

Some Reasons for Manuscript Rejection by Peer-Reviewed Journals

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SUMMARY

Apart from errors in the fundamentals of writing a clinical research paper, things that mitigate against manuscript acceptance by highly rated journals include: lack of objective; irrelevant and unimportant subject matter; questionable and flawed methodology; lack of originality and inadequate “packaging” of the report. The delay in the turn-around time of many articles is due to the authors themselves, and not necessarily due to the assessors or the Editorial Board.

Key words: *Research, rejection, peer-reviewed, journals, delay publication, manuscript*

INTRODUCTION

“Hell has no fury than a woman scorned!” is a popular saying. Any editor who has had the misfortune of sending letters of rejection to some authors will agree with me that also, “Hell has no fury than an author whose paper intended for an on-coming promotion exercise is rejected!”

Historically, exchanging letters among researchers about their findings was solely for the sake of exchanging knowledge and ideas[1, 2]. This eventually led to the emergence of publications and peer-reviewed journals.

In tertiary institutions, to encourage and reward research those that publish must be compensated and this compensation is in form of promotion. Therefore to get promoted, academics must

publish. Over the years the reason for publishing has now shifted more in favour of promotion than in disseminating knowledge and reporting genuine research[3]. The effect of this is questionable research publication with little or no scientific value and this automatically leads to a high rate of manuscript rejection in many highly rated peer-reviewed journals. Many academics no longer write papers for the sake of sharing knowledge, which is the original aim of peer-reviewed journals but to have enough papers regardless of its quality to get promoted. A situation referred to as “numbers game”.

This write up is directed to those who already know the fundamentals of manuscript writing and therefore will not address the basic aspects of writing a clinical research paper[4]. The aim of this paper therefore is to highlight some of the reasons why manuscripts are rejected in many highly rated peer-reviewed journals.

OBJECTIVE AND AIM

In paper writing, there should be an objective or an aim of the study. The whole paper should revolve along this aim, which should be the central theme of the article. Usually this aim is the last sentence under the introduction

Lack of focus and failure to adhere to the theme of the paper contribute to paper rejection. Probably in an attempt to have a voluminous article many papers wander away from the objective, referring to things that are not within the scope of the study. This unnecessary diversion tends to occur usually when papers are “extracted” from a personal Master’s or Ph.D thesis. For example, dwelling on pulmonary problems due to cooking with firewood in an enclosure may have little or no relevance while discussing diarrhea in children.

What is important in a paper is not the size but the content. The article by J.D. Watson and

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F.H. Crick on the structure of DNA for which they won a Nobel prize and which appeared in *Nature* in 1953 occupied just half a printed page[5].

UNIMPORTANT AND IRRELEVANT SUBJECT MATTER

Publications in peer-reviewed journals are to disseminate knowledge, therefore for papers to be published in a well-recognized, international journal they must have significant scientific value[6]. Using an elaborate questionnaire and high-powered statistical analysis do not transform an irrelevant subject matter to a subject of high scientific value. For example, the fact that “P-value” or “Chi-square” or “Student’s t-test” show that professors are poorer financially than senior lecturers does not increase the scientific value of such a study!!! Or a study that shows that “nurses do not know how to treat diabetes” when they are in actual fact not supposed to or that “mothers do not know how to diagnose neonatal jaundice” when they are not expected to do the function of a physician! The only reason for this type of “research” is because of the “numbers game”, just to fill the pages of the curriculum vitae! Many highly reputed journals are not likely to accept such papers.

QUESTIONABLE AND FLAWED METHODOLOGY

One common flaw that mitigates against acceptance of papers by some highly rated journals is “mixing” data from prospective study with that of retrospective study to form a study group. This is usually not acceptable because the degree of errors from both types of studies are different. If the methodology of a study is flawed or questionable, the result is bound to be flawed or questionable also, and many highly rated peer-reviewed journals will not accept such study [7]. The only reason for grouping data from both retrospective and prospective groups is because the sample size for each is not adequate and therefore this is done to increase the sample size, in spite of the short comings of the practice. When findings in a study do not support the “conventional wisdom” and the study has not justified this, the methodology will be regarded as questionable. For example, when a study

shows that “the most common cause of HIV/AIDS in paediatric age group is sexual promiscuity” this will raise an eyebrow unless the paper shows a strong evidence for this. Or when a research is performed based on another publication that appeared say in 1999 and the materials for such study are said to have been collected say from 1990 an assessor is bound to query the authenticity of such a study. Another way a methodology for a study is regarded as flawed is for example conducting a study in relation to intensive care unit (ICU) without any reference to things peculiar to ICU like oximeter, ventilators, Swanz-Ganz Catheter., ECG monitor, CVP line etc, or when an article describes, for example, a retrosternal thyroid in a patient but the enclosed photograph of the thoracic inlet shows no retrosternal extension of the thyroid the credibility of the whole paper is usually called into question and this leads to rejection.

LACK OF ORIGINALITY AND “OBSOLETE” STUDY

There is nothing wrong in duplicating a study that another author has done previously provided the same sets of data are not used. In fact, this is one way of confirming the authenticity or otherwise of a previous study. That is the reason why many editors insist that the full details of a study should be presented. However, when a study is being duplicated, it should be clearly so stated, so that the present author does not make it appear as his/her own original work. When this is not done, the paper is usually rejected.

Also there is little or no scientific value in presenting an “obsolete” study when newer methods are already available.

IS IT A RESEARCH PAPER OR A COMMISSIONED STUDY?

This is a very common error with the authors. An author should be aware of the scope of circulation of the journal and this should govern the type of article to be sent to the journal. An article that concludes, “that the government should make breakfast available in primary schools” has only a local relevance and not of international interest. So such articles are not likely to be accepted by an in

ternational journal. An article that carries “suggestions” and “recommendations” is more like a commissioned paper by an agency, an investigation panel or a group, than a research paper intended for international community. In any case, it is presumptuous of the author to “recommend” or “suggest” to the readers. Let the readers decide whether the study merits adopting or not! Also when a paper concludes “...the government should provide good drinking water and teach about hygiene...” etc. Which government is the paper addressing? Government of Japan, or USA or UK or Nigeria?

It is obvious that such papers have no international relevance and will not be accepted by any highly rated international journal.

INADEQUATE “PACKAGING” OF THE TEXT

In some cases, a less than borderline paper may be published if well-packaged. In some cases an assessor finds it difficult to distinguish between “introduction” and “discussion”. Introduction is to introduce the subject and to give the objective or aim of the paper. The “discussion” is to discuss the research making references to similar work previously done.

“Materials and methods” should be detailed enough so that any reader can duplicate the study. In fact this is good for verification of the authenticity of the study. It is also very useful to show how the sample size was calculated if this is indicated.

The “Discussion” should be relevant to the study. Previous studies that support or disagree with the present study should be mentioned. Impressions and guess work should be avoided. Any important statement that is not the direct result of the study should have a reference. And the discussion should be limited to what has been studied. For example in a study of typhoid perforation, an author cannot say “this is due to bad drinking water” if “drinking water” in the locality was not studied in the paper. Even if it is true!

Doubtful statement encourages rejection by the assessor. For example to state that “difficult intubation occurs because of a retrosternal extension of thyroid...” and yet the enclosed x-ray of the thoracic inlet shows no retrosternal extension at all!

The “Conclusion” should be what is directly concluded from the paper. Not what was concluded in another paper by other workers. It also should not include “suggestions”, “recommendations”, etc. It also should not include impressions and opinions not studied in the paper even if they are true!

For example, here are some unacceptable conclusions:

- a. “Government should include this in medical and nursing schools curricula.”
- b. “therefore government should provide good drinking water”
- c. “therefore we should adopt the recommendation for resuscitations” etc

All these three examples are not the central themes or objectives of the three papers where these conclusions were made and therefore not acceptable as conclusions.

REVIEW ARTICLES

This is usually by invitation or by a previous request. But if a review article is considered good, it will be accepted without these two conditions[4].

A review article should contain “the current state of knowledge or practice (not old or obsolete ones from old textbooks) integrating recent advances with acceptable principles and practice or summarizing and analyzing issues in knowledge or practice.” It should not be a “grafting together” of various statements from various authors without fully discussing the pros and cons of such statements. And it should also feature prominently the personal results of the previous work done by the reviewer himself! If the reviewer has not done much original work himself on the subject he is not qualified to write a review article on the subject.

DELAY IN PUBLICATION

When an article is submitted to be considered for publication the turn-around-time should not be more than three months under normal conditions. But the delay in response on many occasions is due to the authors themselves. Here are some of the things authors do wrong:

- (1) Improper writing of names. For example Ajao Oluwole Gbolagunte. Is this A.O Gbolagunte or Ajao, O.G ?

(2) Just dropping photographs in the envelope with the manuscript. There may be many such photographs accompanying many similar articles.

How does the secretary know which one belongs to which?

(3) Sending the article for publication to the wrong address as opposed to the address indicated in “instructions to the authors”

(4) Inadequate corrections of the galley proofs. Galley proofs should be corrected “boldly” preferably with a red pen so that the printer can easily see it, and not corrected on a separate sheet of paper.

SOME COMMONLY MADE GRAMMATICAL LAPSES

1. “Commonest” preferred is “most common”
2. “Commoner” preferred is “more common”
3. “Operated him” preferred is “operated upon or on him”
4. “25 years old man” preferred is “25- year-old man

CONCLUSION

In spite of avoiding all these, a hard-hearted, envious and jealous assessor may still refuse to recommend

a paper for publication. If one journal rejects your paper, try another one, and another one, and yet another one!

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