



# Manuscript Rejection in Medicine, Surgery and Disease Markers Research

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

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**Background**

Unmet research needs in Medicine, Surgery and Disease Markers are certain to move with the world as it march into the 22<sup>nd</sup> century (1). It is clear also that every century and every decade have its peculiar issue and questions, for which answers are needed if humans must continue to live on the surface of the earth. Modern technologies have revolutionized the dept and intent of Medicine, Surgery and

Disease Markers research questions giving us the capacity to ask deeper questions that gives deeper results and broader answers (2, 3). These Medicine, Surgery and Disease Markers Research questions represent the true picture of the real situation of things, and asking the right questions will surely usher in the right answers to impact lives. Therefore, there is no doubt that good Medicine, Surgery and Disease Markers Research questions lead to good answers and good answers impact the

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social, economic, and environmental aspects of society. Any information or document that reneges on this will be a recipe for Medicine, Surgery and Disease Markers Research rejection.

Medicine, Surgery and Disease Markers Research stakeholders are interested in databases that have stood the test of time in quality, reliability, and availability for use where and when needed (4). Such databases and publishing houses should have taken time to pass through stringent optimization to bring out the best in the dataset. The interest of the readers and stakeholders has a part to play in what is accepted because if any manuscript is not of interest to the readers the editors will demand that authors should modify and improve their topics so that it will fit into what appeals to our readers (5). This is because readers options and scope definition to some extent the investment pattern of donors because they want to invest as much as possible what will appeal to a wider audience as well as impact the general public at large

Medicine, Surgery and Disease Markers Research data generation, collection, and analysis are entirely different from manuscript writing especially to the standard required by publishers (6). Many good and high-quality research results are yet to be written in the form of a manuscript for publication lying fallow in the underdeveloped and developing nations. This may be because data generation and data publication are walls apart and need authors' attention to help information dissemination to stakeholders in dire need of it (7).

### **Rational**

It is one thing to conduct good high-quality research but it is another thing to disseminate

it to the right stakeholders for use in an effective intervention (8). Of what use is good research if it cannot be communicated concisely, and clearly to the right audience. Again, what is the benefit of a good manuscript if it does not adequately represent the true picture of the actual thing that happened in the research and cannot be incorporated into the strategic development plan of an organization? Therefore, Medicine, Surgery and Disease Markers Research should not be complete until it is adequately publicized with the right audience in conferences, and peer-reviewed journals (9)

### **The right questions**

The right Medicine, Surgery and Disease Markers Research questions must be asked and answered to prevent manuscripts from being rejected. There is no universal guidelines or pattern that a manuscript must take to avoid being rejected. Manuscript rejection may be one of the hardest decisions an editorial office has to make because they have to balance inclusion with diversity as well as a volume with quality if their strategic development agenda must be attained (10). Publishers have their purpose which in turn defines their scope as well as what is accepted or rejected. Authors therefore must exercise greater caution to write manuscripts to the satisfaction of the publishers because their satisfaction is defined in part by their reader's need.

### **Objective**

In this retrospective review of manuscript rejection in Medicine, Surgery and Disease Markers, data were retrieved from the mainstream database and analyzed for their impact on society, academics, and the research world.

### **Materials and Methods**

In this retrospective cross-sectional study, we downloaded and perused 486 published full-length original papers, published addendum, corrections, editorials, abstracts of meetings, conference proceedings, and review articles, 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) (10) 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 (11) used included “(development \* AND sustainability\$) OR (Sustainability of \* AND development\$) to encompass all relevant and available documents (12) 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

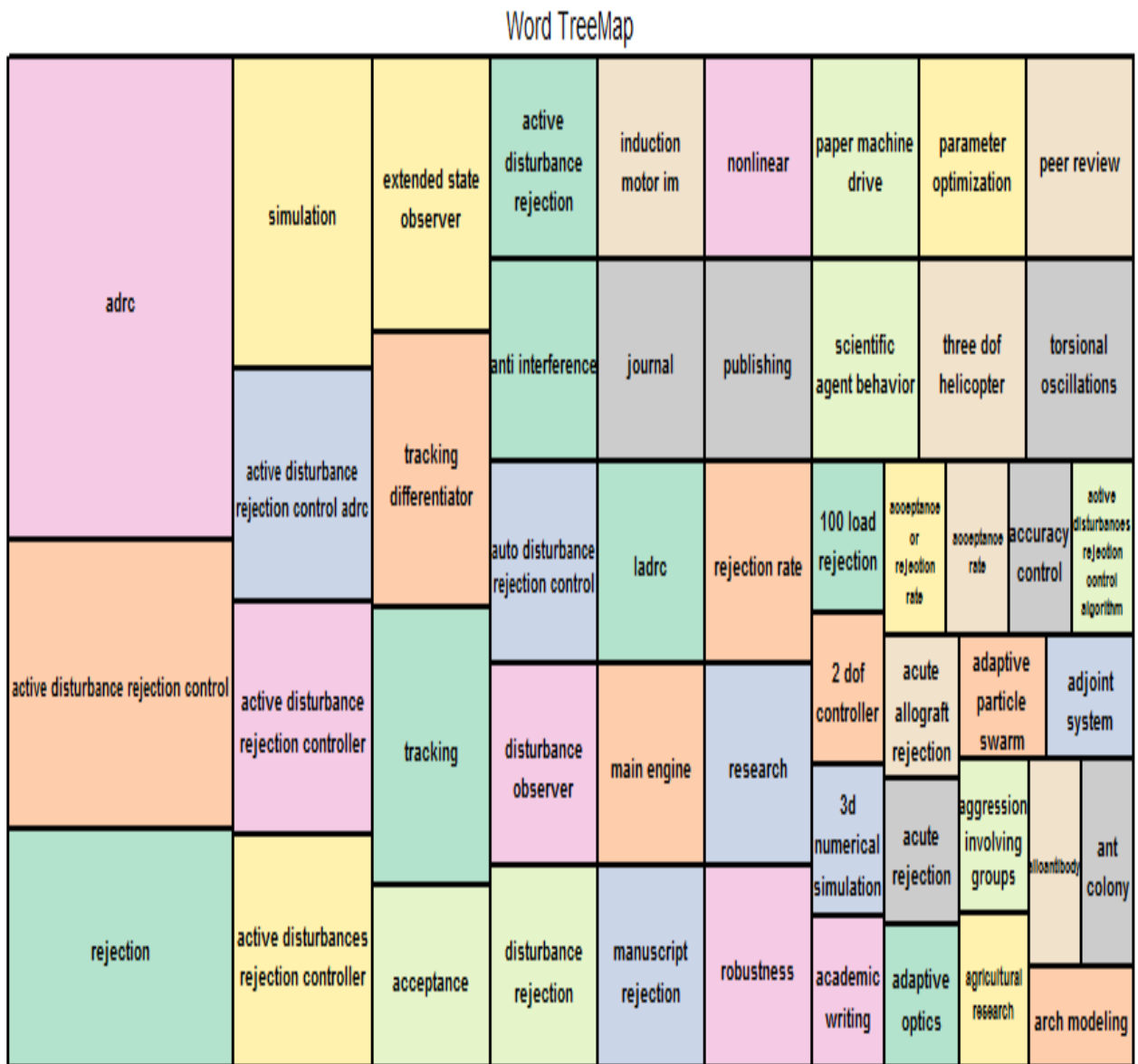
from clarivate.libguides.com (references). To ensure the inclusion of abbreviated or shorten words, the wildcard \* and \$ were added to the end of the search algorithms. Thereafter, all documents that meet the eligibility criteria of sustainable development were retrieved and exported into BibTex file 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 plug in the package of 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:**

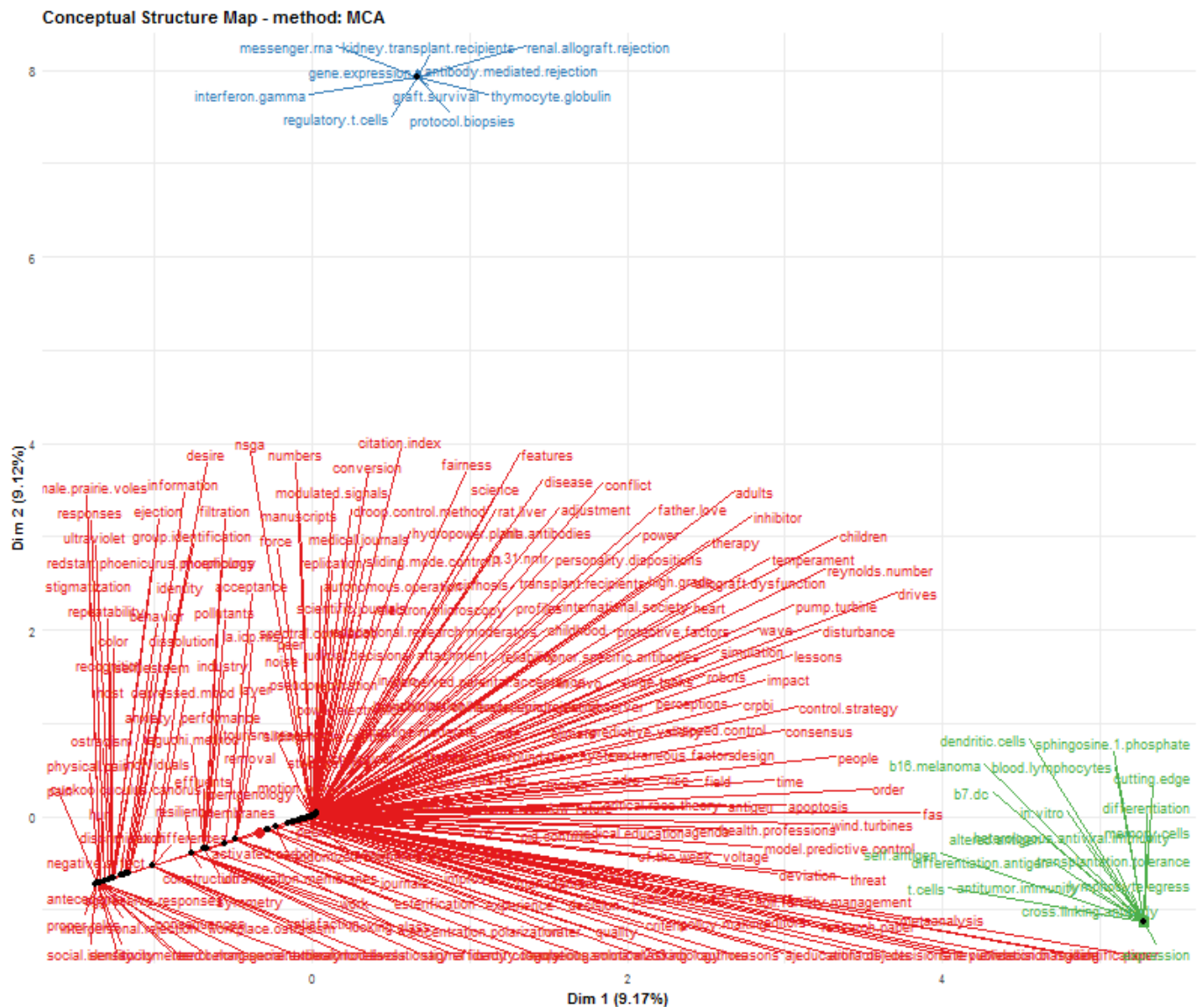
In this study of Innovations in Research design, 177 papers written by 480 authors over a period of three decades were recovered, perused and analyzed as shown in table 1 above. Forty-nine (49) documents were written by single authors while 432 authors wrote 432, multi-author documents giving 3.38 collaborative index and authors and co-authors per documents indexes of 2.71 and 2.96 respectively. Fifty-two (52) proceedings papers, 9 meetings abstract, 1 editorial material, 47 articles, 6 articles that were originally a book chapter, 4 reviews, 36 editorial material and 6 book chapters among others.



**Figure 1: Word tree-map of manuscript rejection in Public Medicine, Surgery and Disease Markers Research**

From Figure 1, The most conspicuous category is **adrc** and associated subcategories include active disturbance controller, disturbances observer, nonlinear, robustness, and academic writing. The next category is active disturbance rejection control and associated subcategories are tracking differentiator, main engine, rejection rate, 2 of the controllers, adaptive particle swarm, and arch modeling. The next category is rejection while the associated subcategories are tracking, active disturbance rejection control, anti-interference, ladrc, 100 load rejection, and adaptive optics. The next category is a simulation, and the subcategories are Active disturbance rejection controller, extended state observer, acceptance or rejection rate, parameter optimization, and agricultural

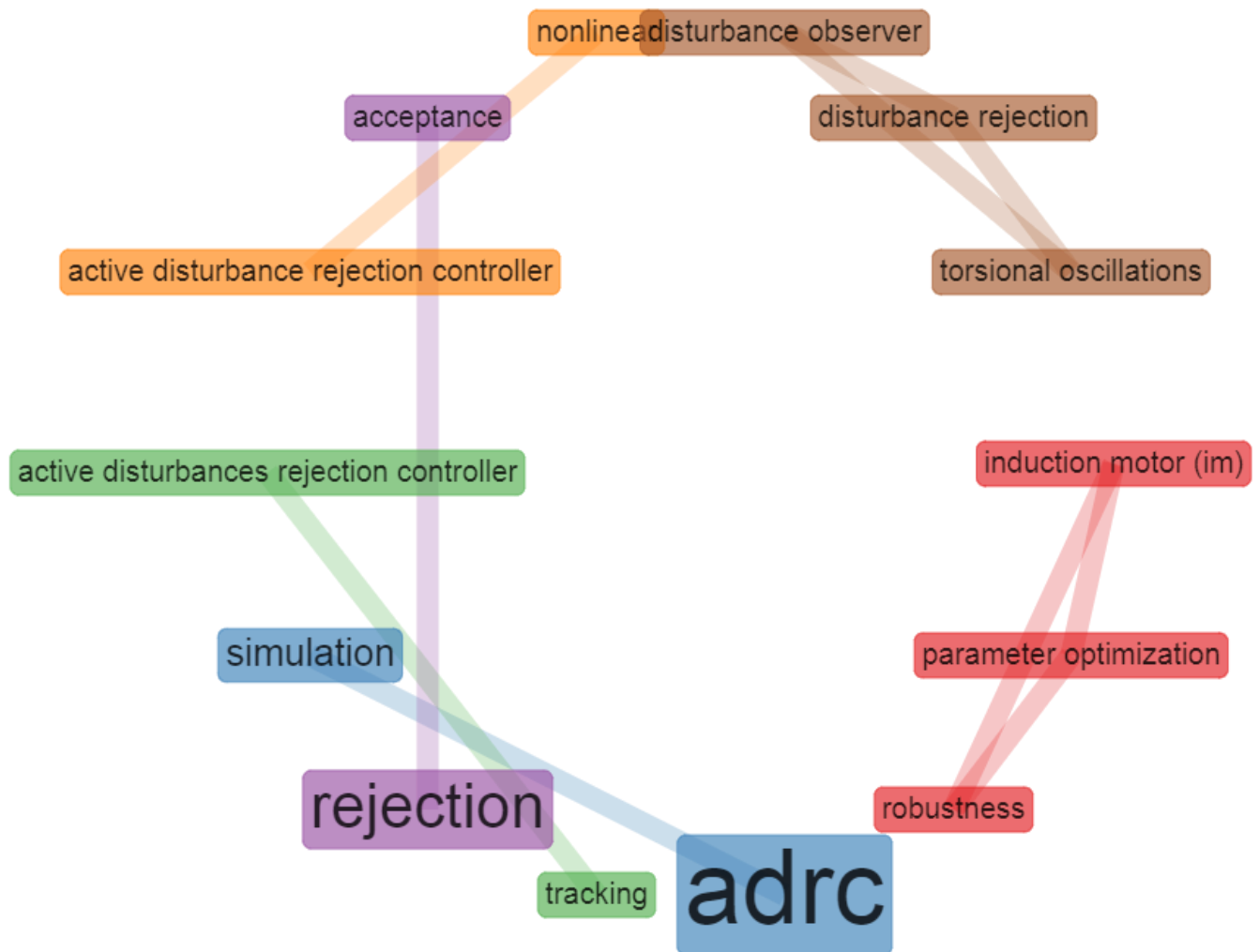
research. The next category is active disturbance rejection control adrc and associated subcategories include auto disturbance rejection control, manuscript rejection, research, 3<sup>rd</sup> numerical simulation, and adjoint system. The next category is journal, with subcategories of publishing, acute rejection, accuracy control, torsional oscillators, and ant control



**Figure 2: Conceptual structure map of manuscript rejection in Medicine, Surgery and Disease Markers Research**

Rejection of manuscripts which is the main category is matched against many subcategories representing conditions under which the term rejection was used found at the edges of the red blue and green domain in the figure above. The father away some keywords subcategories are located from the center the more distantly are they discriminated against the main category of rejection of

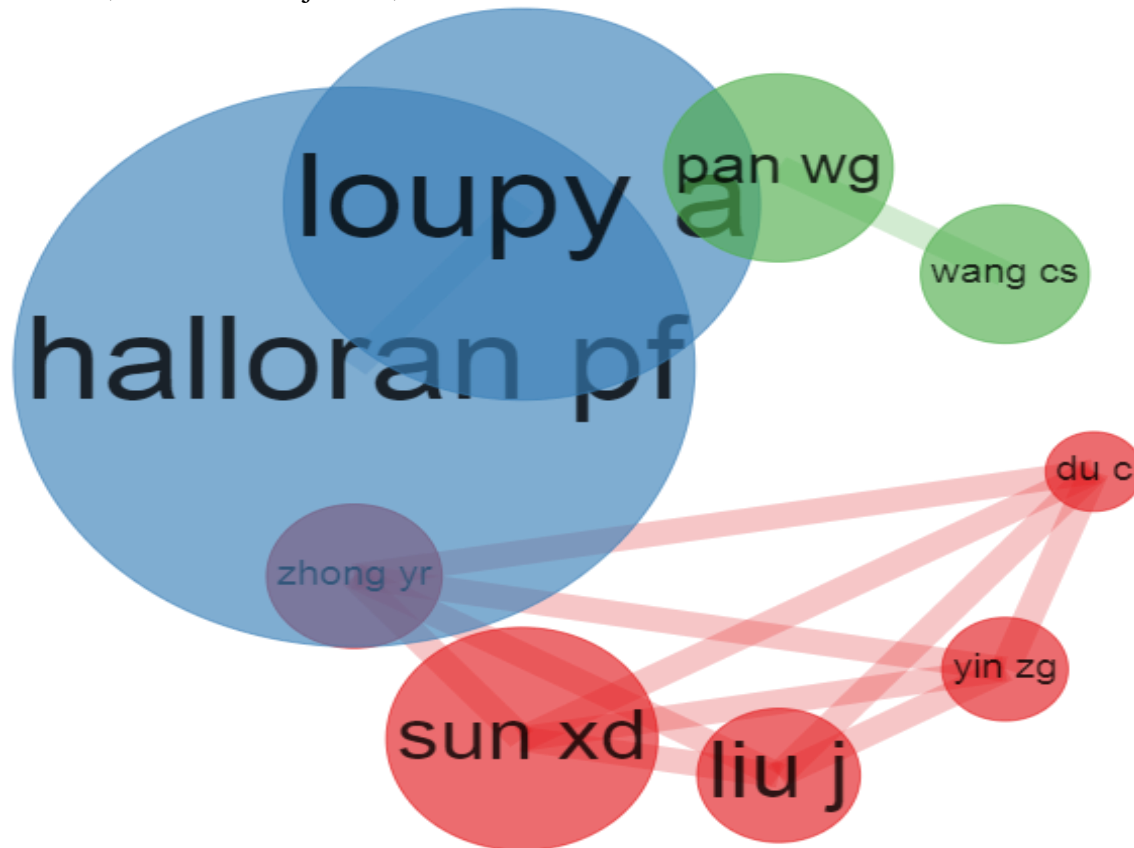
manuscripts. Key terms that are distantly discriminated against the main key terminology represented by the black dots at the center are located at the edges of three main domains in the figure above. Distantly discriminated terms are unlikely to have a relationship while closely discriminated terms are more likely to have a relationship. Some terminologies were distantly discriminated against rejection in the red domain such as numbers, citation index, adults, children, fairness desire, control strategy, therapy, power, and more. In the blue domain, renal allograft rejection and interferon gama were more distantly discriminated than the antibody-mediated rejection and gene expression.



**Figure 3. Co-occurrence Network of Author keywords in manuscript rejection of Medicine, Surgery and Disease Markers Research**

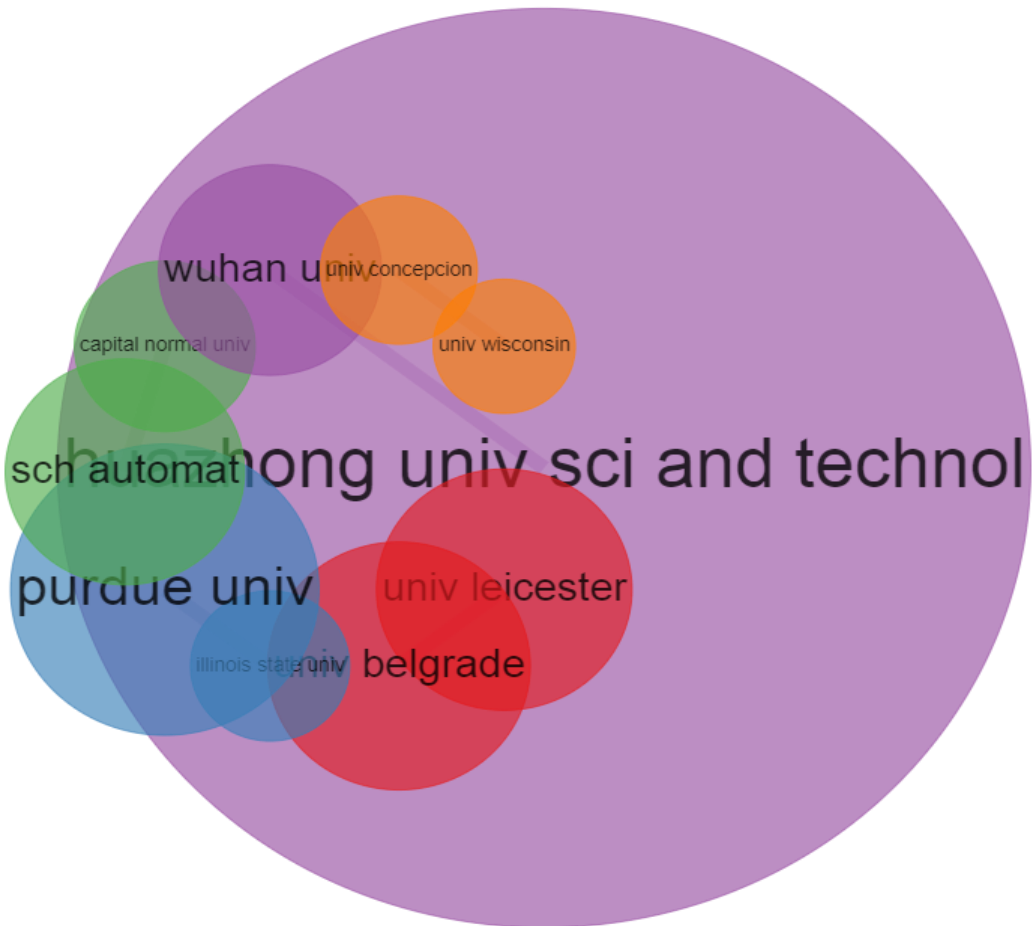
The terms that are connected with visible lines of similar thickness cooccurred in their research such as acceptance and rejection, simulation and adrc, active disturbances rejection controller and This open access publication is Licensed under a creative common’s attribution 4.0 international License

tracking, induction motor, parameter optimization and robustness, and finally disturbance observer, disturbance rejection, and torsional oscillations.



**Figure 4. Author collaboration network in manuscript rejection of Medicine, Surgery and Disease Markers Research**

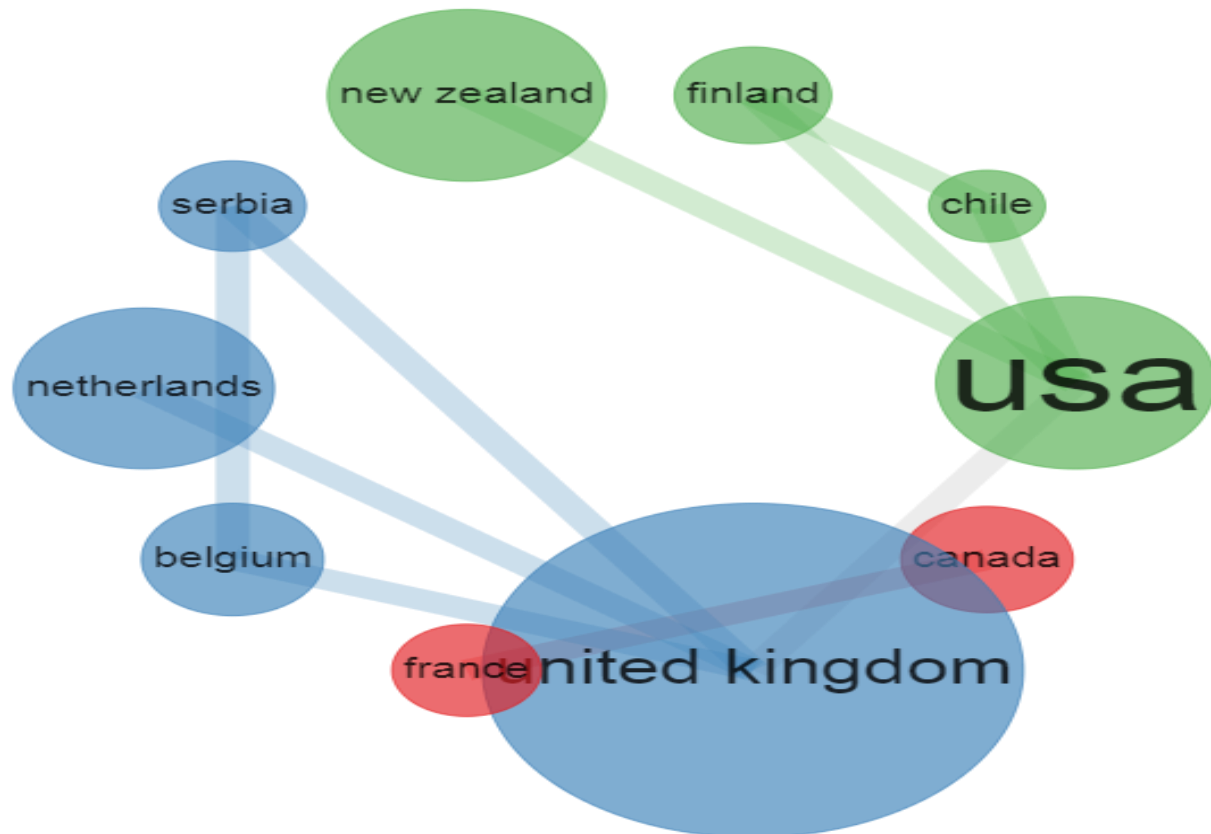
The 5 authors of the red domain had more collaboration than the 2 authors of the green domain whereas the authors of the blue domain did not collaborate with anyone



**Figure 5. Institution collaboration network in in manuscript rejection of Medicine, Surgery and Disease Markers Research**

There were no clear collaborations between institutions except Wuhan University and Huazhong University of Science and technology





**Figure 6. Countries collaboration network in in manuscript rejection of Medicine, Surgery and Disease Markers Research**

The United Kingdom, collaborated with Belgium, Netherlands and Serbia collaborated while USA New Zealand, fine land, UK, and chile collaborated while Canada and France collaborated

## Discussion

Figures 1-6 represents observations made after the 3-decade review of the web of science database showing key words map, a collaboration between authors, countries, and institutional affiliations, the co-occurrence of keywords, and word map. In three decades, the word rejection and manuscripts appeared in manuscripts found in the database used. While rejection was mentioned in many scientific articles, this minireview will outline reasons for rejection of research papers sent for publication in any of the

journals published by the special journals' publisher.

### **The decision to reject a paper is difficult editorial tasks**

The decision to reject a paper is probably one of the most difficult tasks the editorial committees and Journal publishers must make in the business of publishing due to but not limited to the following reasons (13). First, no publisher wants stakeholders to attribute the rejection to bias in any form or under any guise (14). Second, the vision,

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mission, and overall objective of a journal may not be easily achieved by paper rejection (15). Third, human error and technical challenges should not hinder stakeholders from accessing the content of research that can impact the social, economic, and environmental aspects of society (16). Forth, exclusion of papers from the public databases should be with caution so as not to undermine diversity principles (17). Fifth, publishing the research results of a project is for the greater good of society should not be hampered by the rejection of research papers

### **Data selection principle and ultimate goal**

On the other hand, Special Journals Publisher want to publish data that will: stand out in adding significant value to knowledge, appeal to readers, impact the society, and positively discriminate the publisher from the masses and help push the publisher to the top of the pack of big old names (18). Publishers want to publish research results that will have policy implications and not the one with spurious results because it would be a historic colossal mistake that develops patency or policy based on debatable results (19). Therefore, to balance quality and impact with volume and diversity some papers may be rejected in their present format until issues raised by reviewers are addressed (20).

### **Ten reasons to reject a paper**

#### **Plagiarism**

First, rejections of Medicine, Surgery and Disease Markers Research papers due to plagiarism occurs when authors add someone's work or research as part of our work without full permission, acknowledgment, reference, or due citation (21). In most cases, it may be unintentional or intentional but such an act is largely frowned

at by publishers and stakeholders as it speaks volumes regarding what type of information stakeholders wants from the database. The awareness and campaign against plagiarism including so many free user-friendly software is so magnanimous that intentional plagiarism may have declined. Plagiarism is a dent in the novelty and quality of manuscripts and authors usually have the chance to defend or explain it.

#### **Duplicate research paper**

Second, rejections of Medicine, Surgery and Disease Markers Research papers due to suspected duplication of the articles occur when authors send research papers to more than one publisher or publishing the same or similar content in two or more journals (22). Stakeholders and publishers' frown at such act as it makes the novelty of research manuscripts debatable. Any such paper will be rejected without a second thought.

#### **Absence of major components of research paper**

Rejection of Medicine, Surgery and Disease Markers Research papers due to lack of the key element of research expected of all papers submitted for publication such as affiliation, abstracts, introduction, methods, conclusion, as directed by the author's instruction (23). A clear lack of key elements of research articles also undermines the originality of the study. In some cases where these key elements of research are present, they are poorly written with too basic approach or terminologies and lacking the minimum expected professional input. To this kind of paper, the editorial officers of journal publishers simply understand that such authors may have carelessly omitted some of these vital sections of a normal manuscript and are therefore expected to provide them. Therefore, editors will simply say papers are not publishable in their present format until such details are updated.

**Poor language**

Fourth, rejection of Medicine, Surgery and Disease Markers Research papers due to language issues judged based on the quality, concise nature, readability, and clarity of the articles writing (24). Poor writing has to do with the overuse of jargon to express a point, lengthy sentence due to inability to use the right adjective, typographical errors, poor use of the right grama relating to the field of study, poor table design and caption, unclear legend and figure and more. There is much software that can be used by authors to improve language strength and accuracy. A senior professional or expert is advised to see the paper before submission.

**Poor tables and figures**

Fifth, rejection of rejections of Medicine, Surgery and Disease Markers Research papers based on tables and figures issues may happen when tables in a manuscript are seen as incomplete, unclear, unnecessary or inconsistent with the central message for which the authors attempted to design the table (25). Authors many times use figures when they are supposed to use tables or tables where there should be figures. The quality and type of figure also matter because graphs and charts and pictures have their specific importance in conveying the points being delivered by the authors. Publishers specify what is needed in their author's guide to avoiding confusion. While there may be no universal guidelines for use of pictures, graphs, and charts, efforts should be made to avoid ambiguity and bias while striving to strike a relevance in the mind of assessors and stakeholders to avoid exposing the paper to the question of relevance and novelty. Once this is the question there is the likelihood the paper may be rejected

**Shallow response to reviewers' questions**

Sixth, rejection of Medicine, Surgery and Disease Markers Research papers due to poor responses to reviewers' questions is critical as it borders on expertise which the publisher must try to reconcile between the reviewers and the authors (26). While the authors bring on board the technicalities of the paper, reviewers remove bias as they confirm the skills of the manuscript and the editorial office coordinates these activities to ensure the balance between skills, quality, and excellence in writing and result dissemination are synchronized in the best interest and greater good of the stakeholders. However, if the authors disagree with some of the reviewer's opinions, the authors have the chance to adequately explain with some specific examples and illustrations why they think certain points should be ignored or adopted. At this point the editorial committee and the editor in chief has the final say.

**Ethics**

Seventh, rejection of Medicine, Surgery and Disease Markers Research papers due to Ethics is both critical and delicate because it borders human rights (27). By law, many scientific studies must be cleared by the research ethics board recognized by the government of the land. Therefore, papers that do not adequately prove that the papers were ethically and scientifically okayed by appropriate authorities stand rejected until such issues are addressed. Informed consent is needed to ensure nobody is denied

**Research design issues**

Eight, rejection of Medicine, Surgery and Disease Markers Research papers due to research design ensures that the research approach used incorporates the right questions, sets the right objectives, used the right methods, and arrives at the right

conclusion (28). Rejection comes when editors feel or understand the wrong design was used with wrong questions and wrong protocols and therefore the outcome may not have adequately answered the questions that led to the conduct of the research in the first instance. This puts the message of the study in doubt invalidating conclusions and recommendations of the study. If the editors believe the paper lead to more confusion and aberrations and did not add any clear value to knowledge then the paper will be rejected

### **Ambitious result presentation**

Ninth, rejection of Medicine, Surgery and Disease Markers Research papers can also be attributed to the value of the presented result which editors can conclude is very ambitious and speculative than realistic despite claims by the authors regarding authenticity (29). The onus is now on the authors to present and discuss results adequately comparing them to what is known on the world stage and explaining any clear discrepancies. Results should not be preempted to suit the reader's expectations. It should be original and representative of the real situation of the research environs. The result should also be complete as incomplete results can lead to paper rejection. The result must also be properly interpreted because of an impression that even the authors have inadequate knowledge and expertise in the field of study for which results are poorly interpreted risk paper rejection

### **Out of scope**

Tenth, rejection of Medicine, Surgery and Disease Markers Research papers due to scope happen when papers are seen as out of scope (30). Every Journal has a clearly defined scope and expects authors to send papers within the confines of that specification. Therefore, papers that did not fall within the defined scope are outrightly

rejected without being sent to the external reviewers. Journals scope help outline the area of specialization of the journal so all papers must clearly articulate their central theme to fall within the scope of that journals if the papers must be accepted

### **Caution and take-home message**

To avoid this doubt Medicine, Surgery and Disease Markers Research authors must define the objective or aims or mission or goal of the papers and must also clearly define the hypothesis being tested in the paper. Where these are not defined or are missing or is not clear then the paper may be rejected. The authors can fix this issue and resubmit the papers for reevaluation. In most cases, papers rejected by journals published by the Special Journals publisher are rejected in their present format for authors to show the course why the papers should not be rejected. Medicine, Surgery and Disease Markers Research authors are informed their papers cannot be published in their present format. However, if they wish to pursue the future of their papers they should attend to reviewers and editorial boards questions and resubmit for reevaluation

### **Conclusions/recommendations**

Quality, concise, clear, verifiable, novelty, appealing and more characteristics are the underpinning principles behind any decision to accept or to reject any Medicine, Surgery and Disease Markers Research paper, and authors are advised to understand and work with editors to achieve this objective while editors and publishers are advised to execute their jobs in fairness, eschewing all forms of bias in this noble duty. When properly executed manuscript acceptance and publication will significantly advance the course of human existence on earth by providing answers to our curiosity as we explore the whole wide world, whereas the reverse will draw us back to the ancient world

before the beginning of civilization. The choice is ours to chose between sustainable development or extinction

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