

# The Psychiatrist

FORMERLY THE PSYCHIATRIC BULLETIN

**EDITORIAL**

**Dear Editor, why have you rejected my article?**

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**The Editor, The Psychiatrist**  
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**Summary** The experience of rejection of an article submitted for publication to a scientific journal can be particularly anxiety provoking, especially when the fortunes of an academic career or the pacing of a permanent post might be riding on getting it published. Many papers fail to get past the first hurdle and are not sent out for peer review, often as a result of the most basic of errors. The results are not generalisable, the paper adds nothing new to the subject, there are flaws in the study design or inappropriate statistics were used. Attention paid to formulating a clear research question and the addresser of the subject of a double, interesting project will often help to avoid disappointment.

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Why often wonder why a paper they have submitted to a journal, one which they have laboured for months and which may have been generated by many months of research, was rejected. The short answer is that the paper was either not interesting or not believable, or both uninteresting and non-believable.

**Problems with methodology**  
 More specifically, if an article is rejected despite appearing to report ground breaking research, it is obviously judged to have a significantly flawed methodology. Unimproved errors include small sample sizes, inappropriate statistical methods or a lack of a valid control group.<sup>1,2</sup> The last is a particular problem in studies submitted to The Psychiatrist, which often report health outcomes before and after the introduction of a new practice, for example a psychological intervention. Unfortunately, the before/after study design is not especially robust and commonly practice confounding results, it is difficult to control for all potential confounding factors, and without a good control, the studies are difficult to interpret. Before/after studies are not themselves the problem, as they can be the only feasible study design in a particular situation, but the investigator must be extremely cautious in their interpretation of the findings and be willing to acknowledge their possible limitations.<sup>3</sup> Failing to do so results in rejection without external review. This

objectives of the study? What is the hypothesis? What are the outcomes? Are the data summarised appropriately?

**Systematic research plans**  
 The Psychiatrist receives many reviews of the literature on a specific subject. These papers are often well written and reach 'valuable' conclusions. However, they are still rejected because the literature search has not been carried out with any systematic methodology. Systematic literature reviews enable other researchers to undertake the same search, come up with the same articles and therefore (hopefully) draw the same conclusions.<sup>4,5</sup> Non-systematic reviews open the study to bias if not all the relevant information is considered.

**Generalisability**  
 Another common pitfall is results that are not generalisable, meaning that they are unlikely to hold true beyond the population included in that particular study. For example, a study is not generalisable if the study population is grossly unrepresentative of the general population. Case reports often fall the generalisability test. Clearly, there are some instances where reports of individual cases are important, for example in the investigation of newly emerging

