

## Rejection of Manuscripts: Problems and Solutions

All researchers want their work published. Unfortunately, this is easier said than done. Manuscript rejection is a common occurrence.<sup>1,2</sup> A study by Hall and Wilcox concluded that 62% of the published papers have been rejected at least once.<sup>3</sup> The rejection rate is higher in better quality journals.<sup>4</sup> The rejection rate of Indian Journal of Orthopaedics (IJO) in the last 5 years has ranged from 57% to 86%. This editorial discusses the common reasons because of which manuscripts are rejected and the ways and means to deal with them [Table 1].

One of the most common reasons for rejection of manuscript is the importance of the research topic.<sup>5</sup> For a manuscript to be acceptable, it must deal with a topic which is new, important, interesting to the target reader, and most importantly advances knowledge and understanding in a certain field. If the subject matter under consideration is too well known, too specialist, or too far removed from patient care and public policy, then there is a high chance of it being rejected.<sup>2,5</sup> The research question must also be framed well, and research planned in a way that research question is answered at the end of the research.

Poor hypothesis, study design, methodology, and improper use of statistics are other reasons for rejection of a manuscript.<sup>6</sup> Involving colleagues more conversant with the concepts of study designs, methodology, and statistics during the conception phase of the study can avoid this problem. Moreover, in this era of evidence-based medicine, authors must endeavor to produce high-level evidence articles. Doing a retrospective case series or comparative study on a topic where a robust randomized controlled trial has already been done is not a good idea. Similarly, studies with small sample size, short followup or retrospective design have a high chance of rejection. Case reports are only accepted if they have a clear new message.<sup>7</sup>

Every journal has a well-defined mandate and target audience. Authors must ensure that they submit to a journal within the scope of which their manuscript lies. Manuscripts outside the scope are usually rejected without an external peer review.<sup>2</sup> At the IJO we usually publish clinical studies or basic research papers with a strong focus on clinical practice as our primary readers are ‘practicing orthopaedic surgeons.’ Manuscripts which do not meet this criteria have a higher rejection rate. One free online resource available to find the right journal to which one can submit one’s paper is “JANE” (Journal/Author Name Estimator).<sup>8</sup> JANE helps authors in finding the right journal by comparing the title and/or abstract of manuscript with documents in the PubMed to find the best matching journal. The other more traditional approach is to carefully scrutinize the websites of the journal to understand its scope, and go through

previous issues of the journal to understand the type of articles the journal usually accepts.

Ethical misconduct is another reason for rejection of manuscripts.<sup>9</sup> According to the World Medical Association’s Declaration of Helsinki, “in medical research on human subjects, considerations related to the well-being of the human subjects should take precedence over the interests of science and society”.<sup>10</sup> Ideally, authors must take an Institutional Ethical Committee [IEC] approval in all research they undertake and add a statement of the same in their manuscripts. Clinical trials must be registered with appropriate national authorities such as Clinical Trial Registry of India [CTRI] setup by the Indian Council of Medical Research [ICMR] in case of manuscripts originating in India.<sup>11</sup>

Plagiarism of any type must be avoided.<sup>12</sup> It can easily be detected and can ruin an author’s reputation. One must always cite the original source when using somebody else’s ideas or words.<sup>12</sup> If one is using a part of another text verbatim, quotation marks must be used. It is a good idea to run ones manuscript through a plagiarism check software like [www.ithenticate.com](http://www.ithenticate.com), [www.grammarly.com](http://www.grammarly.com), [www.turnitin.com](http://www.turnitin.com) etc. before submission. Similarly if one is using a previously published figure or table then permission from the publisher should be taken.

Fabrication and falsification<sup>13</sup> though more difficult to detect can result in an outright rejection of a paper. Similarly, practices of duplicate publication, duplicate submission, redundant publication, and salami slicing should be avoided.<sup>12</sup>

Suboptimum reporting of results may result in rejection of a manuscript or a major revision.<sup>2</sup> Ideally, the results must be aligned to the aims and objectives. A validated and commonly used score like Harris Hip Score [HHS], Disability of Arm, Shoulder and Hand [DASH] score, VAS Score etc., must be used as a primarily outcome measure. All participant data, outcome data, ancillary data, and other

**Table 1: Top 10 reasons of rejection of manuscript in Indian Journal of Orthopaedics**

Inappropriate research topic
Poor hypothesis
Poor design or methodology
Small sample size or short followup
Out of scope of journal
Ethical misconduct and plagiarism
Results not based on established criteria
Inappropriate discussion
Conclusions not matching the research question
Poorly written manuscript – thesis format/bullet form

observations including complications must be reported.<sup>14</sup> Both over- and under-analysis of data must be avoided. Texts, tables, graphs, and photographs must be used judiciously in the results section.<sup>14</sup>

Going overboard while writing the discussion may result in major revision or rejection of a manuscript.<sup>2</sup> Ideally, the discussion section should have the following broad heading; a brief summary of the study and results, comparison of results with the existing literature, clinical evaluation of the work, importance of the findings, strengths and weaknesses of the study. At the end of the discussion readers must know whether the research hypothesis has been proved or not. Similarly conclusions must be based on the results. New idea or concepts should not be introduced in conclusion section.

If the manuscript does not follow the journal style detailed in the instruction to authors it may not result in an outright rejection of manuscript, but it is an important reason for a technical modification. Authors must familiarize themselves with the journal style by going through the instructions to authors carefully and also through previously published articles of the same journal and frame their manuscripts accordingly. Standard guidelines based on the type of study such as Consolidated Standards of Reporting Trials [CONSORT] statement, Preferred Reporting Items for Systematic Reviews and Meta-Analysis [PRISMA] statement; Strengthening the Reporting of Observational Studies in Epidemiology [STROBE] statement; Case Report [CARE]<sup>15</sup> guidelines in consultation with the journal guidelines must be used for preparation of the manuscript. Many a times, it is seen that authors submit their manuscript in the form of a condensed thesis, or text book chapter. This should be avoided.

Poor use of language, grammar, and spelling can also be an important reason for a technical modification, revision, or rejection. One must proof read ones manuscript multiple times before submitting it to a journal. Authors whose native language is not English must take the help of their colleagues or other native English speakers to improve the language quality of their manuscripts. At the IJO, we make all efforts not to reject a manuscript only because of poor language, especially if the topic and scientific content is good. However, if the message of the paper is not clear because of poor language and authors do not improve it even after multiple requests, the editor has to sometimes reject such manuscripts.

Improper reporting of references may again be a reason because of which a manuscript may be sent back for technical modification. One must always report the references in a standardized format. The IJO wants its author to report the references in Vancouver style which is also used by MEDLINE and PubMed. In the Vancouver style, references are cited using numbers as they appear in the text followed by the reference list in chronological

order at the end of the manuscript. We encourage authors to use a reference manager such as EndNote, Mendeley, Zotero, or JabRef, to avoid mistakes.

In spite of an author's best effort, if a manuscript does get rejected, the author must not give up because giving up will eliminate all chances of publication success. The author must go through the rejection letter very carefully<sup>16</sup> and identify the reasons for rejection.<sup>17</sup> If there is a fatal flaw with the study design which cannot be rectified, then it may be a prudent idea to not pursue publication. If the manuscript has been rejected because of inappropriate choice of journal, then it is wise to incorporate all the changes suggested by the reviewers and authors and submit the manuscript to a more appropriate and lower impact journal. However, if it is a conditional rejection which is usually the case, the best option is to prepare an appropriate response and revise the manuscript according to the reviewers' comment and resubmit it to the journal as promptly as possible.

Again, authors must understand that the main aim of the submission to publication process is to improve the overall quality of the authors' work.<sup>18</sup> They must take rejections positively and use the reviewers' comments to improve their manuscripts. Publishing a paper is hard work, but the fruits are worth the effort.

### **Ish Kumar Dhammi, Rehan-UI-Haq**

*Department of Orthopaedics, UCMS and Guru Teg Bahadur Hospital, New Delhi, India*

#### **Address for correspondence:**

*Dr. Ish Kumar Dhammi,  
Department of Orthopaedics, UCMS and Guru Teg Bahadur Hospital,  
Dilshad Garden, New Delhi - 110 095, India.  
E-mail: drikdhammi@gmail.com*

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<b>Quick Response Code:</b> 	<b>Website:</b> <a href="http://www.ijonline.com">www.ijonline.com</a>
	<b>DOI:</b> 10.4103/ortho.IJOrtho_68_18

**How to cite this article:** Dhammi IK, Rehan-UI-Haq. Rejection of manuscripts: Problems and solutions. *Indian J Orthop* 2018;52:97-9.