag is associated with the speed of journal editing, proofreading, and typesetting [3]. With advancements in technology and the advent of online publication, AP lag has progressively shortened over the years [3,12,14,24]. Primary health care journals can also leverage these technological advancements to expedite AP lag.

This study has some limitations that should be acknowledged. Firstly, some journals did not explicitly provide submission, acceptance, and publication dates for their included articles. Consequently, these articles were not included in this study, potentially introducing a sampling bias. Secondly, the decision to concentrate on a single year's publications, due to the fluctuating composition and impact factors of primary health care journals in the SCIE, limits our exploration of longitudinal trends in submission to publication lags. Thirdly, this study focused solely on the characteristics of journals and did not analyze the influence of article-specific attributes on publication speed. Fourthly, COVID-19 may affect journal's criteria for acceptance of articles, thereby impacting the speed from submission to publication. However, due to variations in the composition of journals included in SCIE and differences in factors such as impact factor at different time points, a more comprehensive study may be needed to understand publication dynamics, in addition to the impact of COVID-19, on article publication. Fifthly, simplifying journal access models may not accurately reflect the complexity of publishing practices. While we cannot ascertain the time from submission to rejection or the number of articles rejected, we cannot fully understand the time from submission to the first decision, acceptance rate, and the impact of acceptance rate on the time from submission to publication. Sixthly, this study focuses on papers from SCIE journals; however, it may not entirely represent the speed of submission to publication in all primary health care journals. Lastly, there remains a degree of heterogeneity within each journal, such as hybrid journals, which were categorized as non-open access journals in this study, potentially lacking a more detailed analysis.

Given the specialized nature of the field of primary health care, marked by a small number of journals, future research must be judiciously planned to align with the practical realities of this scope. Conducting case studies on individual journals with qualitative

methods would be helpful to understand their unique publication processes and policies and to gain deeper insights into the nuances of publication speed influenced by specific events, such as the COVID-19 pandemic. Additionally, small-scale, longitudinal studies could be specifically designed to track changes over time within this confined set of journals and would facilitate a controlled comparison, minimizing covariates and highlighting the direct impact of specific factors on publication speed.

The push for rapid publication, driven by competitive academic environments and the urgency to disseminate findings, especially in health-related fields, raises concerns about the thoroughness of peer reviews. The rise in retractions across various disciplines underscores the potential risks associated with expedited publication processes. Future research could explore the existence of an optimal publication timeline that balances timely access to research findings with rigorous peer review standards, providing empirical evidence to inform policy decisions and enhance the integrity of scientific publishing.

5. Conclusions

Overall, this study reveals that primary health care journals generally exhibit a reasonable submission to publication time, but there is still room for improvement. Significant variations exist in the submission to publication time among different journals. Furthermore, impact factor, open access status, and annual publication frequency may all potentially impact publication speed. Impact factor may have both delaying and expediting effects on publication speed. Open access status might lengthen SA lag but shorten AP lag. The impact of annual publication frequency on publication speed remains uncertain at this time. Therefore, authors should carefully select journals based on their individual needs and preferences when submitting their work.

Supplementary Materials: The following supporting information can be downloaded at: https://www.mdpi.com/article/10.3390/publications12020013/s1, Table S1: FM_Pubmed_2018_2022.

Author Contributions: Conceptualization, T.-J.C.; methodology, T.-J.C.; software, Y.-C.C. and T.-J.C.; validation, T.-A.C., Y.-C.C. and T.-J.C.; formal analysis, T.-A.C.; investigation, T.-A.C.; resources, T.-A.C. and Y.-C.C.; data curation, T.-A.C. and Y.-C.C.; writing—original draft preparation, T.-A.C.; writing—review and editing, Y.-C.C.; visualization, T.-A.C.; supervision, M.-H.L., Y.-C.C. and T.-J.C.; project administration, M.-H.L. and Y.-C.C.; funding acquisition, Y.-C.C. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding. The article processing charge was supported by an intramural grant of Taipei Veterans General Hospital (V111E-002-1, V112E-001-1, V113E-002-1). We would like to acknowledge the support provided by the Hsu Chin-De Memorial Foundation. The funders, including the Hsu Chin-De Memorial Foundation, had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: The data used in this study is available in the electronic Supplementary Material accompanying this paper.

Acknowledgments: We thank Chiang, Shu-Chiung for discussion and suggestion of statistical methods.

Conflicts of Interest: The authors declare no conflicts of interest.

References

1. Bornmann, L.; Mutz, R. Growth rates of modern science: A bibliometric analysis based on the number of publications and cited references. *J. Assoc. Inf. Sci. Technol.* **2015**, *66*, 2215–2222. [CrossRef]
2. Asaad, M.; Rajesh, A.; Banuelos, J.; Vyas, K.S.; Tran, N.V. Time from submission to publication in plastic surgery journals: The story of accepted manuscripts. *J. Plast. Reconstr. Aesthet. Surg.* **2020**, *73*, 383–390. [CrossRef]

3. Sebo, P.; Fournier, J.P.; Ragot, C.; Gorioux, P.H.; Herrmann, F.R.; Maisonneuve, H. Factors associated with publication speed in general medical journals: A retrospective study of bibliometric data. *Scientometrics* **2019**, *119*, 1037–1058. [CrossRef]
4. Solomon, D.J.; Björk, B.-C. Publication fees in open access publishing: Sources of funding and factors influencing choice of journal. *J. Am. Soc. Inf. Sci. Technol.* **2012**, *63*, 98–107. [CrossRef]
5. Charen, D.A.; Maher, N.A.; Zubizarreta, N.; Poeran, J.; Moucha, C.S.; Shemesh, S. Evaluation of publication delays in the orthopedic surgery manuscript review process from 2010 to 2015. *Scientometrics* **2020**, *124*, 1127–1135. [CrossRef]
6. Kalcioglu, M.T.; Ileri, Y.; Karaca, S.; Egilmez, O.K.; Kokten, N. Research on the Submission, Acceptance and Publication Times of Articles Submitted to International Otorhinolaryngology Journals. *Acta Inf. Med.* **2015**, *23*, 379–384. [CrossRef]
7. Mohanty, C.R.; Bellapukonda, S.; Mund, M.; Behera, B.K.; Sahoo, S.S. Analysis of publication speed of anesthesiology journals: A cross-sectional study. *Braz. J. Anesth.* **2021**, *71*, 110–115. [CrossRef] [PubMed]
8. Dhoot, A.S.; Popovic, M.M.; Lee, Y.; Lee, S.; Micieli, J.A. Factors Affecting the Time to Publication in Ophthalmology Journals: A Comprehensive Bibliometric Analysis. *Ophthalmic Epidemiol.* **2021**, *29*, 465–472. [CrossRef] [PubMed]
9. Skrzypczak, T.; Michalowicz, J.; Hossa, M.; Mamak, M.; Jany, A.; Skrzypczak, A.; Boguslawska, J.; Kowal-Lange, A. Publication Times in Ophthalmology Journals: The Story of Accepted Manuscripts. *Cureus* **2021**, *13*, e17738. [CrossRef] [PubMed]
10. Jubran, J.H.; Scherschinski, L.; Benner, D.; Park, M.T.; Rhodenhiser, E.G.; Ibrahim, S.; Hulou, M.M.; Singh, R.; Karahalios, K.; Srinivasan, V.M.; et al. Publication Speed Across Neurosurgery Journals: A Bibliometric Analysis. *World Neurosurg.* **2023**, *171*, E230–E236. [CrossRef]
11. Yu, Y.L.; Li, W.; Xu, C.Q.; Tan, Y.; Zhu, W.N.; Zhang, B.W.; Zou, Y.S.; Hu, L.Y.; Jin, G.M.; Liu, Z.Z. Publication delays and associated factors in ophthalmology journals. *PeerJ* **2022**, *10*, 15. [CrossRef] [PubMed]
12. Shah, A.; Sherighar, S.G.; Bhat, A. Publication speed and advanced online publication: Are biomedical Indian journals slow? *Perspect. Clin. Res.* **2016**, *7*, 40–44. [CrossRef] [PubMed]
13. Aviv-Reuven, S.; Rosenfeld, A. Publication patterns' changes due to the COVID-19 pandemic: A longitudinal and short-term scientometric analysis. *Scientometrics* **2021**, *126*, 6761–6784. [CrossRef] [PubMed]
14. Rooney, M.K.; Nesbit, E.G.; Holliday, E.B.; Jagsi, R.; Fuller, C.D.; Ludmir, E.B.; Sachdev, S. Trends in Publication Speed of Radiation Oncology Research from 2010 to 2019. *Adv. Radiat. Oncol.* **2022**, *7*, 100863. [CrossRef] [PubMed]
15. Harper, D.M. Family Medicine Researchers—Why? Who? How? When? *Fam. Med.* **2021**, *53*, 647–649. [CrossRef] [PubMed]
16. Gotler, R.S. Unfinished Business: The Role of Research in Family Medicine. *Ann. Fam. Med.* **2019**, *17*, 70–76. [CrossRef] [PubMed]
17. Sebo, P. Are acceptance and publication times longer in primary health care journals compared to internal medicine journals? A comparative study of 117 high-impact journals. *Scientometrics* **2023**, *128*, 873–876. [CrossRef]
18. Peleg, R.; Shvartzman, P. Where Should Family Medicine Papers be Published—Following the Impact Factor? *J. Am. Board. Fam. Med.* **2006**, *19*, 633–636. [CrossRef]
19. Andersen, M.Z.; Fonnes, S.; Rosenberg, J. Time from submission to publication varied widely for biomedical journals: A systematic review. *Curr. Med. Res. Opin.* **2021**, *37*, 985–993. [CrossRef] [PubMed]
20. Shen, S.; Rousseau, R.; Wang, D.; Zhu, D.; Liu, H.; Liu, R. Editorial delay and its relation to subsequent citations: The journals Nature, Science and Cell. *Scientometrics* **2015**, *105*, 1867–1873. [CrossRef]
21. Yu, G.; Guo, R.; Yu, D.-R. The influence of the publication delay on journal rankings according to the impact factor. *Scientometrics* **2006**, *67*, 201–211. [CrossRef]
22. Bjork, B.C.; Solomon, D. The publishing delay in scholarly peer-reviewed journals. *J. Informetr.* **2013**, *7*, 914–923. [CrossRef]
23. Nuesi, R.; Lee, J.Y.; Kuriyan, A.E.; Sridhar, J. Speed of Online and Print Peer-Reviewed Ophthalmology Publications and Correlation to Journal Bibliometric Measures. *J. Acad. Ophthalmol.* **2020**, *12*, e284–e291. [CrossRef]
24. Chen, H.; Chen, C.H.; Jhanji, V. Publication times, impact factors, and advance online publication in ophthalmology journals. *Ophthalmology* **2013**, *120*, 1697–1701. [CrossRef] [PubMed]
25. Amat, C.B. Editorial and publication delay of papers submitted to 14 selected Food Research journals. Influence of online posting. *Scientometrics* **2007**, *74*, 379–389. [CrossRef]
26. Luwel, M.; van Eck, N.J.; van Leeuwen, T. Characteristics of Publication Delays Over the Period 2000–2016. In *Evaluative Informetrics: The Art of Metrics-Based Research Assessment*; Springer: Cham, Switzerland, 2020; pp. 89–114. [CrossRef]
27. Panda, S. Article processing speed in the Indian Journal of Dermatology, Venereology and Leprology. *Indian J. Dermatol. Venereol. Leprol.* **2020**, *86*, 471–474. [CrossRef] [PubMed]
28. Cornelius, J.L. Reviewing the review process: Identifying sources of delay. *Australas. Med. J.* **2012**, *5*, 26–29. [CrossRef]
29. Kim, S.Y. Publication delay in the korean journal of family medicine. *Korean J. Fam. Med.* **2013**, *34*, 297. [CrossRef]