

The fate of papers rejected by Australian Family Physician

Rachel Green

is a BSc(Biomed)/LLB student, Bond University, Queensland.

Chris Del Mar

FRACGP, MD, is Dean, Faculty of Health Sciences and Medicine, Bond University, Queensland, and former Research Editor, Australian Family Physician. cdelmar@bond.edu.au

BACKGROUND

Research papers submitted to *Australian Family Physician (AFP)* are accepted or rejected on the judgment of the research editor with advice from expert reviewers. Rejection can be outright (eg. when research is 'fatally flawed') or, more often, conditional (when authors are invited to respond to criticisms). Sometimes authors fail to resubmit. The fate of both groups of papers is unknown, as are the reasons for failing to resubmit.

METHOD

We sent an explanatory email to all authors who submitted a paper to the *AFP* research section between 2002 and 2004, with a simple eight question survey (plus 1–2 additional questions for authors of rejected/withdrawn articles).

RESULTS

Of 123 requests sent, 50 were returned (41% response rate). These were supplemented by an extra 19 papers identified by literature searching. Authors of accepted papers were more likely to participate than those whose papers were rejected or withdrawn. Most papers (28/47, 60%) submitted to *AFP* were written specifically for the journal. Those that were published underwent major change from the original submitted. Three out of 11 papers rejected by *AFP* were published in another journal. Authors who failed to resubmit (or withdrew) their paper usually cited being too busy. The editorial and peer review process was considered valuable by 74% of respondents. Most accepted papers (20/37, 54%) underwent one revision: rejected articles were usually rejected outright (9/11, 82%).

DISCUSSION

That authors often lose interest in getting their paper published after preparing it for submission is curious. Most authors consider peer and editorial review to be valuable.

Research is undertaken for many reasons, from improving clinical practice by communicating results¹ through to a simple desire for academic career advancement. Publishing is therefore important to authors; however, not all papers are accepted for publication. Some are rejected outright (if judged fatally flawed by the editor on advice from expert reviewers). Other authors are asked to respond to specific and usually constructive criticisms with a modified manuscript. A source of conflict occurs when editors feel a paper can be expressed more succinctly than the authors do.

Peer reviewing of manuscripts became widely adopted as editors realised that they lacked the depth of expertise to make decisions in very specific fields.^{2–5} This should serve to reassure authors that judgments are carefully considered and supported by independent expert advice, although review processes are often criticised by authors who feel that reviewers fail to understand the content or significance of their findings, or oversimplify them.^{2–5} This may occur from poor choice of journals by authors, or poor choice of reviewers by editors.

We sought to better understand the fate of research

papers submitted to *Australian Family Physician (AFP)* and the usefulness to authors of the peer review process; a topic that has been inadequately investigated in the past.⁶

Method

We established a list of research articles submitted in 2002–2004. It consisted of 113 accepted papers (of which we could establish current contact details for the first authors of 73 [65%]) and 101 withdrawn or rejected papers (of which 50 [50%], similarly had contact details). We emailed a survey of eight standard questions, with a supplementary question for those rejected and two for papers withdrawn, asking the authors to return the questionnaire anonymously. The questions were a simpler version of a previously published survey.⁷ Two reminder emails were sent 1 and 5 weeks after the original (to all participants because it was not possible identify those who had returned surveys).

For missing data from nonrespondents, we undertook electronic searches to find papers that were published in other journals.

Ethics approval was granted by the Bond University Human Research Ethics Committee.

Results

The overall response rate was 41%: 51% (37/73) from the 73 authors of accepted papers; 26% (13/50) from the 50 authors of rejected or withdrawn papers. One response was discarded because it was incomplete. We supplemented these data by identifying 19 publications of the same papers in different journals by searching electronic literature by missing author (either because their address was no longer current, or nonresponse) (Table 1).

Some authors had previously published in *AFP*. This made little difference to the acceptance rate: 8/12 (62%) of those rejected or withdrawn; compared to 22/37 (59%) of those accepted.

Respondents indicated that three out of 11 papers rejected by *AFP* were published elsewhere, two after major changes. We found a further 19/101 (19%) were published by near identical authors and title elsewhere.

Most accepted papers (20/37, 54%) underwent only one revision; one required four. The authors of nine out of 11 papers eventually rejected were not invited to revise and resubmit.

Most authors (28/47, 60%) indicated that their papers were written specifically for *AFP*. Few authors – only one-third – contacted the editor on appeal after rejection.

By combining responses for positive and negative questions, it can be seen that the review process was valuable in some way to 76% (176/231) of authors of accepted articles and 60% (21/35) of authors of rejected or withdrawn articles (overall 74%) (Figure 1).

Some respondents took the opportunity to write comments including: concern that reducing words caused loss of the richness of the data in qualitative research; another (a consultant physician) was irritated that the paper was considered inadequately interesting to general practitioners; and some were concerned about conflicting comments from reviewers (although most attributed this to poor understanding of the paper by at least one reviewer).

Discussion

The accuracy of these data can be questioned. The delay between submission and being surveyed may have introduced recall bias. Nor did we separately survey authors' reactions to reviewer comments. More importantly, the low response

Table 1. Identification of papers and number of revisions

| | Accepted | n (%) | | Total |
|--|----------|-----------|----------|----------|
| Original sample of papers | 113 | 101 | | 214 |
| Papers with valid author email addresses | 73 (65) | 50 (50) | | 123 (57) |
| Surveys returned by authors | 37(100) | Withdrawn | Rejected | 50(72) |
| Supplementary papers identified by electronic search | 0 (0) | 2(6) | 11(34) | 19 (28) |
| Total papers identified | 37 (51) | 32 (64) | | 69 (56) |
| Number of revisions accepted or rejected | | | | |
| Outright | 1 | * | 9 | 10 |
| 1 | 20 | * | 2 | 22 |
| 2 | 9 | * | 0 | 9 |
| 3 | 6 | * | 0 | 6 |
| 4 | 1 | * | 0 | 1 |

* Missing data

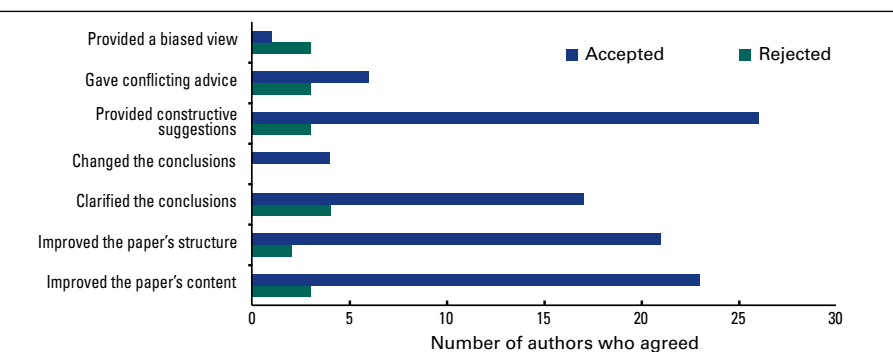


Figure 1. Author opinions on the value of the review process

rate may have introduced another source of bias.

Only a quarter of rejected articles were published elsewhere, therefore the majority remain unpublished. The primary reason for authors withdrawing a paper, or failing to resubmit, was being too busy, perhaps as new projects take precedence. Yet it seems odd that authors outlay the time to research and submit a paper only to abandon it following conditional rejection. Perhaps they are disheartened by the additional work asked of them to bring the paper to publishable standard (although over half admitted that their paper required major changes). Perhaps they resist modifying their findings because of a sense of pride. Perhaps some recognised from the review process that the paper was flawed and unlikely to be rescued by further effort.

On a positive note, some expressed gratitude for feedback and the opportunity to make any necessary changes to get published.

The aim of the editorial and review process is

to improve the quality of published papers, ensure their relevance, decrease publication time, and maintain economies (by wasting minimal space with unnecessary writing).

Conflict of interest: Rachel Green and Chris Del Mar have undertaken editorial work for *AFP*.

References

- Simon S. Is the randomised clinical trial the gold standard of research? *J Androl* 2001;22:938–43.
- Rooyen SV, Godlee F, Evans S, Smith R, Black N. What makes a good reviewer and a good review for a general medical journal? *JAMA* 1998;280:231–3.
- Wessely S, Brugha T, Cowen P, Smith L, Paykel E. Do authors know who refereed their paper? A questionnaire survey. *BMJ* 1996;313:1185.
- Ingelfinger F. Peer review in biomedical publication. *Am J Med* 1874;56:686–92.
- Burnham J, Patterson K. The evolution of editorial peer review. *JAMA* 1990;263:1323–9.
- Sweitzer BJ, Cullen DJ. How well does a journal's peer review process function? *JAMA* 1994;272:152–3.
- Weller AC. Editorial peer review: a comparison of authors publishing in two groups of U.S. medical journals. *Bull Med Libr Assoc* 1996;84:359–66.