

Categorization of manuscripts and an Editor's Dilemma?

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Original articles are the largest category of manuscripts which are accepted for publication by the biomedical journals followed by Case Reports and Reviews. Manuscripts which are accepted and published in some other categories by most of the journals include Clinical Case Series, Brief Communication, Short Communication or Clinical Updates etc.

Some editors no more consider Knowledge, Attitude and Practice (KAP) studies or manuscripts based on Surveys to be published as original articles but they are categorized separately as KAP Studies and Surveys though there is no clear cut guidelines or consensus on these issues. Hence, it is mostly the Editor's discretion and also carries the likelihood of personal bias. Not all KAP studies are so simple but at times extremely important findings are made through these studies and similar is the case with Surveys. However, since most of the authors in the developing Third World countries are now under pressure to publish to seek appointment or to fulfill the requirement for promotion in their academic career, a lot of them opt for this short cut of compiling manuscripts based on KAP studies or Questionnaire based surveys which is not a good quality research. It has already been documented that most of the authors write under compulsion and the quality of such manuscripts is usually not so good.¹ In the absence of any universally accepted criteria regarding categorization of manuscripts, a great disparity exists in the manuscripts published by various biomedical journals in the developing world and Pakistan is no exception. A particular manuscript may be published as a KAP Study or covered under Survey reports while the same may be accepted for publication as an original article by some other journal and since authors get same credit for manuscripts published under Original article irrespective of their quality, it is very frustrating for some Editors who believe and have been trying to

improve the quality of the manuscripts which they accept for publication indirectly contributing to improve the quality of research.

Since no guidelines exist on this issue of categorization of manuscripts, Pakistan Association of Medical Editors (PAME) could take up this issue and even if the Editors of a few regularly published peer reviewed biomedical journals agree on certain criteria, it could be a good beginning. At least the Editors will have some guidelines to follow. These guidelines will not be mandatory but advisory in nature and the Editors will be free to formulate their editorial policy for their respective journals.

This is not the only problem which is faced by the Editors of peer reviewed biomedical journals published from less developed countries. Ever since the author made a presentation on this topic at the First Eastern Mediterranean Medical Journals Conference held at Cairo in 2003 which was later published in Saudi Medical Journal followed by an editorial in JTUHC,^{2,3} there have been numerous studies published in the same domain by various authors.⁴⁻⁷ Though things are improving but still we have a long way to go as regards educating the authors.

While conducting a workshop during the EMMJ4 held at Bahrain, Tim Albert the well known medical journalist from UK was absolutely right when he said that "authors are the most dangerous pressure groups which the Editors have to face".⁸ While a vast majority of the authors still do not read and follow instructions to authors of the respective journal to whom they are submitting their manuscript, they are also too keen to get it published as soon as it has been submitted. While some do appreciate the reviewer's comments and suggestions, improve and revise their manuscripts responding to the reviewer's comments and suggestions, there are others who not only get annoyed but do not hesitate to use harsh language against the Reviewers and Editors. One of the most important deficiencies that we have found is in writing references.⁹ It will be too much to expect the Editors to either rewrite the whole manuscript or teach the authors how to use the computers and different software's.

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Table-I: Manuscript received by Pak J Med Sci (2005 – 2010)

Country	2005	2006	2007	2008	2009	2010
Australia	-	-	-	-	01	01
Austria	-	-	-	-	-	01
Bangladesh	03	07	07	06	07	10
Bahrain	-	-	-	01	-	-
Brunei	-	-	01	-	-	-
Cameroon	01	-	-	-	2	-
Canada	03	-	-	-	-	-
China	-	01	-	01	-	29
Egypt	-	02	-	-	01	02
Germany	-	-	-	-	-	01
India	09	04	21	06	10	17
Ireland	01	-	-	02	-	-
Iran	74	90	149	169	170	262
Iraq	02	03	02	04	09	06
Jordan	08	14	10	04	09	04
Kuwait	02	02	02	-	01	-
Malaysia	-	03	01	03	04	09
Nepal	01	01	-	-	-	02
Netherland	-	01	-	-	-	-
Nigeria	07	16	32	34	33	31
Oman	-	03	01	-	01	01
Pakistan	76	90	98	123	146	136
Palestine	01	05	05	04	05	03
Poland	01	03	01	01	01	-
Qatar	01	-	-	-	-	-
Romania	-	-	-	-	01	-
Russia	-	02	-	-	-	-
Saudi Arabia	10	11	11	21	20	14
South Africa	-	-	01	03	-	06
South Korea	-	-	-	02	03	02
Sudan	-	-	-	-	02	03
Syria	-	-	-	-	-	01
Thailand	01	-	-	01	01	-
Taivan	-	-	-	-	-	03
Tunisia	-	-	-	01	03	-
Turkey	02	02	05	34	80	187
UAE	-	-	-	04	03	02
USA	01	-	02	-	01	01
UK	05	08	06	05	01	05
Westindies	-	-	-	-	-	01
Total (33)	209	268	354	427	498	740

Yet another problem that we are faced with these days is the incomplete submission i.e. failure to provide Letter of Undertaking signed by all authors confirming exclusive submission, failure to provide approval from Ethics Committee besides manifold increase in the number of submissions to Pakistan Journal of Medical Sciences ever since we went online, got an Impact Factor and started accepting direct submissions on the website. While the total number of manuscripts received from within Pakistan and overseas during 2005 was 209, it has now increased to 740 in 2010. (Table-I) The number of manuscripts which were accepted for publication after peer review

Table-II: Manuscripts Published by Pak J Med Sci (2006–2010)

Country	2006	2007	2008	2009	2010
Australia	-	-	-	01	-
Bangladesh	01	05	05	04	04
Bahrain	-	-	-	01	01
Brunei	-	01	-	-	-
Canada	01	-	-	-	-
Cameroon	-	-	-	-	01
China	-	-	-	-	01
Holland	01	-	-	-	-
India	06	10	05	-	02
Iran	38	89	83	72	64
Iraq	02	02	01	02	01
Jordan	06	07	04	01	04
Kuwait	-	02	01	-	01
Malaysia	-	01	01	04	01
UAE	-	-	02	03	02
Nigeria	03	13	21	13	10
Nepal	-	01	01	-	-
Oman	-	03	-	01	01
Palestine	03	02	04	01	02
Pakistan	48	81	61	70	56
Poland	-	01	-	-	-
Russia	-	01	-	-	-
Saudi Arabia	06	08	05	09	11
South Africa	-	-	-	02	03
South Korea	-	-	-	02	01
Sudan	-	-	-	-	01
Thiland	-	-	-	02	-
Turkey	01	03	02	24	34
UK	04	04	05	02	02
Sri Lanka	-	-	01	-	-
USA	-	02	01	-	-
Total	120	236	203	214	203

was 120 in 2006 which has also increased to 203 in 2010. (Table-II) In view of the constraint of resources, financial as well as human manpower, we have our own limitations and being a quarterly publication, we cannot afford to accept too many manuscripts for processing and peer- review. Although at times an attempt has been made to publish two additional issues every year to clear the backlog of manuscripts waiting publication and reduce the waiting time for the authors, it has not been possible for us so far to officially increase the frequency of our publication from quarterly to bimonthly because of financial constraints. We have to be selective that is why a large number of new submissions are rejected in the initial review. That does not mean that all those manuscripts which are not accepted for further processing during initial review are not of good quality. Many a times those rejected are most suitable for local publication in their respective countries rather than being published in an international peer reviewed journal or they have a very low priority with us. Despite best efforts, we have not yet succeeded to reduce the time needed for peer review and communicate the comments to the authors due to various reasons, the limited number of Reviewers who are willing to spare some of their precious time for this academic activity being one. Hence, we are mindful of the fact that the authors should not be kept waiting for too long, hence advise them to submit their manuscripts to some other journal as it will take too long for us to process their manuscripts. This rejection does not in any way reflect on the quality of these manuscripts. We feel that it will be far better to decline to process further such manuscripts in the initial stages rather than communicating them the same decision after couple of months because this will provide the authors an opportunity to submit their manuscripts to some other journal. We also encourage authors not to submit more than one manuscript at the same time to one journal including Pak J Med Sci as it may not be possible for the Editors to process more than one manuscript from an author at the same time.

In order to help some of the authors who are interested in fast track processing of their manuscripts to fulfill some of their academic requirements, we do provide this facility but experience has shown that some of the authors tend to misuse it. They are prepared to pay extra to get their manuscripts published as early as possible once they are accepted for publication after peer review, even if they do not need any

immediate credit; hence they create problems for those authors who are in need of more published papers to claim credit for their academic promotions. It is again a dilemma for the Editors how to cope with this situation? Further increase in publication charges for processing and publication of manuscripts on fast track does not seem to be an answer. Standards have to be maintained and quality ensured and there is no short cut to peer review. The authors must understand this.¹⁰ The situation can be made easy if we have more good quality biomedical journals which will ease the pressure on the limited few but then it is easy said than done. Publishing a good quality peer reviewed biomedical journal is quite frustrating and at times stressful job. Hence, in the foreseeable future, there won't be an easy going for the Editors and they must be prepared to face all this irrespective of the fact whether they like it or not.

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