The pitfalls of writing and publishing a scientific health manuscript in English for non-English language scholars

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Abstract

At the present time English has become the most frequently used language for scientific communications in the biomedical field. Therefore, scholars from all over the world try to publish their scientific achievements in English language. This trend has a number of advantages and at the same time it brings about a lot of pitfalls as well. The aim of the present article is to focus on the most important disadvantages of this trend especially in the health domain and provide some suggestions to avoid those pitfalls.

**Keywords:** writing scientific English language paper, non-English language scholars, pitfalls
Introduction

At the present time English has become the most frequently used language for scientific communications in the biomedical field. Evidence suggests that this constant predominance trend of English language in biomedical publications might initiate around the year 1900 (1) and has a number of advantages (2). For example, publishing in English language not only helps to more easily communicate scientific achievements but also it makes such achievements more visible and as a result more prone to getting citation. Furthermore, English is a living language i.e. it has prefixes, suffixes etc. that allow for new words to be logically constructed.

This should explain why scholars in most developed and developing countries where the mother tongue is not English have a tendency to publish their achievements in English language (3 & 4). Even universities in such countries encourage their members to be part of this movement and better promote them if they have publication records in the prestigious English language journals.

This trend unfortunately brings about a lot of pitfalls as well, which need to be dealt with very carefully and delicately by the scientific communities all over the world. Otherwise the disadvantages of this trend might eventually outweigh its advantages and we witness either a non-responsible or even worse a corrupt academia especially within those developing countries where the mother tongue is not English. Therefore, in what follows I will try to focus on the most important disadvantages of this trend especially in the healthcare domain and provide some suggestions to avoid those pitfalls.

Pitfalls

One of the most important pitfalls is that scholars in some developing countries where English is not their mother tongue might overlook, either unintentionally or even deliberately, the most important local health problems. This might occur because either
these problems are not suitable for publication in the prestigious international English language journals or the authors would fail to convince the editors and/or reviewers of these journals about the importance of such issues. As a result in these countries where we have a higher burden of some important but neglected local issues such as poverty, malnutrition and infectious diseases (5-7) or other health deterioration issues such as natural/man-made disasters (8-11), less research projects are carried out to respond to these problems.

This might turn the academia in these countries into non-responsible academia. The results of a study highlighted that despite increasing trend of publications on “health policy and systems research” in low-income countries only 4% of these publications were led by authors from such countries. Moreover, the capacity of conducting local research has not sufficiently increased in low-income countries (12).

The second most important pitfall is also related with limited health research budget. Due to shortages of health research budget scholars in developing non-English language countries are not able to carry out the groundbreaking research even on those issues which are more relevant for publication in the prestigious journals. Therefore, they have a low record of publications within prestigious health journals (13).

The third most important pitfall is that academic English writing for a lot of non-English language scholars is going to be very difficult (14). The most important reason for this is that English just cannot be directly translated. There are “accepted terms” for various things, which can alter in meaning if you are not a native speaker, there are lists of “exceptions to the rule” that can only be learned and ‘tense’ is one thing that is often poor and finally there are various words that have several meanings in different contexts. The results of a study have highlighted that research funding and English proficiency are strongly related to publication productivity in the uppermost ranked general medical journals (15).
Furthermore, a number of non-English language scholars especially from developing countries are also unfamiliar with some critical issues in publication ethics. The most important reasons for this are, firstly, that publication ethics is not usually teaches in the universities and secondly, there is no governing body in place (16). Therefore, some non-English language scholars might innocently or deliberately breach the publication ethics and commit research misconduct such as failing to disclose any types of conflict of interest and committing plagiarism or even worse committing salami/duplicate publications or data fabrication/falsification (17).

This might turn the academia in these countries into a corrupt academia. The results of a study which investigates the publications retraction in MEDLINE from 1966 to 2008 for plagiarism reveal that retraction were higher for first authors affiliated with lower-income non-English language countries (18).

There are a number of other fundamental pitfalls which bound together create a constellation of shortcomings. For example: lack of academic publishing platforms, lack of up-to-date skills and techniques, lack of comprehensive public health databases, inadequate information-seeking behavior, inadequate ability of team working, etc. could make the situation even more difficult (Table 1).

**Suggestions**

In my point of view scientists, scientific organizations/associations and the academic institutions all over the world should think carefully about these pitfalls and try to overcome them with collaborative comprehensive plans. For example, carrying out collaborative research between English language speaking scholars from developed countries and non-English language speaking scholars from developing countries is a well-established and well-suggested plan. Although there are successful examples of such collaboration throughout the world (19-22) this is not enough.
We should also think of more other practical plans. For example, shifting more and more research health budget by the international organization such as World Health Organization or non-governmental organizations towards eminent health problems within developing countries could be considered. One of the prerequisite of allocation of these budget also could be the work should be carried out in a collaborative bases between English language speaking scholars from developed countries and non-English language speaking scholars from developing countries. Or International and non-governmental organizations should request non-English language speaking scholars to follow standard publication guidelines all through their research (23).

Besides, prestigious international English health journals should implement a plan to select more editors or associate editors from developing countries to reflect their responsibilities towards the health of all the people in the world (24). In a sense we are all living in a global village. Therefore, such journals should also consider a section to publish, either in print or online, well-conducted research which highlights the local and national relevant health problems in developing world.

Prestigious international English language health journals especially those published by famous publishers should also adopt a new peer review policy by which abandon rejection of a manuscript only because of its weakness in academic English writing (25). Instead, they should provide cheap English language editing facilities for worthwhile manuscripts which are submitted by non-English language scholars. The international organizations could shift some of their research funds into this important endeavor (26).

Similarly, a parallel policy should be adopted by the Prestigious Open Access health journals. Besides, they should discount or even waive their publication charges for such valuable manuscripts. Although such policies have been already in place by some journals to waive publication charges for authors in genuine financial hardship (27), they are not universal.
It is absolutely necessary to remember that most of the research which is carried out in non-English language countries might receive very less budget. For example, more than half of my research proposals have received less than a 1000$ funds. Therefore, it is simply impossible for scholars from these countries to pay say up to 580$ (28) for English language editing and/or up to 2900$ (29) for publication charges.

In addition, scientists, scientific organizations, the academic institutions and scientific associations such as the World Association of Medical Editors all over the world should also in a collaborative plan detect the open access scam/predatory journals in health domain and make them known especially for Non-English language scholars (30).

Last but not least, conducting English language writing courses for biomedical scholars all over the world and urging them to consult books/articles on English academic writing (31) or asking them to use of self-employed science editors would be other practical solutions. Biomedical research organizations and universities especially in non-English language developing countries could also employ an experienced English editor (32).

The application of the above suggestions plus biomedical research infrastructure investment (33 & 34) and conducting appropriate research methodologies courses might even help to overcome other mentioned pitfalls such as: lack of academic publishing platforms, lack of up-to-date skills and techniques, lack of comprehensive public health databases, inadequate information-seeking behavior, inadequate ability of team working, inadequate appreciation of diverse types of research misconduct, etc (Table 1).
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*Table 1. Summary table of pitfalls and suggestions for writing and publishing a scientific health manuscript in English for non-English language scholars*
Conclusion

Despite the advantages of publishing scientific achievements in English language by non-English language scholars we should be aware of its pitfalls as well. These pitfalls might eventually turn academia, especially within those developing countries where the mother tongue is not English, into a non-responsible or even worse, to a corrupt academia. To avoid this, scientists, scientific organizations, the academic institutions and the scientific associations all over the world should design and implement more collaborative comprehensive plans.

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