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Original Article

Why do manuscripts submitted to the Turkish Journal of Physical Medicine and Rehabilitation get rejected?

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ABSTRACT

Objectives: The study aimed to examine the reasons for the rejection of manuscripts, considering the increased rejection rates of our journal of up to 73% in 2022, and help authors realize what the editors and referees are paying attention to while assessing the manuscript.

Materials and methods: In this retrospective study, original articles, case reports, systematic reviews, and meta-analyses submitted and rejected to the Turkish Journal of Physical Medicine Rehabilitation were searched between January 1, 2016, and June 30, 2022. After reviewing the referee's evaluations and editorial opinions for all rejected articles, the reasons for rejection were classified under three main headings: journal, manuscript, and ethical issues. The manuscript issues were detailed under 11 subheadings.

Results: A total of 1,293 rejected submissions were reviewed. Of these, 35% were rejected at the editorial stage, while 65% were rejected after peer review. Thirty-three submissions were rejected for ethical reasons, 168 were out of the journal's field of interest, and 1,092 (84%) submissions were rejected for reasons related to the manuscript. The three most common reasons for rejection were protocol/methodology errors (44%), lack of contribution to the literature (41%), and lack of adequate discussion (40%).

Conclusion: Before starting the studies, supporting the hypotheses with the current literature review, planning with the right protocol, and interpreting the findings in the discussion will facilitate the acceptance of the manuscripts to our journal.

Keywords: Article, journal, publication, referee, rejection.

In the academic world, research publication in peer-reviewed scientific journals is necessary both for career development and for announcing research results to large audiences.[1] Academic publications are also necessary to validate your work, disseminate findings, and engage in scholarly dialogue with other researchers.[2] However, the manuscript rejection rate reaches 90%, and particularly in high-impact journals, young scholars are discouraged.[3]

It should be noted that even manuscripts of successful academicians have been rejected sometimes.[4] There may be various reasons for rejection in peer-reviewed journals. Not all rejected manuscripts are of low quality. It has been reported that 50% of the articles rejected within two to five years in the Journal of Obstetrics and Gynecology of India were published in another journal.[5] Due to the limited print space and high number of

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submissions, most peer-reviewed scientific journals reject approximately 60 to 80% of all submissions.[1] *Turkish Journal of Physical Medicine and Rehabilitation (Turk J Phys Med Rehab)* is a peer-reviewed, international journal. The language of the journal is English, and it is published quarterly. Our journal has been indexed in the Science Citation Index Expanded list since 2009 and PubMed Central since 2019, beside other indexes, such as EMBASE, Scopus, CINAHL, Gale/Cengage Learning, EBSCO, Index Copernicus, and DOAJ. National and international interest in our journal is increasing day by day. Our impact factor in 2021 was 1.455, according to the Clarivate Analytics Report. In parallel with this situation, our rejection rate has increased in recent years and reached 73% in 2022.

There are few articles in the literature that analyze the reasons for rejection after peer review.[1,6-9] This study aimed to investigate the current reasons for rejection of manuscripts submitted to the *Turk J Phys Med Rehab*. With this study, we hope that the authors who want to learn the rejection reasons for their previously submitted manuscripts to our journal and who wish to publish their data should understand why their research was rejected and have information about common mistakes made while doing research. In addition, the authors may realize how editors and referees pay attention while assessing the manuscript, thus increasing their chances of getting their manuscripts published.

MATERIALS AND METHODS

In this retrospective study, manuscripts submitted between January 1, 2016, and June 30, 2022, were extracted from Manuscript Central. Only manuscripts submitted between the study dates were scanned, and only manuscripts with a rejection decision were extracted. In *Turk J Phys Med Rehab*, original articles, invited reviews, meta-analyses, systematic reviews, editorials, case reports, and letters to editors are published. In this study, drawn manuscripts and letters to editors were excluded. The following variables were recorded: manuscript identification number, type of manuscript, whether it originates from Türkiye or abroad, and rejection by the editor or after peer review. Since there were no standard criteria for rejecting a manuscript, an author initially piloted a system to code reviewers' comments prior to the beginning of the study. The reasons for rejection were independently coded for five manuscripts by all editorial board members during the pilot study. Afterward, the members of the editorial board agreed on the main categories and subcategories. The remaining manuscripts were then

TABLE 1
Coding list of the manuscript rejection reasons

Reason for rejection	Related to journal
	Related to manuscripts
	Ethical concerns
Related to journal	Out of scope
	Has not been prepared according to journal guidelines
Related to manuscript	Lack of novelty/originality
	Results are not generalizable
	Poor scientific writing/hard to follow
	English language is poor
	Error in research question or hypothesis
	Errors in study protocol
	Lack of sample size calculation or error in sample size calculation
	Wrong presentation of research type
	Statistical errors
	Poor presentation of results
	Inadequate discussion

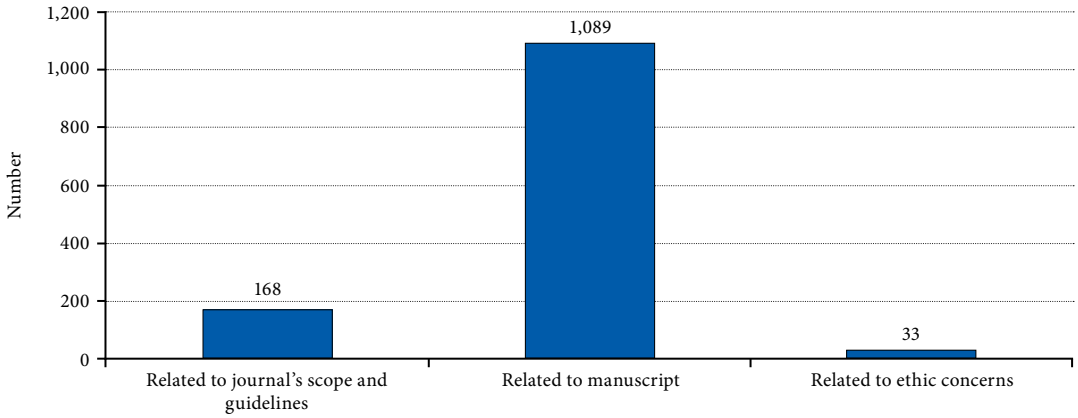

Figure 1. Distribution of main reason of rejection.

assigned equally to the members of the editorial board.

The coding is shown in Table 1. Multiple reasons for rejection for a single manuscript have been coded separately to obtain maximum information. Therefore, a manuscript might present more than one reason for rejection.

Statistical analysis

All statistical analysis were conducted with Microsoft Excel 2007 version. Simple descriptive statistics were used to represent the data. Reasons for rejection have been summarized as frequency and percentage.

RESULTS

A total of 1,293 rejected submissions were reviewed. Of these, 35% were rejected at the editorial stage, while 65% were rejected as a result after peer review. Twenty-eight percent of the manuscripts were from abroad. Thirty-three (3%) submissions were rejected due to ethical reasons (Figure 1). Eighty percent (n=1,026) of the submissions were original research papers. The remaining submissions were comprised of 239 case reports and 28 uninvited/systematic reviews. Eighty-four percent (n=1,092) of submissions were rejected for reasons related to the manuscript. The most common reasons for rejection of the manuscript were protocol/methodology errors (44%), lack of novel contribution to the literature (41%), lack of adequate discussion (40%), inadequate and incomprehensible presentation of the results (38%), sample size errors (29%), and poor scientific language (29%). The details of the reasons for rejection of the manuscripts are shown in Figure 2. The rejection reasons at the editorial stage were lack of novel contribution to the

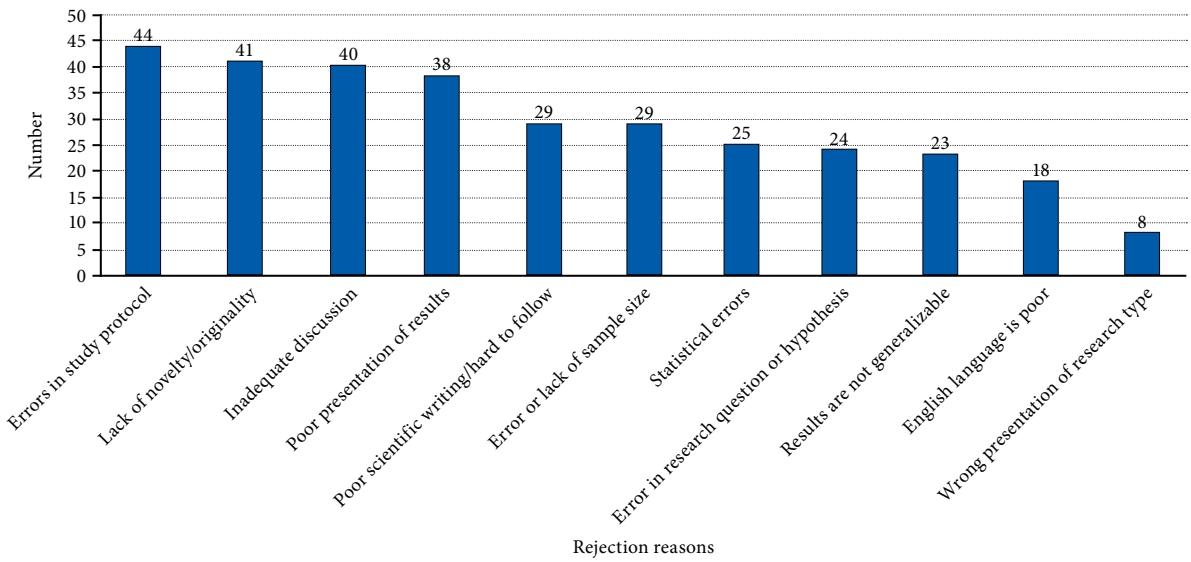

Figure 2. Distribution of rejection reasons related to manuscript.

literature (37%), being out of scope (29%), protocol/methodology errors (24%), ungeneralizable results (18.3%), and poor scientific writing (16%).

DISCUSSION

In this study, the most common reasons for rejection were methodological problems, protocol errors, lack of novel contribution to the literature, and lack of adequate discussion. The reasons for rejection should be examined under two main headings, fatal and nonfatal.[10] While nonfatal errors can be corrected by revision, fatal errors are errors that cannot be corrected later in a finished study. For example, while insufficient discussion or inadequate presentation of findings can be corrected, wrong study design, initiation of study without sampling, or inaccuracy of the hypothesis are uncorrectable mistakes. It is not possible for well-reported but poorly designed studies to contribute to the literature. On the other hand, a well-designed but poorly written manuscript loses its potential unless revised carefully. Therefore, authors should not forget the fact that revisions are recommended to improve the presentation and to clarify blurred areas, and manuscripts requiring major revision have the chance to be accepted for publication after a good revision.[11]

In this respect, analysis of our data showed that fatal errors, such as ethical reasons (3%), sampling errors (29%), protocol mistakes (44%), and hypothesis errors (24%), constitute the majority. Statistical errors (25%) and lack of adequate discussion (40%) of the study can be considered fatal or nonfatal depending on how changeable it is. For example, a lack of correction for multiple comparisons is a correctable statistical error. The manuscripts submitted to our journal are subjected to mandatory initial screening using a checklist containing technical aspects, and if they are not technically deficient, the manuscripts are sent for editorial evaluation. If a manuscript has fatal errors, it is more likely to be rejected during the editorial stage.[12]

The rejection rate has been found to be 35% at the editorial stage in our study. Menon et al.[2] reported a content analysis of 898 rejection reports of the Indian Journal of Psychological Medicine. The most common reasons from the editorial stage were lack of novelty or being out of the journal's scope. Inappropriate study designs, poor methodological descriptions, poor quality of writing, and weak study rationale were the most common rejection reasons mentioned by both peer reviewers and editorial reviewers. Chaitow[13] reported the reasons for the rejection of a manuscript at the editorial stage as being out of scope, plagiarism, and lack of adherence to instructions and to standard scientific guidelines in the Journal of Bodywork and Movement Therapies. The most common reasons for rejection at the editorial stage were found to be lack of novelty and being out of scope in our study.

Manuscripts that pass the editorial review are sent for double-blind peer review. Generally, two referees are appointed per manuscript, and the selection of referees is at the discretion of the editor. A statistics referee is appointed in original articles.

Methodological shortcomings should be summarized as follows: lack of a control group, inappropriate inclusion or exclusion criteria (inclusion of patients who should have been included in the exclusion criteria in the planned study), inappropriate randomization, lack of validity of the evaluation parameters used in the study population, and not providing information about patient dropout. In addition to these, one of the frequently made methodological mistakes is not evaluating some parameters that have an effect on the results of the study. This mistake reduces the reliability of the study results. It is also a methodological deficiency if information related to the applied physical therapy agent, medication, or exercise, such as frequency and duration, is presented incompletely. Such methodological errors were detected at a rate of 44% in our study. Another problem that we encountered at a rate of 8% in the manuscripts sent to our journal is misstatement of the study type. This is generally in the form of retrospective writing of a prospective study. Such a problem was encountered probably due to the difficulties experienced by the author in obtaining ethics committee approval. However, writing a prospective study as if it was retrospective is also an ethical problem.

Reports of journals belonging to other disciplines have shown that the reasons for rejection are mostly poor methodology, statistical errors, and incorrect study design, as in our study.[1,2,6-9,13,14] In the Canadian Journal of Anesthesia, 213 submitted manuscripts were analyzed, and it was found that a not well-established relationship between the experimental design, results, and conclusion was the main reason for rejection.[6] The most common reasons for rejection among 457 manuscripts submitted to Indian Pediatrics were found to be absence of a message, lack of originality, poor methodology, not being relevant to the journal, and overinterpretation

of results.[6] Similarly, 300 manuscripts submitted to Clinical and Experimental Ophthalmology were mostly rejected due to low addition to the literature, poor methodology, problematic control groups, poor writing, and needing further work.[1] Ezeala et al.[8] analyzed 42 papers from eight journals in Africa and Asia and reported the most common rejection reasons as poor review of literature, poor methodology, unsystematic or illogical presentation of results, and unsupported conclusions. Garg et al.[9] examined over 1,000 submissions to the Journal of Clinical and Diagnostic Research; low addition to the literature and poor methodology were the most common reasons for rejection. Most two common reasons for rejection of original research submissions to the Journal of American Academy of Physician Associates included methodologic issues and content outside the journal's scope.[14] Similar rejection reasons were reported by Chernick[15] for the Pediatric Pulmonary Journal. In our study, 1,293 rejected papers in a six-year period were analyzed, and the results were consistent with the recent literature.

It is obvious that the same mistakes have been repeated by researchers over the years by generations worldwide. This situation has shown the importance of giving periodic education to the authors on how to plan research and how to write an article. Therefore, in this article, it has been considered that it would be useful to make some recommendations to young authors.

Some studies are well-designed and conducted; however, they are limited in novelty. Novelty means that research could contribute to new knowledge or expand on previous research findings.[16] Scientific research should be born out of a need and should be designed to solve the problem that is the source of the need. A common mistake made in scientific research is to start directly with the data collection stage. The desire for rapid academic advancement might cause this problem. Before starting a study, conducting a sufficient literature review and forming a solid hypothesis based on this literature knowledge is mandatory.

Research topics that solve a problem, close the knowledge gap in the literature, clarify contradictory and uncertain results, and improve individual or public health are considered valuable topics. A new research question does not need to be completely original. One should look at the limitations of the literature in the field they want to study to make a study that contributes to the literature. To design a study without these limitations should contribute to the recent literature.[2]

The hypothesis shows what data will be collected, adds objectivity to the study, and formulates your idea. Appropriate study design is determined to support the hypotheses. For example, an observational design is appropriate to define a disease, its prevalence/incidence, and etiology/risk factors; a clinical trial design is appropriate for analyzing treatment efficacy/superiority; a cross-sectional design is appropriate for validation studies. At this stage, cooperating with a statistician should be helpful and a sample calculation should be made according to the purpose and design. Guidelines, such as the CONSORT (Consolidated Standards of Reporting Trials) checklist, should be used in clinical studies.

The method should be written in such a way that anyone who plans a similar study should be able to use this method. The control group, characteristics of the treatment group, inclusion and exclusion criteria, randomization, blindness, treatment protocols, proper description of the outcome parameters, and details about the follow-up should be clearly stated.

Results should be clear and understandable but not repetitive. The results should be matched with the research questions in the introduction and answer your research questions. The discussion should not be a summary of previous studies, and all results should be discussed. Similarities and differences with previous literature results must be interpreted by the authors. Every study has its strengths and weaknesses. These points should be mentioned in the discussion. While writing the conclusion, the data should not be overstated, and what the study contributes to the reader and the literature should be stated.

Even if all these issues are addressed, sometimes the manuscripts might be rejected. Although the article is suitable for the journal, the ratio of the number of original articles and case reports to be published in one issue, the gap between the number of articles submitted to the journal, and the number of articles that could be published might make some manuscripts more prominent than others. Therefore, a rejected manuscript should be corrected in light of criticism and should find a chance in other journals. Therefore, the authors should not be discouraged by rejection. Nevertheless, authors should not forget that the selection of the journal is also an important criterion for the acceptance of your manuscript.

As a limitation of our study, we did not analyze the percentage of rejection after revisions. A revised manuscript does not mean that it would be accepted. Early career researchers should consider a project approved by their supervisor to be acceptable. They may think the editors are insisting on something insignificant. However, some researchers are so focused on their fields of interest that they are blind to some imperfections and cannot make the necessary revisions.[13]

In conclusion, methodological mistakes were found to be the most common reason for the rejection of manuscripts in *Turk J Phys Med Rehab* between 2016 and 2022. Planning the studies with proper protocols and study design before starting, avoiding repetitions of recent studies, and making the correct interpretation of the findings in the discussion would facilitate the acceptance of the submitted manuscripts to the journal.

Data Sharing Statement: The data that support the findings of this study are available from the corresponding author upon reasonable request.

Author Contributions: Idea: B.S.T., D.E.; Design, critical review: B.Y., D.E., D.G.K., Ş.K.D., A.N.B., C.Z., B.S.T.; Moderation, references, materials, data collection and/or processing, analysis and/or interpretation, literature review, article: D.G.K.

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