What Editors Want in a Good Paper

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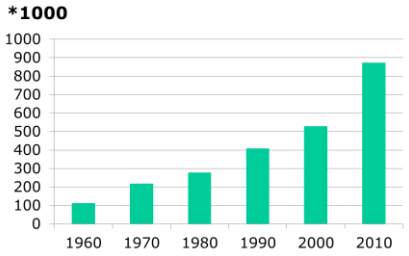
What makes a good paper?

- ❑ **New**
- ❑ **True**
- ❑ **Interesting**
- ❑ **Easy (to read)**

Trends in Medical Writing

- Exponential rise published papers

Number of publications/year referenced in PubMed



Trends in Medical Writing

- Exponential rise published papers
- Many more Journals
- A much higher fraction of submitted papers are rejected without peer review
- The acceptance rate is going down – often in the range of 10-20%
- Where to publish?
  - which audience?
  - impact factors?
- Open access
- Conflicts of interest have become important

Scandinavian Journal of Work, Environment and Health (SJWEH)

Established in 1975

Six issues per year (bimonthly)

Received 365 papers in 2012

Published 59 items in 2012

Acceptance rate of original research 16%

Work as editor

Main competitive journals (JCR Science Edition)

Journal	IF 2013 (2012)	Trend	Rank 2013 (2012) [1]	Self-cites	IF without self cites	Items published 2013 (2012)	Journal immediacy index [2]
OCCUP ENVIRON MED (UK)	3.234 (3.215)	↑	20 (25)	5%	2.879	123 (138)	0.829
INT J HYG ENVIR HEAL (GER) [3]	3.279 (3.045)	↑	19 (29)	5%	3.055	94 (75)	0.840
SCAND J WORK ENV HEALTH	3.095 (3.775)	↓	22 (18)	5%	2.655	61 (59)	1.148
ENVIRON HEALTH GLOB [4]	2.713 (2.714)	↓	37 (34)	3%	2.570	115 (120)	0.383
INT ARCH OCC ENV HEA (GER)	2.198 (2.097)	↑	54 (54)	5%	2.026	92 (100)	0.402
ANN OCCUP HYG (UK)	2.068 (2.157)	↓	56 (49)	17%	1.636	96 (84)	0.302
J OCCUP ENVIRON MED (US)	1.797 (1.845)	↓	72 (66)	10%	1.517	183 (213)	0.279
AM J IND MED (US)	1.590 (1.973)	↓	83 (62)	10%	1.351	143 (103)	0.203
INT J ENVIRON HEALTH RES	1.513 (1.203)	↑	88 (105)	3%	1.447	45 (32)	0.222
OCCUP MED-OXFORD (UK)	1.472 (1.541)	↓	92 (88)	7%	1.337	95 (90)	0.400
J OCCUP ENVIRON HYG (US)	1.207 (1.278)	↓	109 (100)	11%	1.076	92 (83)	0.152
INT J OCCUP ENV HEAL (US)	1.099 (1.176)	↓	115 (108)	5%	0.989	32 (40)	0.250
J OCCUP HEALTH (JAP)	1.096 (1.634)	↓	116 (79)	2%	1.070	61 (56)	0.197
INT J OCCUP MED ENV HEAL (POL)	1.094 (1.305)	↓	117 (98)	5%	1.031	88 (43)	0.125
IND HEALTH (JAP)	1.045 (0.870)	↑	119 (125)	6%	0.955	64 (92)	0.297
ARCH ENVIRON OCCUP H (US)	0.474 (1.194)	↓	155 (107)	1%	0.436	30 (31)	0.233
WORK HEALTH SAF (US)	0.509 (0. 856)	↓	(NA)	0%		51 (53)	

[1] Thomson ISI Public, Environmental & Occupational Health journal category rank out of 160 journals in 2013 (157 in 2012)
[2] Average number of times an article is cited in the year it is published (indicates how quickly articles are cited)
[3] 2014 articles appear to be unlocked
[4] Large increase in publications...currently around 10 papers a month, up from 2 or 3

Top-cited 1986-2013

Title	Times cited
1. **PSYCHOSOCIAL FACTORS** AT WORK AND **MUSCULOSKELETAL DISEASE**. BONGERS PM, DEWINTER CR, KOMPIER MAJ, et al. OCT 1993	668
2. Health effects **of cadmium exposure**--a review of the literature and a risk estimate. By: Jarup, L; Berglund, M; Elinder, C G; et al. Supplement: Suppl. 1 Published: 1998	521
3. **PSYCHOPHYSICAL SCALING** WITH APPLICATIONS IN PHYSICAL WORK AND THE PERCEPTION OF EXERTION BORG G. Conference Information: INTERNATIONAL COURSE ON BEHAVIORAL AND PSYCHOPHYSIOLOGICAL EFFECTS OF THE PHYSICAL WORK ENVIRONMENT, APR, 1988 STOCKHOLM, SWEDEN Supplement: Suppl. 1 Published: 1990	423
4. **Psychosocial work environment** and mental health – a meta review. Stansfeld and Candy. 2006	406
5. Is **job strain** a major source of **cardiovascular disease** risk? Belkic KL; Landsbergis PA; Schnall PL; et al. APR 2004	333
6. Positive and negative evidence of risk factors for **back disorders**. Burdorf A, Sorock G. AUG 1997	311
7. A CONCEPTUAL-MODEL FOR WORK-RELATED NECK AND UPPER-LIMB **MUSCULOSKELETAL DISORDERS**. ARMSTRONG TJ, BUCKLE P, FINE LJ, et al. APR 1993	296
8. **BACK DISORDERS** AND NONNEUTRAL TRUNK POSTURES OF AUTOMOBILE ASSEMBLY WORKERS. PUNNETT L, FINE LJ, KEYSERLING WM, et al. OCT 1991	273
9. **Work stress** in the etiology of coronary heart disease - a meta-analysis. By: Kivimaki, Mika; Virtanen, Marianna; Elovainio, Marko; et al. DEC 2006	270
10. **Physical load** during work and leisure time as risk factors for **back pain.** Hoogendoorn, WE; van Poppel, MNM; Bongers, PM; et al. OCT 1999	266

SJWEH 2013: Most cited!

	Title	2013	2014	TOTAL	Average cites per yr
1	**Breast cancer among shift workers**: results of the WOLF longitudinal cohort study. Knutsson et al	11	6	17	8.50
2	**Poor health, unhealthy behaviors, and unfavorable work characteristics** influence pathways **of exit from paid employment** among older workers in Europe: a four year follow-up study. Robroek et al	4	13	17	8.50
3	**The effect of ill health and socioeconomic status on labor force exit and re-employment**: a prospective study with ten years follow-up in the Netherlands. Schuring et al	7	8	15	7.50
4	**Predictors of employment among cancer survivors** after medical rehabilitation - a prospective study. Mehnert et al	7	1	8	4.00
5.	**Night-shift work and breast cancer** - a systematic review and meta-analysis. Ijaz et al	2	5	7	3.50
6.	The contribution of overweight, **obesity**, and lack of physical activity to exit from paid employment: a meta-analysis. Robroek et al	1	6	7	3.50
7.	**Miscarriage and occupational activity**: a systematic review and meta-analysis regarding shift work, working hours, lifting, standing, and physical workload. Bonde et al	1	5	6	3.00
8	Prevalence and incidence of **carpal tunnel syndrome** in US working populations: pooled analysis of six prospective studies. Dale et al	0	5	5	2.50
9	Relative **weight and disability retirement**: a prospective cohort study. Roos et al	4	1	5	2.50
10	Economic evaluation of a **participatory return-to-work intervention** for temporary agency and unemployed workers sick-listed due to musculoskeletal disorders. Vermeulen et al	2	3	5	2.50

Looking better than 2011 & 2012 did the same time last year. Many papers well cited already.

2013 – zero cites

1. Association between **shift work and periodontal health** in a representative sample of an Asian population. (Han et al)
2. Psychosocial work characteristics and sleep - a well-known but poorly understood association (**editorial**)
3. Work-related risk factors for incidence of **lateral epicondylitis** in a large working population (Herquelot et al)
4. Regional differences in **disability retirement: explaining between-county differences in Finland** (Laaksonen et al)
5. Does a history of **physical exposures at work affect hand-grip strength in midlife**? A retrospective cohort study in Denmark (Moller et al)
6. **Health beliefs, low mood, and somatizing tendency**: contribution to incidence and persistence of **musculoskeletal pain** with and without reported disability (Vargas-Prada et al)
7. Do **work factors modify the association between chronic health problems and sickness absence** among older employees? (Leijten et al)
8. The **effectiveness of a construction worksite prevention program** on work ability, health, and sick leave: results from a cluster randomized controlled trial (Oude Hengel et al)
9. Risk and rate advancement periods of total hip replacement due to primary **osteoarthritis** in relation to **cumulative physical workload** (Rubak et al)
10. Should construction workers work harder to improve their health? (**editorial**)
11. The effect of **overcommitment and reward** on **muscle activity, posture, and forces** in the arm-wrist-hand region - a field study among computer workers (Eijckelhof et al)
12. Incidence of **myocardial infarction among cooks** and other restaurant workers in Sweden 1987-2005 (Bigert et al)
13. Occupational health services in selected International Commission on Occupational Health **(ICON**) member countries (Rantanen et al)

Hot and Not

Hot

- Breast cancer
- Shift work
- Work disability/labor force exit
- Bullying
- Obesity
- Depression/mental health
- IHD/CVD
- Stress
- Methodological approaches (assessment of methods, tools etc)
- Musculoskeletal disorders (back, shoulder, neck pain/CTS etc
- Work ability/extending retirement

Not

- Overly sector specific (hairdressing, dentistry, farming, cooking, mining, manufacturing) not representative or generalizable
- Risk of specific disease/outcome due to occupational exposure (cryptorchidism etc)
- Dermatology
- Airborne exposures
- Occupational health services (national or European)
- Case reports
- Cost-effectiveness studies
- Work time
- Overviews of surveys (OSH country surveys)

Issues

- ❑ **New**
- ❑ **True**
- ❑ **Readable**
- ❑ **Interesting**

NEW? (originality)

- The introduction is important:
  - should clearly indicate how this paper subtantially adds to current knowledge
- Substance matter
- Methodologies

- Cave: 'This is the first Danish study that examines …. !'
- Cave: Summary of earlier findings , then without arguments: 'We studied …

What makes a poor research question?

- a question you don't care about (if so: nor does anyone else)

- looking at antecedent data and trying to think of a question
  - records may be biased and confounded
  - they may lack the information you need to answer your question reliably, because they were collected for another reason

- a fishing expedition/data dredging – gathering lots of information and hoping a question will emerge
  - statistical analysis of many outcomes post-hoc may yield false positives (type I errors) or false negatives owing to lack of power (type II errors)

True (scientifically sound)

- Prospective (and case-control) studies:
  - often papers are rejected immediately simply because of cross-sectional designs
- Large studies
  - Cave giving weight to miniscule albeit significant results!
- International studies
- Refined exposure assessment!
- Balanced and critical discussion of bias and confounding
- Conclusions supported by the data!

Getting carried away in the discussion (David J Pierson 2004)

- **Erroneous or unsupported conclusions**
- **Drawing conclusions disproportionate to the results**
- **Uncritically accepting statistical results**
- **Interpreting findings in a manner not concordant with data reported.**
- **Failure to consider alternative explanations for the results**
- **Failure to acknowledge the study's limitations.**

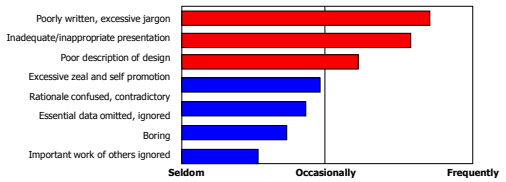
Interesting (impact)

- ❑ On thinking
- ❑ On methodologies
- ❑ On practise
- ❑ Reviews and meta-analyses
- ❑ Open access important for impact
- ❑ Impact factor and citations rates

Easy to read

- ❑ Keep it simple
- ❑ Coherent structure and arguments
- ❑ Focused, concrete, specific
- ❑ Good English!
- ❑ Intelligent statements: nature and nurture!
- ❑ Say what you mean and mean what you say!

How frequently do editors encounter manuscript problems?



Byrne DW, Publishing Medical Research Papers, Williams and Wilkins, 1998

Poor writing (David J Pierson: The top 10 reasons why manuscripts are not accepted for publication, Resp Care 2004: 1246-52.

Some authors apparently believe that they must impress the reader (and the editor) with their erudition and mastery of multisyllabic words in order for their work to be given the appreciation it deserves. This is a mistaken notion.

With scientific writing the simplest and most direct statement of the intended message is always best

Perhaps impressive – but poor!

In promulgating your esoteric cogitations, or articulating your superficial sentimentalities and amicable philosophical and psychological observations, beware of platitudinous ponderosities. Let your communications possess a clarified conciseness, a coefficient consistency and a concatenated cogency.

Common reasons for outright rejection (Byrnes D 1998)

- not complying with guidelines

Guidelines for reporting original research articles.

Name of guideline	Topic of guideline
STROBE	Observational studies (1)
CONSORT	Randomized controlled trials (2, 3)
PRISMA	Systematic reviews and meta-analyses of intervention studies (4)
MOOSE	Systematic reviews and meta-analyses of observational studies (5)
TREND	Nonrandomized evaluations of behavioral and public health interventions (6)
STARD	Diagnostic studies (7)
MIAME	Microarray studies (8)
COREQ	Qualitative studies (9)

Common reasons for outright rejection

- Papers not complying with guidelines
- Use of multiple endpoints and reporting selectively
- Reports only favourable subgroup analyses
- Presents only the most impressive results — eg relative rather than absolute risk
- Poor presentation and language , many errors

What makes a good paper?

- ❑ **New**
- ❑ **True**
- ❑ **Interesting**
- ❑ **Readable**

The good paper provides convincing answers to these questions (original research):

Introduction: why ask this research question?
Methods: what did I do?
Results: what did I find?
Discussion: what might it mean?

THANKS

Authorship
Avoid guest- and ghost-writers

Authorship credit is based only on **substantial** contribution to:

- conception and design, **or** data analysis and interpretation
- drafting the article **or** revising it critically for important intellectual content
- **and** final approval of the version to be published

All these conditions must be met
Solely acquiring funding or collecting data does not justify authorship
All authors included on a paper must fulfil the criteria
No one who fulfils the criteria should be excluded