



## Inclusion and Diversity in Medicine, Surgery and Disease Markers Research

### Scientific and Technical Advisory Council (STAC), of the Special Journals Publisher (SJP)

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#### **Citation:**

Scientific and Technical Advisory Council (STAC) of the Special Journals Publisher (SJP):  
Inclusion and Diversity in Medicine, Surgery and Disease Markers Research. Special Journal of  
Medicine, Surgery and Disease Markers Research, [SJ-MSD], 2020; 1 (1):1-23

**Correspondence:** [editorialoffice@spparenet.org](mailto:editorialoffice@spparenet.org)

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#### **Background**

The advent of modern technologies and the interconnectivity of liberalized and openly accessible online databases has made our societies a global village (1). These open-access databases have swelled the volume of published data available for public gaze (2). The volume of unpublished data has also increased considerably and significantly big enough to draw research attention (3). While

the divide between accepted and not accepted data continues to widen as well as deepen (4), the task before every publisher is to sieve through the volumes of available data to select which ones are adequately diverse to warrant inclusion for publication. Publishers ensure that critically important research papers about sustainable development are not omitted while trying to comply with the principles of inclusion and diversity in data publishing. (5)

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Special Journal of Medicine, Surgery and Disease Markers (SJ-MSD) is one of the journals published by Special Journals Publisher (SJP) with the ultimate goal of impacting on a global sustainable development database. Sustainable development goals may be achieved using the power of Medicine, Surgery, and Disease Markers research-based information to broaden the index of suspicion during critical professional discussion making for the greater good of the stakeholders (6). The Central Theme of the journals published by Special Journals Publisher (SJP) is to provide a quality, reliable, and novel database that is both diverse and inclusive. Thus, the quality and appeal of any Medicine, Surgery, and Disease Markers Research journal database are to achieve the short/long term goal of significant positive impact on the stakeholders, with high-quality research information.

### **The rationale for inclusion and diversity**

When diverse articles in Medicine, Surgery and Disease Markers Research (7) from the different geographical background at different levels of development (8) are submitted for consideration and publication, Special Journals Publisher [SJP] uses a minimum of two feedbacks from professional peer reviewers to decide which paper is accepted or rejected. Professional peer reviewers together with the editorial office decide the minimum criterion to accept or reject a paper because it is logical to expect more research details from developed countries compared to developing country settings. Therefore, while diversity drives the extent of inclusion, inclusion on the other hand defines the extent and content of

diversity (9). The delicate balance between the two outlines the quality of Medicine, Surgery, and Disease Markers Research data to be published in the database of Special Journals Publisher.

### **Significance**

The importance of brand-new Medicine, Surgery, and Disease Markers Research ideas in gaining the attention of inclusion and diversity assessors cannot be overemphasized and that is what innovativeness is all about (10). Therefore, originality, scope, impact, characteristic, quality, accuracy, coverage, amenability, standard verifiability, and more are key for the inclusion of any Medicine, Surgery, and Disease Markers Research manuscript from any location no matter the level of development for publication (11). Implementation science already has a defined agenda and, in most cases, advanced and sophisticated information appears coded when stakeholders want to use it and must be decoded for it to be useful and impactful (12). While the level of development of society drives the details of a research paper, the minimum standard balances the publisher's diversity expectation for a manuscript to qualify for inclusion for publication

### **The gap**

There is a desperate need for special training to decode or interpret what the Medicine, Surgery and Disease Markers Researchers say even before policies made based on such findings are out. Translational researchers use basic research results to improve the living conditions of man and to achieve this task inclusion and diversity principles are imperative (13). Any Medicine, Surgery and Disease Markers Research database will not

be adequately inclusive if it is not diverse and will not be adequately diverse if it is not inclusive. Characteristics of articles' uniqueness may therefore define its diversity whereas special contributions the article makes to the realization of the ultimate goal of sustainable development may depict its inclusion.

## **Objective**

In this Bibliometric assessment (14), the concepts of inclusion and diversity in Medicine, Surgery, and Disease Markers Research were reviewed in retrospect for a glimpse into a global 3-decade trend in quality assurance and standard. The lesson learned will be used to outline our philosophy on inclusion and diversity guidelines that will have the ultimate impact on sustainable development

## **Materials and Methods**

In this retrospective cross-sectional Medicine, Surgery and Disease Markers Research, we downloaded and perused 486 published full-length original papers, published addendum, corrections, editorials, abstracts of meetings, conference proceedings, and review article, on the general concept of development and sustainability. This searching and corresponding download of relevant papers were made from a globally recognized research-based data repository that included but not limited to the Web of Science (WoS) (15) core collection database on the ninetens of July 2020 at about 10.25 GMT+2). The database of PubMed, Research Gate, and Google scholars was perused to be sure no new documents relevant and necessary for this study were missed out. However, the web of science formed the major and reference

database for this study because our software was more compatible to recovered data encoded in the web of science database while other databases consulted served to provide other relevant articles, we considered imported but probably missing in the web of science.

## **Boolean topic search approach**

The Boolean topic search approach (16) used included “(development \* AND sustainability\$) OR (Sustainability of \* AND development\$) to encompass all relevant and available documents (17) on the subject of development and sustainability between 1990 and 2019. At the time of this study, we judged that the Web of Science Core Collection database had enough user-friendly and accessible academic research database relatively covering enough journals, books, conferences as well as millions of records from clarivate.libguides.com (references). To ensure the inclusion of abbreviated or shorten words, the wildcard \* and \$ were added to the end of the search algorithms. Thereafter, all documents that meet the eligibility criteria of sustainable development were retrieved and exported into BibTex file format and the authors, titles, abstracts mined in PDF file format.

## **Data analysis**

All the bibliometric variables were retrieved filtered and normalized for quality control. The results were analyses in the bibliophagy plugin package of the 3.5.1 version of R-studio software, while the codes and commands were adopted from <https://www.bibliometrics.org> to evaluate the bibliometrics indices. Tables and graph were made in Microsoft excel 16 version and network maps were visualized in 1,6 Vox-viewer software

## **Results**

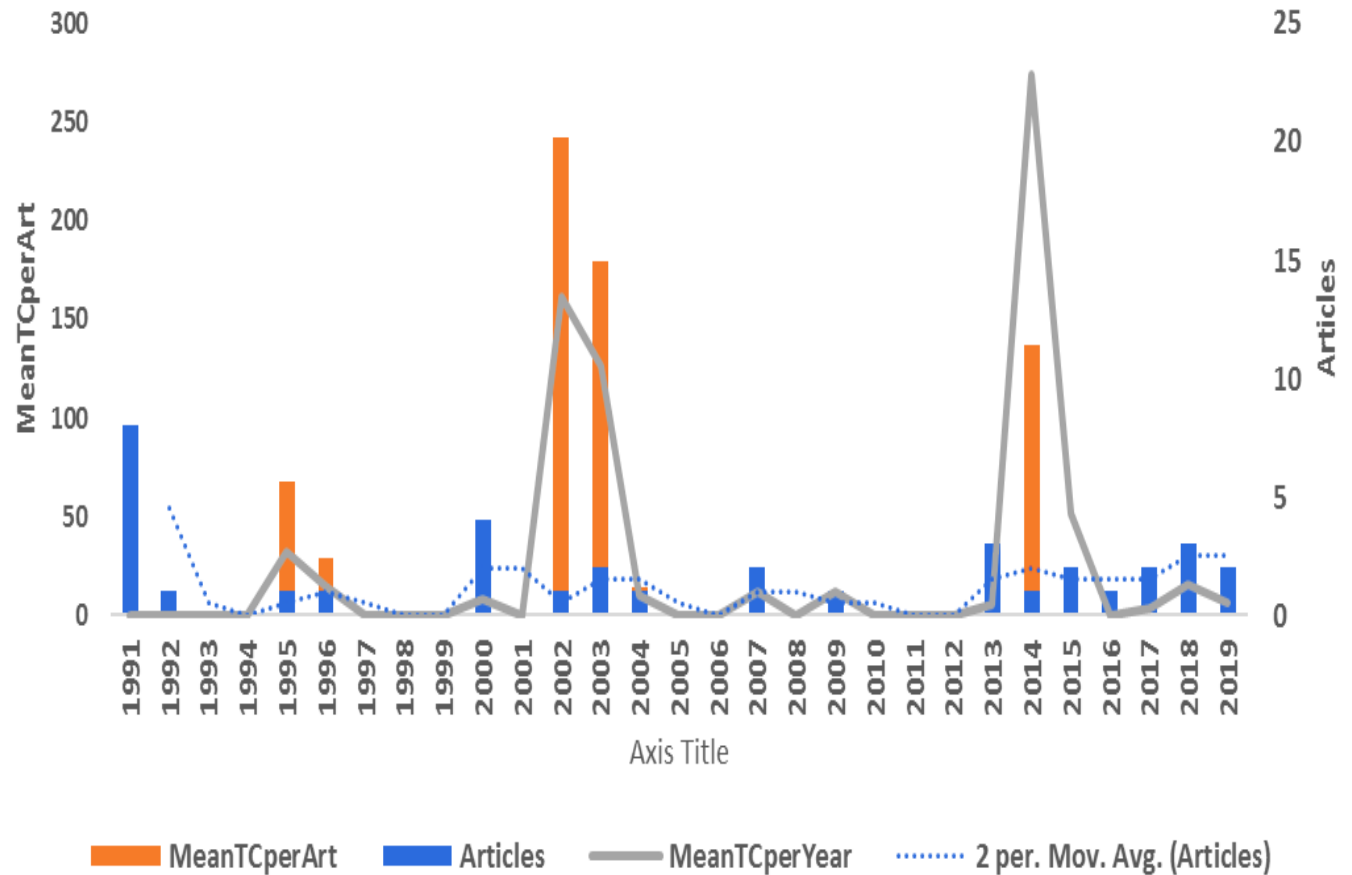
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In this study of inclusion and Diversity in Medicine, Surgery and Disease Markers Research, 486 papers written by 1142 authors over three decades were recovered, perused, and analyzed. Two hundred and seven (207) documents were written by single 207 authors while 955 authors wrote 955, multi-author documents giving 3.42 collaborative index and authors and co-authors per documents indexes of 2.35 and 2.56 respectively. Twenty-three (23) proceedings papers, 43 meetings abstract, 95 editorial material, 199 articles, 54 articles that were originally a book chapter, 11 reviews 8 letters to the editor and 28 book reviews among others.

Table 1 Descriptive characteristics of extracted documents

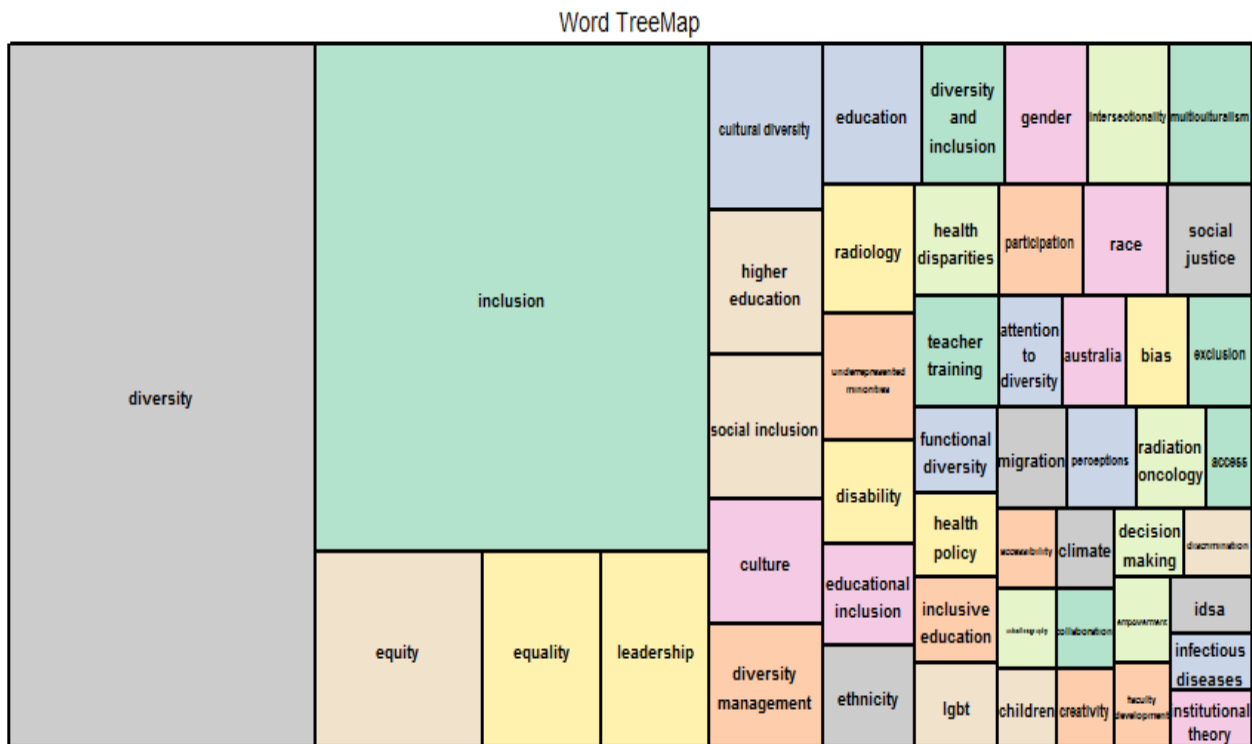
Description	Results
Documents	486
Sources (Journals, Books, etc.)	318
Keywords Plus (ID)	619
Author's Keywords (DE)	616
Period	2012 - 2019
Average citations per documents	3.916
Authors	1142
Author Appearances	1246

Authors of single-authored documents	187
Authors of multi-authored documents	955
Single-authored documents	207
Documents per Author	0.426
Authors per Document	2.35
Co-Authors per Documents	2.56
Collaboration Index	3.42
Document types	
ARTICLE	199
ARTICLE; BOOK CHAPTER	54
ARTICLE; PROCEEDINGS PAPER	1
BOOK	5
BOOK REVIEW	28
CORRECTION	2
EDITORIAL MATERIAL	95
EDITORIAL MATERIAL; BOOK CHAPTER	11
LETTER	8
MEETING ABSTRACT	43
NEWS ITEM	5
PROCEEDINGS PAPER	23
REVIEW	11
TV REVIEW, RADIO REVIEW	1



**Figure 1: Yearly distribution of Medicine, Surgery and Disease Markers Research article productions and citations.**

In the yearly distribution of articles written and cited during the studied period (Figure 1), it was observed that the mean total citation of articles was highest in 2002, followed by 2003, and then 2014, 1995, and 1996 respectively. A downward trend was seen in articles publication with the highest article publication seen in 1991, followed by 2000, 2013/2018, 2017/2019 and 1992/2016 respectively, and decreasing order.



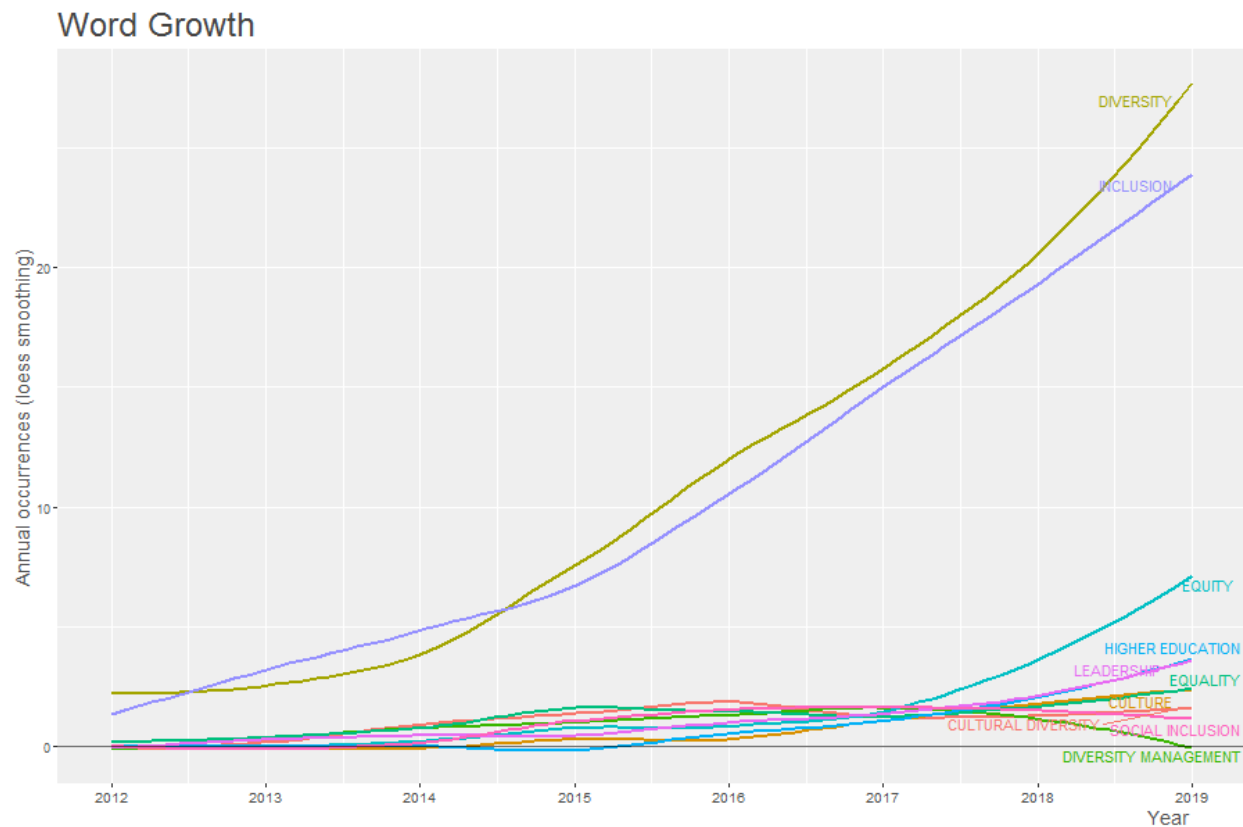
**Fig 2: word treemap of inclusion and diversity Medicine, Surgery and Disease Markers Research**

The above word treemap was used to look at the ranked structure of a Tree Diagram and at the same time showing the value of each category through area size. Each category was assigned a rectangle area with their subcategory rectangles nested beside it according to the size. All quantities assigned to a category have their area size displayed in proportion to that quantity and to the other quantities within the same parent category in a part-to-whole relationship.

Also, the area size of the parent category is the total of its subcategories. All subcategories with no assigned quantities have their areas being divided equally amongst the other subcategories within their parent category. The way rectangles are divided and ordered into sub-rectangles is dependent on the tiling algorithm used. Many tiling algorithms have been developed, but the "square" algorithm which keeps each rectangle as square as possible was the one used.

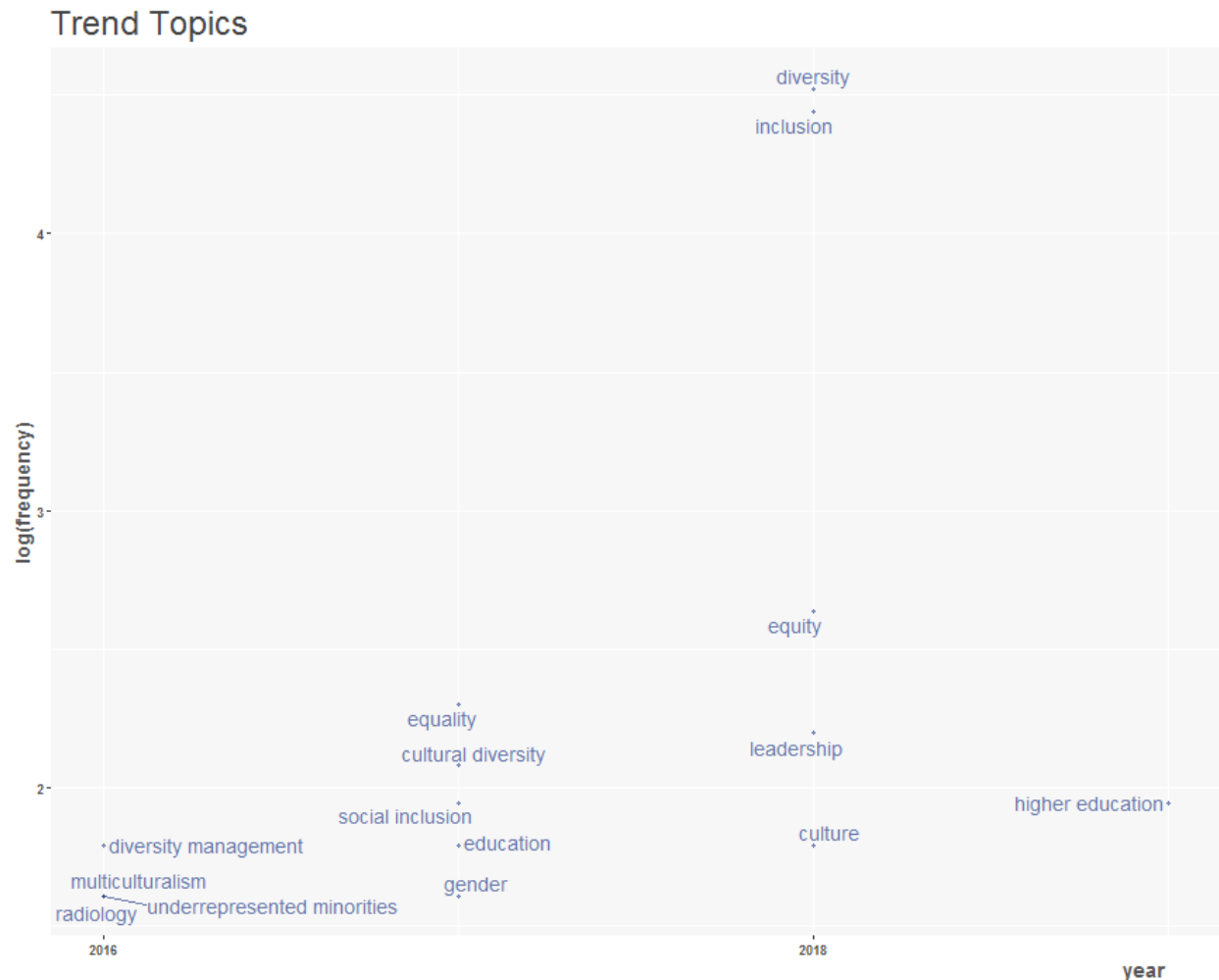
In fig 2, the **Diversity** category is the highest assigned with subcategories of ethnicity, migration, availability, social justice, and idea next in rank in decreasing order. **The inclusion** category was the highest followed in rank by subcategories of diversity and inclusion, teachers training, exclusion, and access cities, impact and strategy, and next in rank was the design and finally by financial performance. The next category was **Equity, equality and leadership** had the same category rank while next to equity was higher education/social justice, followed in rank by LGBT and children. Next in rank to equality/leadership were radiology, disability, health policy, and bias. The next is **Culture** followed by a sub-category of educational inclusions, gender, Australia, race, and constitutional theory, while the **diversity management** category was followed by This open access publication is Licensed under a creative common's attribution 4.0 international License

underrepresented minorities, inclusive education, participation, creativity and faculty development. fig 2



**Figure 3: Word growth map in Medicine, Surgery and Disease Markers Research**

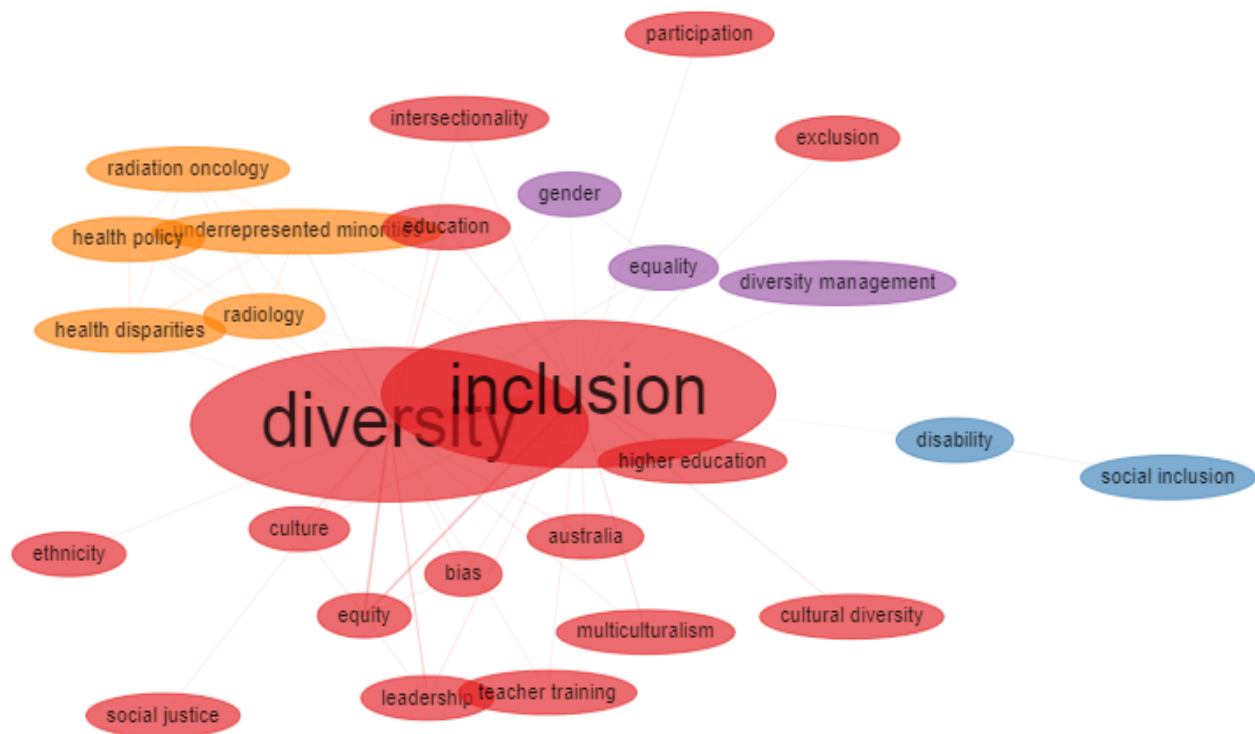
The following words stood out as most prevalent in the studies covered. The words are Diversity, inclusion, equity, higher education, leadership equality, culture, cultural development, social inclusion, and diversity management in decreasing order of usage over time. Use of two words diversity and inclusion stood out with the use of the diversity in the covered research per annum being relatively stable from 2012 to 2014 before rising in usage to the peak whereas inclusion usage maintained a relatively stable but steady steep rise in usage till it became the second most common word used among covered documents. Equity, higher education/leadership ranked 3<sup>rd</sup> and 4<sup>th</sup> in sub-category ranking respectively. all had a steep logarithmic rise between 2013 and 2017 whereas model, impact, and management topped the list while performance, knowledge, and energy were least in occurrence as shown in Fig 4.



**Figure 4: topic trend in Medicine, Surgery and Disease Markers Research**

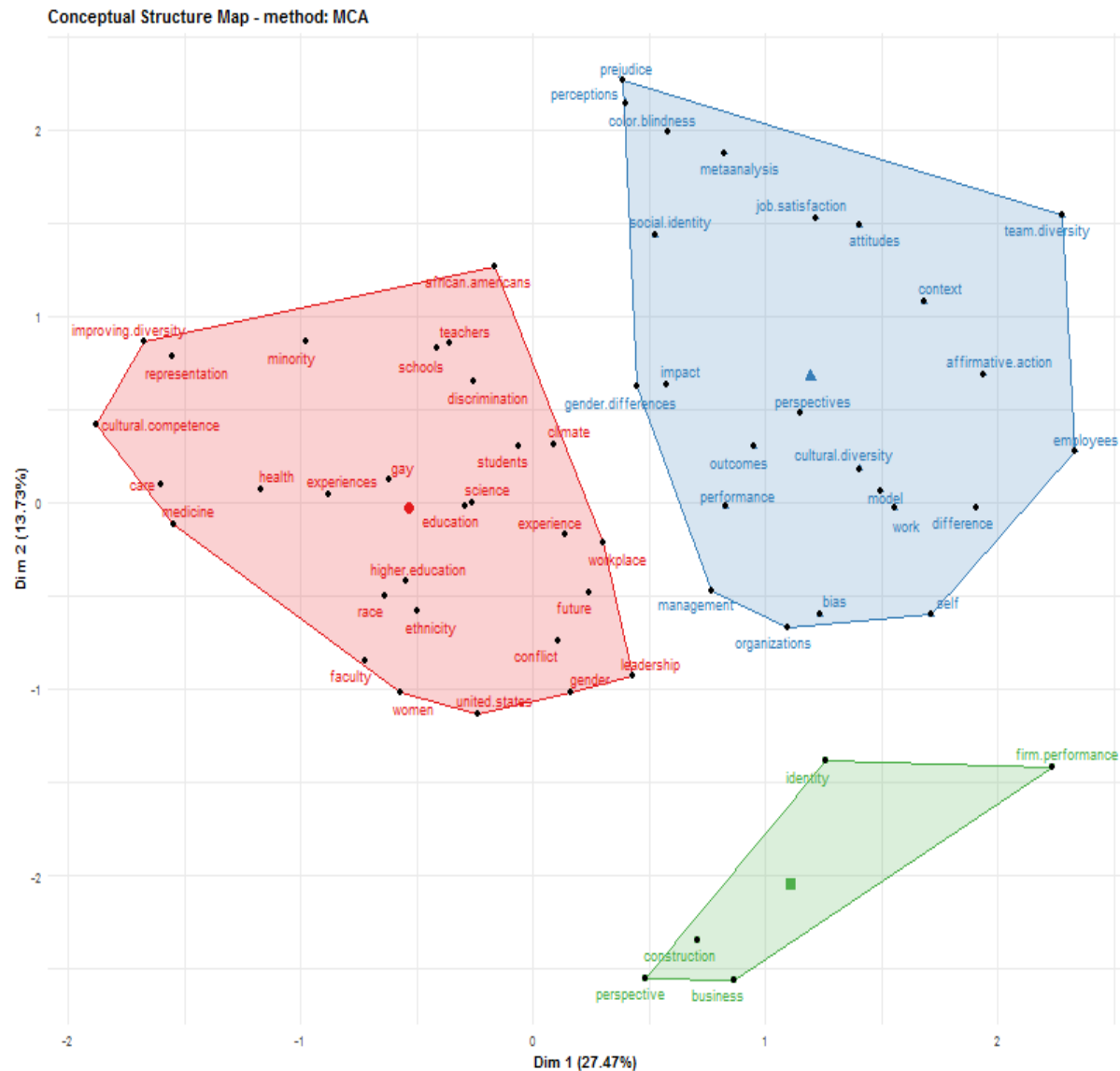
Figure 4 above, shows a log scale over a year to explain the trends of topics about inclusion and diversity in Medicine, Surgery, and Disease Markers research over 3 decades. Radiology, underrepresented minorities, multiculturalism, diversity management increased in logarithmic proportion. In 2017, Gender, education, social inclusion, cultural diversity, and equality increased in 2-fold logarithmic proportions. In 2018 culture, leadership, equity, usage increased in 3-fold logarithmic proportions while in the same year, the use of diversity and inclusion also increased by 5-fold logarithmic proportions





**Fig 5: Co-occurrence of author keywords network in Medicine, Surgery and Disease Markers Research**

Figure 5 shows the Co-occurrence of author keywords network showing 4 main clusters led by four key words category: diversity, and inclusion, (red), underrepresented minority (yellow), Diversity management, (purple), and social inclusion (blue) respectively. The rule that guides the interpretation of concurrence of the author's keywords is that the thicker the line connecting two words the closer the relationships. Therefore, looking at figure 6, diversity shows the strongest relationship with inclusion, whereas inclusion and high education showed a similarly strong relationship. On the other hand, culture, education, equity, bias, Australia, and education showed relatively similar relationships with inclusion, diversity, and higher education. Again, leadership and teacher training has a strong relation to each other than they have with diversity and inclusion together with cultural diversity, ethnicity, social justice, multiculturalism, intersectionality. There was little or no line of connectivity with other clusters implying no or minimal relation of inclusion and diversity with other categories and variables



**Figure 6 conceptual structure map in Medicine, Surgery and Disease Markers Research**

Figure 6 shows the 3 different clusters of inclusion and diversity categories and the corresponding variables. There are also the vertical and horizontal dimensions of the multiple comparison analysis (MCA) used to analyze the conceptual structure map above. The interpretation of category points is guided by the centroid principle whereby the category coordinates are the weighted average of coordinates clustering around that category. Thus, the interpretation takes its bearing from the central topic (inclusion and diversity in Medicine, Surgery, and Disease Markers Research) which is the category and located at the zero coordinate while the variables are clustered around the categories.

For the horizontal category, the left side has no inclusion and diversity while the right side has inclusion and diversity. For the vertical dimension, the upper side has strong sustainability and

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development while the lower side has weak sustainability and development. The farther the variables are clustered away from the category the more they are discriminated from the categories while the closer the variables are clustered away from the categories the less the discrimination and the more the association of the variables with the categories.

In Fig 6, the Inclusion and diversity in Medicine, Surgery and Disease Markers Research category is clustered in three different locations with different associated variables depicting the strength and weakness of associations as well as the magnitude or severity of the category being studied.

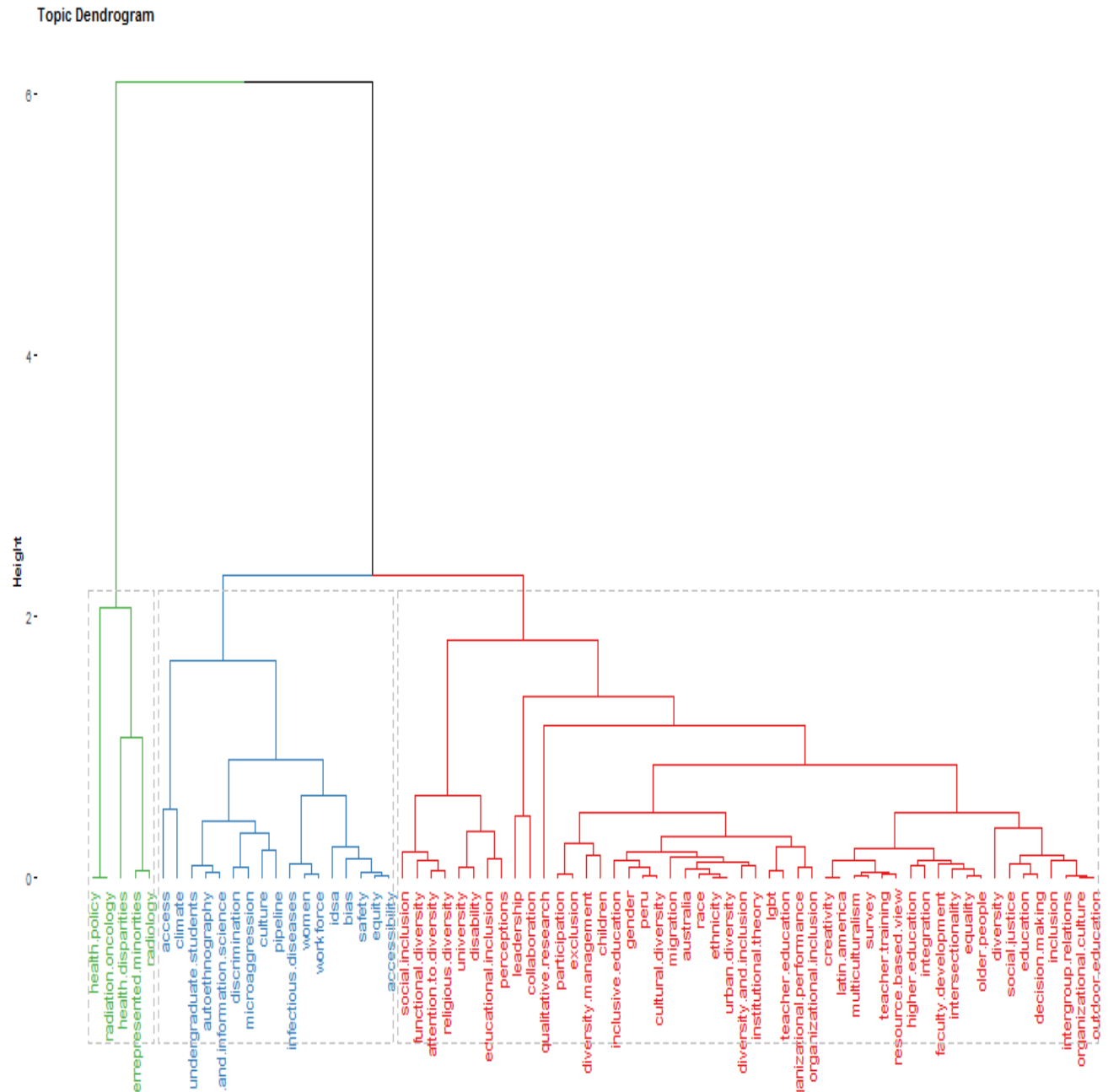
The blue cluster located in the North-East quadrant of the multiple comparison analysis of the conceptual structure map MCA/CSM represents positive inclusion and diversity in Medicine, Surgery, and Disease Markers Research that is strongly related to the associated variables such as team diversity, authors, self, bias, organizations, management, gender difference, perceptions and prejudice all clustered in a distance considered most discriminatory to inclusion and diversity in Medicine, Surgery and Disease Markers Research. To further interpret the observed category and variable relationship nested within the northeast quadrant, the distance from the central category to the variables depicts the strength of relationships with the closest having a stronger relationship than the distant variables.

Therefore, in the blue words cluster, perspectives, cultural diversity, models, outcomes performance and work all have a stronger relationship with inclusion and diversity in Medicine, Surgery, and Disease Markers Research than the distantly discriminated words like color blindness, meta-analysis, social identity, and job satisfaction among others. The green cluster in the southeastern quadrant depicts the presence of inclusion and diversity in Medicine, Surgery, and Disease Markers Research weakly related to perspective, identity, business, construction, and firm performance.

Finally, the red cluster lies between the southwest and the northwest quadrant depicting no inclusion and diversity in Medicine, Surgery, and Disease Markers Research, and the associated variables are relatively normal (neither strong nor weak) associated with the listed variables. However, within the red cluster, nested within the southwest and northwest quadrant: faculty, women, medicine, care, cultural competence, improving diversity, African Americans, climate, workplace, and leadership are all distantly discriminated against inclusion and diversity in Medicine, Surgery and Disease Markers Research compared to closely related experience education, science, gay, discrimination, schools, a minority in figure 6



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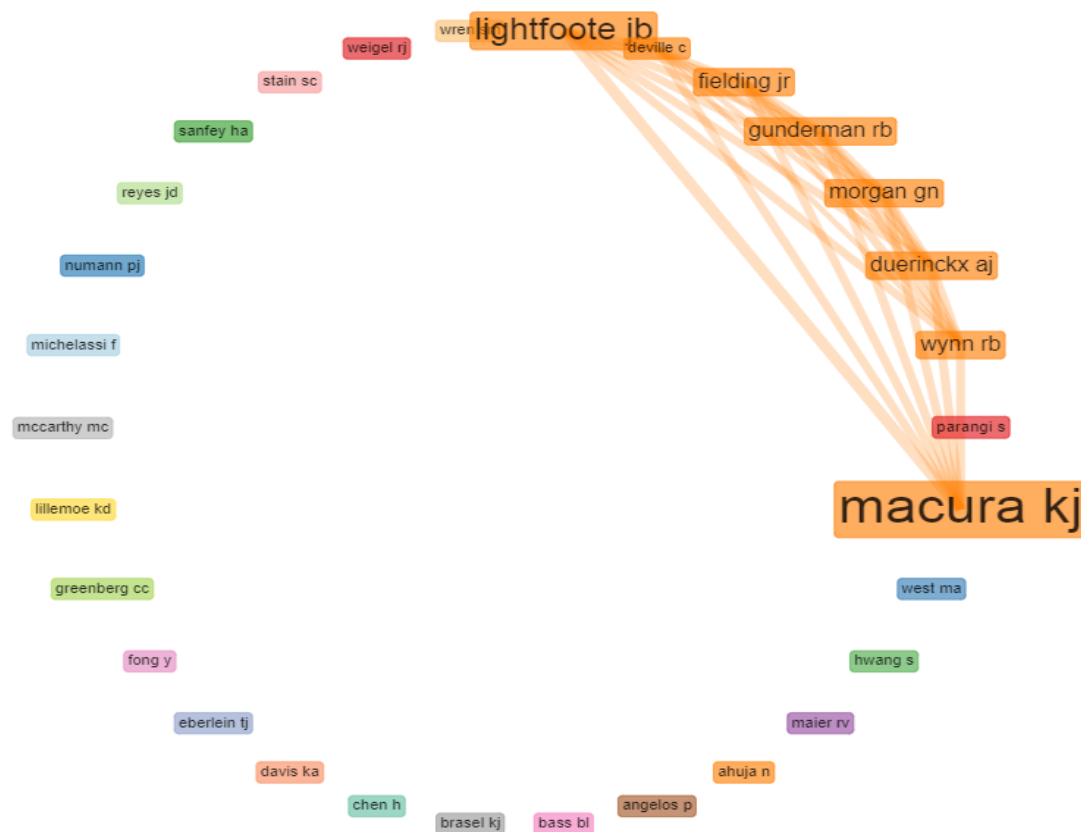
**Figure 8 Topic dendrogram of the hierarchical relationship between category in Medicine, Surgery and Disease Markers Research**

Figure 8 above is a topic **dendrogram** that **shows** the hierarchical relationship between (category) and variables (leaves}. It is most commonly created as an output from hierarchical clustering with its main use being to find the best way to allocate variables to clusters. The clades or the clusters or the category are arranged according to how similar (or dissimilar) they are to each other and to other clusters. Clades that are close to the same height are similar to each other; clades with

different heights have some kind of dissimilarity — **the greater the height difference, the more dissimilarity** (measure using Pearson's Correlation Coefficient).

Radiology and underrepresented minority are variables similar to each other and together with similar to health disparities in the green words cluster with inclusion and diversity in Medicine, Surgery and Disease Markers Research. Among the variables that make up the blue cluster: culture and pipeline, access and climate, autoethnography and information science, women and workforce are all similar to each other while equity and accessibility are similar to each other and together are similar to safety. Again equity, accessibility together with safety are similar to bias and in turn similar to idea.

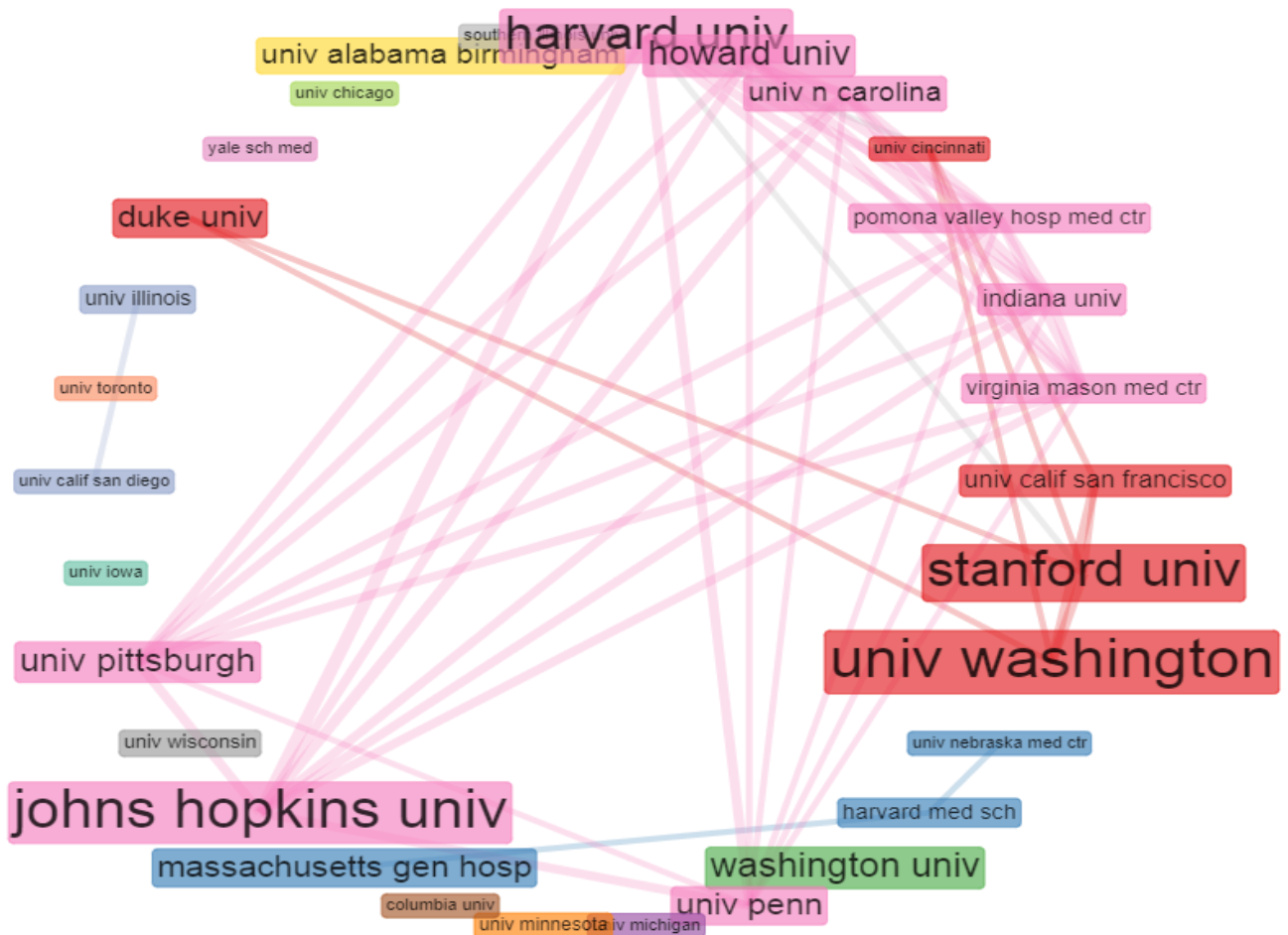
Organizational inclusions and organizational performance are similar and together similar to another group of variable teacher education and LGBT. Again, urban diversity and ethnicity are similar to each other and together with similar to race, and Australia respectively. Children and diversity management are similar to each other and together similar to exclusion and participation and many other similarities seen in the topic dendrogram in fig 9 above.





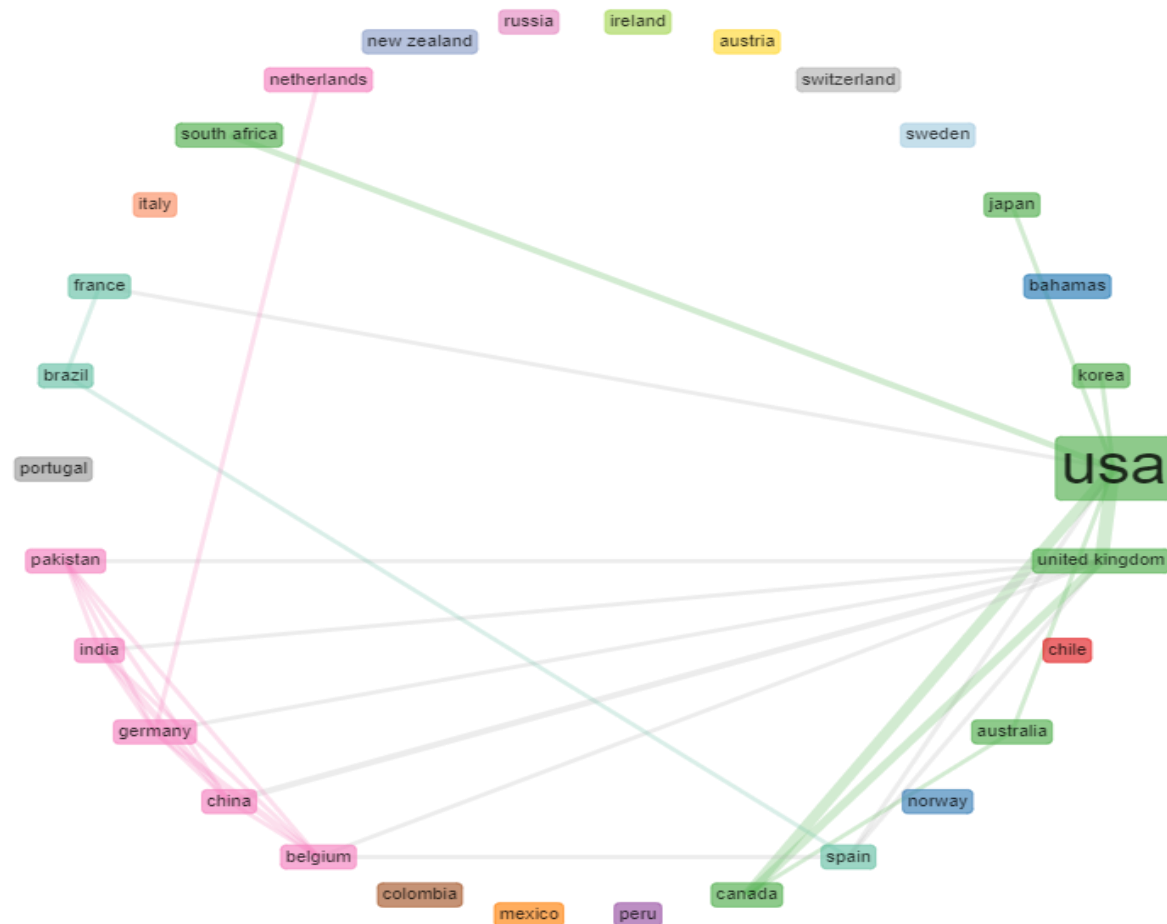
**Fig 9. Author collaboration network in Medicine, Surgery and Disease Markers Research**

Authors' collaboration network shows that out of the 30 outstanding authors 20 did not show any form of collaboration with other authors while 10 collaborated effectively as shown by the thick lines connecting one author to another. Macura Kj was the most outstanding collaboration network followed by light-footed JB and Gunderman RB.



**Fig 10. Institutional collaboration network in Medicine, Surgery and Disease Markers Research**

The Institutional cluster with the highest density of collaboration included Johns Hopkins, Harvard, Howard, Pittsburg, and North Carolina Universities. The second most prevalent cluster included Washington, Stanford, and Duke Universities respectively. Manchester Partnered with Harvard and the University of Nebraska Medical schools respectively



**Figure 11. Country collaboration network in Medicine, Surgery and Disease Markers Research**

There was less collaboration between countries in the research about inclusion and diversity in Medicine, Surgery, and Disease Markers Research. The USA collaborated most with the United Kingdom, followed by Canada, South Africa, Australia, France, Brazil, and Spain respectively

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## Discussion and conclusions

Inclusion and Diversity in Medicine, Surgery, and Disease Markers Research areas are shown in figures 1 to 11. This depicts different aspects of inclusion and diversity in

research from broad terms perspective with Medicine, Surgery and Disease Markers Research, inclusive for the past 30 years. While inclusion drives diversity, diversity impacts inclusion and forms the fundamental basis for sustainable development. The following are highlights that define the policy

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guiding principles of our journals and are briefly discussed

### **Article selection in Medicine, Surgery and Disease Markers Research**

Article selection may be one of the first challenges faced by stakeholders in achieving diversity and inclusion. Any effort that impacts an increased number of quality papers for which article selection is based defines diversity. The question that follows remain to outline the criterion to conclude that adequate articles have been included enough to confirm diversity (18).

### **Articles rejection in Medicine, Surgery and Disease Markers Research**

While efforts are made to include as many articles as possible to reflect the diversity, fundamentals that guide the delicate balance in paper selection still defines which paper to select and include to reflect principles that will assist in achieving the ultimate goal of providing a database for sustainable development. Reasons for paper rejection are many including but not limited to: Out of scope, double and simultaneous submission to other journals, out of style, incomprehensible data, does not add value, to knowledge, poor analysis, inconclusive results, wrong research methods, ethics issues, misleading abstract, Wrong research design and poor manuscripts quality and more (19).

### **Partialities or prejudice in Medicine, Surgery and Disease Markers Research**

Biases can negatively influence articles coming from underrepresented and resource-

limited settings in being accorded equal chance to have their quality novel and well-written articles from being published in a popular journal that equally represents the world stage (20). This bias is not about the quality or novelty of the paper but the negative influence is due to bias and this has a significant impact on diversity. This is where the minimum standard is used to include articles that meet a certain minimum criterion to comply with inclusion and diversity principles

### **Retention in Medicine, Surgery and Disease Markers Research**

When a policy of global diversity in paper selection is made, the factor of retention becomes an issue that can be solved by capacity building of stakeholders to produce quality articles for consideration before publication. Despite the availability of manuscript development services to help update articles for quality and standard, and despite the volume of articles being pushed out by stakeholders from resource-limited developing countries, the most common encouragement is a waiver of some percentage of the publishing fee. This has not significantly and positively influenced the rate of paper acceptance and publication from these regions (21). Retention is possible with author mentorship and capacity building, to encourage diversity and to promote inclusiveness

### **Determination of consistency in Medicine, Surgery and Disease Markers Research**

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Capacity building is needed for one to get a boost and be determined towards a particular goal and in this case towards paper publishing and article production. Authors need the capacity and experience to produce quality articles for publication (22). Publishers need capacity building as well to develop and retain policies that will encourage persistence in selecting and publishing adequately inclusive papers that also touches on diversity.

### **Spirit of consortia in Medicine, Surgery and Disease Markers Research**

Group research and multiauthor publication that encourages stakeholders to work together in groups can be supported by any extrinsic or intrinsic factors such as mentors or mentees (23). This group research and multiauthor publication more impacts that is far-reaching and encompassing diversity. Stakeholders can strive to be allies and may wish to set this model and intentions for all prospective members. To be effective allies, authors can educate themselves on the various barriers faced by each group dynamics

### **Inclusive publishing in Medicine, Surgery and Disease Markers Research**

If there is a positive environment established between authors and publishers, that can influence and swell the reading population of our journals (24), then underrepresented minorities and some percentage of the majority will be included. Stakeholders encouraging and taking part in inclusive behaviors may encourage authors and other stakeholders to increase the volume of materials sent for publication.

### **The challenge of a skewed database in Medicine, Surgery and Disease Markers Research**

A skewed database is not balanced and may not achieve the objective of its establishment without bias (25). A database established with inclusion and diversity in Medicine, Surgery, and Disease Markers Research as a guiding principle should show literature that is not skewed towards one aspect of a topic under discussion. For instance, literature about patterns of disadvantage, and variability are mostly skewed towards gender and race/ethnicity and clinical or biomedical research are predominant than other areas of health-related research. There may be reasons to explain these observations including resources status, skills, and interest.

### **Data transfer across disciplines involving Medicine, Surgery and Disease Markers Research**

In discussing inclusion and diversity in Medicine, Surgery, and Disease Markers Research, data transfer across disciplines often comes to mind. The questions remain whether data is transferred or can be extrapolated across the discipline. Extrapolation is the act of estimating or concluding something by assuming that existing trends will continue or a current method will remain applicable in a present experimental condition as well as in other experimental settings. Questionable is the transferability of published data across disciplines depicted by any of our listed journals (26).

However, one of the schools of thought about Medicine, Surgery and Disease Markers

Research data transferability is guided by the following checklist. Have the impact and measure of success of the data been clarified? is upscaling and the corresponding action required? Have the main component of the data concept relevant to transferability been identified, Have the relevant characteristics of each data component and its importance been identified (27)

Have the likely ease or difficulty in achieving the required level of importance of the data characteristics been assessed? Have the set of values across the data characteristics been considered and Have the likely potential and any condition of the data that may be required been assessed?

### **Nature of data for inclusion and diversity in Medicine, Surgery and Disease Markers Research**

Enough attention is needed to meet up with the issue of inclusion and diversity in Medicine, Surgery, and Disease Markers Research at all levels of an establishment if the required impact of inclusion and diversity on the sustainability of development must be achieved. Again, where attention exists, it is skewed and not adequately holistic to drive the required change. Extent or spectrum of coverage, accuracy, and verifiability of data, ease of data classification, and degree of continuity between data (28)

**The following eight best practices for diversity and inclusion guide SJP internal business strategies as adapted from CIO documents (29) with special modifications**

### **Sense of belonging for authors of Medicine, Surgery and Disease Markers Research**

One key factor that drives motivation for maximum output is a sense of belonging which is when one feels appreciated and determination to bring out the best becomes the norm (30). When editors send a paper to be reviewed, there is no discrimination but inclusion and diversity in Medicine, Surgery, and Disease Markers Research publication is practiced as it should be. However, when the same reviewers are celebrated by publishers for increased reviewer's response rate, sends a paper for consideration and publication, such papers are returned some within 12 and 24 hrs. for reasons that are not tenable.

In the global publishing industry, if the development status of geographical location and availability of certain resources impacts on quality of articles or papers accepted and published, then the divide between different stakeholders from different localities will continue to widen as they are deepening (31). Waving the publication fee for authors from certain locals while drastically reducing the volume of papers accepted will impede the sense of belonging among authors and the volume of disproportionate representation continues to increase.

### **Strategic leadership is key to success in Medicine, Surgery and Disease Markers Research**

Diversity and inclusion with regards to Medicine, Surgery and Disease Markers Research article selection for publication should not be seen exclusively rights of the Editor in Chief. Diversity and inclusion practices will thrive when the discussion is decentralized and policy for Diversity and inclusion becomes Diverse and inclusive in

real terms (32). Editor in Chief, presiding editor, editorial council, external peer reviewers and editorial officers at different level impacts on paper selection process with the Editor in Chief with the Presiding Editor having the final say on this matter

### **Collective responsibility in Medicine, Surgery and Disease Markers Research**

From the time a paper is received to its rejection or publication, a standard structure of operations must be defined so that the decision to reject or accept and publish a paper will be a collective responsibility of all (33). Top-down approaches drive compliance like a military barrack, but this can hardly achieve commitment, every individual must know their role in an organization's business activity. This means identifying differences in authors' experience and values across the organization so that change can be made relevant for each person and knowing that lasting change must activate different parts of the system in different ways (10). This then is the fundamental requirement for inclusion and diversity in Medicine, Surgery, and Disease Markers Research publishing

### **Quota as drivers of inclusion and diversity in Medicine, Surgery and Disease Markers Research (34)**

It would be nice to use a quota system as one of the fundamental principles for paper selection review and publication. However, Article selection based on quota may boost diversity numbers, but this won't automatically create and embrace an inclusive principle (35). When the editorial office concentrates on achieving diversity and inclusion efforts unduly on authors'

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locals, intuitions, or country, they have to remember that the author's experience continues far beyond paper acceptance and publication (36).

To retain and nurture top talents for quality paper acceptance, authors experience that will promote inclusion and diversity in Medicine, Surgery, and Disease Markers Research on daily bases are considered. Ways to accurately measure them must be designed without fail. Organizations must adapt their processes to measure diverse and inclusive behaviors to ensure nothing is left that should be included

### **Discouragement as a capstone for motivation in Medicine, Surgery and Disease Markers Research (37)**

Medicine, Surgery, and Disease Markers Research authors loose courage, confidence, and are discouraged when their papers are rejected. Discouragements can persuade, people to narrow their research perspective. A positive change is possible when challenges are seen in the context of broadened possibilities, and the fact that they are shared experience defining the potentials for sustainable positive change.

### **Motivation and Success in the publishing of Medicine, Surgery and Disease Markers Research (38)**

If a publisher accepts and publishes only articles that fit most of the objectives then inequalities are encouraged directly or indirectly and this favors a certain group or class of people in a society. No one sets out to do research that's end up being rejected but wants the papers to be put on a global stage. Thus, everyone wants to succeed and this can

be possible if given little encouragement. Creating a publishing atmosphere that accommodates much more Medicine, Surgery, and Disease Markers Research articles need efforts to unearth hidden challenges and setbacks in a system and making a move to solving them. There is no need to embed norms, designs, and other factors of inequalities as it will favor the already favored and developed group and it will undermine inclusion and diversity

### **Publication Name of Medicine, Surgery and Disease Markers Research (39)**

Publication name and philosophy are intimately connected. The Medicine, Surgery, and Disease Markers Research articles published for public gaze depict associated values, biases, and what experiences are being left out or misunderstood? Review of what is happening inside and outside the publishing house impacts on efforts to establish the inclusive organization, what the names say about an organization, and on the consistency of the editorial team, authors, reviewers, and with the publication etiquette.

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