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SHORT COMMUNICATION



Honorary authorships in leading gynecological literature

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Introduction

Authorship in peer-reviewed literature is a reflection of the added role of a researcher to scientific work. Together with benefits such as increased chances for promotion and obtaining grants, authorship also comes with responsibility and accountability for the work conducted. To give researchers some directive on responsible authorship, The International Committee of Medical Journal Editors (ICMJE 2018) developed a guideline which recommends that authorship should be based on 4 criteria (ICMJE):

- 'Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work' AND
- 'Drafting the work or revising it critically for important intellectual content' AND
- 'Final approval of the version to be published' AND
- 'Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.'

If authors do not comply with these qualifications and still merited co-authorship, the term Honorary Authorship (HA) is used. A survey among corresponding authors of articles published in The American Journal of Obstetrics and Gynecology (AJOG) in 1996 showed a prevalence of 11%(Flanagin et al. 1998). Since 1996 many changes have occurred in the academic world: journals and authors are more aware of the issue of HA, some journals require authors to enlist specific contributions and cultural changes may have led to opportunities to discuss authorship among research groups. Therefore, a contemporary evaluation of the prevalence of HA in the gynecological field seems appropriate.

Methods

Based on previous studies, an online survey was conducted in April 2018(Flanagin et al. 1998; Wislar et al. 2011; Gadjradj et al. 2018). The survey was sent to the corresponding

authors of each original article conducted in 2017 in five high-impact journals in the field of Obstetrics and Gynecology, namely; American Journal of Obstetrics & Gynecology (AJOG), BJOG: An International Journal Of Obstetrics (BJOG), Human Reproduction(HR), Gynecologic Oncology (GO) and Obstetrics & Gynecology (O&G). Studies were included if they had at least 2 authors and an email address was available. The survey contained questions on the country of residency, awareness of ICMJE guidelines and the contributing role of coauthors. The sent survey is available in the supplementary material. HA was divided into perceived and ICMJE defined HA. Perceived was defined based on their own understanding of the ICMJE guidelines, where respondents could answer if they feel that their coauthors did or did not make sufficient contributions to be included as authors. Furthermore, respondents were asked if they had co-authors performing only one or more of a list of tasks (e.g. including patients, or contributing illustrations) which were tasks which according to the ICMJE-guidelines should not lead to authorship. This was defined as ICMJE-defined HA.

Results

Eventually, 1222 addresses were available of whom 349 respondents filled in a survey (response rate 28.6%); 24.6% (N = 86) from AJOG, 23.2% (N = 81) from BJOG, 23.8% (N = 83) from HR, 18.6% (N = 65) from GO and 9.7% (N = 34)from O&G 34 responses(20.2%). The majority of the respondents were from North-America (44.7%, N = 156) followed by Europe (41%, N = 143). The first author decided the order of authorship in 27.7% of the responses, while 47.9% of the authors decided as a group. In 20.1%, the senior author decided. Of the respondents, 86% were aware of the ICMJE authorship guidelines and 55.3% were aware of the general issues of HA before taking the survey. 9.5% of the respondents were employed at a department at which the senior member was automatically enlisted as author on all submitted manuscripts. Figure 1 depicts the prevalence of self-perceived and ICMJE-defined HA in all the surveyed journals. A prevalence of 11.2% self-perceived HA was offset by 37.8% of ICMJE-defined HA.

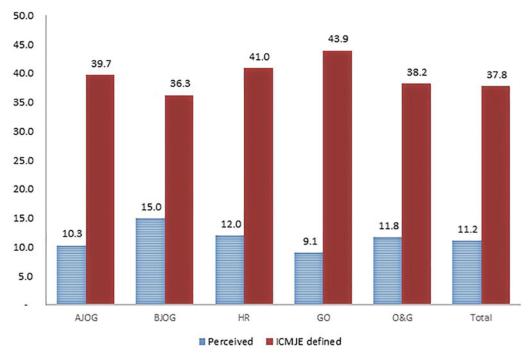


Figure 1. The prevalence of perceived and ICMJE-defined honorary authorship. AJOG: American Journal of Obstetrics And Gynecology; BJOG: An International Journal Of Obstetrics; HR: Human Reproduction; GO: Gynecology; O&G: Obstetrics & Gynecology.

Discussion

This is the first study to investigate the proportion of HA in multiple journals in the field of Gynecology and Obstetrics. The discrepancy between the 11.2% of self-perceived HA and the more than three times as big prevalence of ICMJE-defined HA, may suggest that our own perception of HA may be an underestimation of the actual HA as compared to when we evaluate authorship by breaking down contributions made by potential co-authors. The current prevalence found, is similar to the prevalence found in 1996 suggesting a steady state of persisting HA in the gynecological field (Flanagin et al. 1998). Nevertheless, when compared to other contemporary evaluations of HA in disciplines such as plastic surgery, neurosurgery, dermatology, radiology and spine surgery, the current prevalence of 11.2% could be deemed relatively low, yet alarming (Reinisch et al. 2013; Eisenberg et al. 2018; Gadjradj et al. 2018; Kayapa et al. 2018; Gadjradj et al. 2019).

This study has some limitations which have to be acknowledged such as its retrospective character and a response rate of 28.6%. Our response rate, however, is comparable to those of similar online surveys and the significance of the response rate in regard to the quality of a survey is subject for debate(Groves and Peytcheva 2008; Johnson and Wislar 2012; Kayapa et al. 2018; Gadjradj et al. 2019). In more than two decades, the prevalence of HA seems to persist in the gynecological literature. Further work is needed to identify why despite a high awareness of the ICMJE-guidelines, these guidelines failed to be applied in some cases.

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Disclosure statement

No potential conflict of interest was reported by the authors.

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