

A guide to journal submission for first-time authors and others

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Submitting your first article to a journal can be a nerve-wracking experience. Here, we suggest ways to make it easier. These suggestions may also be useful for some more experienced authors who want to know about journal processes.

Our first suggestion is that you plan a publication strategy in the early stages of a research project. Journals welcome substantive research articles, but are sceptical about research that has been 'salami-sliced' into a number of trivial papers.¹ We think it is worth considering whether the citations that a substantial paper can attract outweigh a larger number of minor entries in a CV. The issue of prior publication is becoming a troublesome one,² especially when the original research has been published as a research report or on the web. Our view is that authors need to persuade us that these re-publications are warranted, at least by acknowledging prior publication and arguing the case in the paper itself. Except in rare cases, we would prefer these papers to report additional analysis or to focus on a different issue from that of the original report.

The second suggestion is that you make a study of the journal to which you are submitting. It is tempting to be so closely focused on your own highly polished paper that the requirements of the journal are overlooked. The guide to authors on the inside cover of each issue of this Journal gives information on format and word length, on the style of referencing and on Journal processes. It is worthwhile also to turn to the Journal itself to read the various contributions that appear under the headings of 'Point of View', 'Brief Report' and 'Letter to the Editor'. What the instructions may not make sufficiently clear, for example, is that a Point of View article gives authors the opportunity to argue a particular case that may be controversial, but that this case must be supported with full references. Articles, Points of View and Brief Reports are all refereed and the Brief Report may be a good format for work that is modest in its aims, but still makes a worthwhile contribution to our understanding of an issue.

Any article starts with a review of the literature and the other purpose of a close study of a journal before submission is to identify any articles that have an overlap with yours. Where it is possible to build on the conclusions of those other articles, it is worth referring to them and clearly identifying the contributions that you are making.

The third suggestion is perhaps less obvious than the suggestion that authors read the journal: understand the editorial process. Journal editors have contracts that define the overall function of the journal. In our case, the Public Health Association of Australia requires that public health issues be a major focus of any article, although there is some leeway in how this is defined. International health is important to us, but it is preferable that the implications for Australia and New Zealand are made explicit. This

is particularly true if an article reports data collected in a different country. Within these limits, we are happy to consider contributions that fall well outside the scope of the material that has previously been published in the Journal. Editors respond to the material submitted to them and, at present, there are a number of areas of public health that are neglected in the Journal. These include policy research and research using qualitative methods. If you are in doubt about whether the focus of an article is acceptable to the Journal, send us an e-mail on anzjph@substitution.com.au.

If you are in the process of doing research that may be submitted to the Journal, our fourth suggestion is that you consider becoming a reviewer. Again, send an e-mail setting out your areas of interest and qualifications and we will add you to the reviewer database. The advantage of reviewing papers is that you will usually receive two other reviews and the Editors' decision about the paper and this gives you a guide to the way in which your own work will be assessed.

When you are preparing your own work for submission, our fifth suggestion is that the issue of authorship be resolved at an early stage. There are disciplinary differences in deciding on authorship. The social sciences are more inclined to single authorship, while other health sciences commonly expect thesis supervisors to be co-authors of publications from a thesis project. There are well-publicised guides for deciding multiple authorship, but it is now a standard requirement that all authors should make an active contribution to the paper. In cases of redundant publication or, more seriously, fraud, all authors are held accountable.

It is often suggested that we should give special consideration to student work when assessing submissions. We do not support a two-tier publication process and would prefer all our articles to reach the same high standard. If an article is single-authored and the author is identified as a student, we will ensure that the reviewing process is particularly thorough and constructive to guide the author in revision or resubmission, even if it has to be to another journal. If the article has multiple authors, some of whom are experienced researchers, the usual processes apply.

Once your paper is submitted, there may be a long wait for the reviewing process. In some areas of public health, we have difficulty getting reviewers and there are often delays at those times when potential reviewers are involved in meeting closing dates for submission to research funding bodies. After review, a paper is immediately accepted (although this is rare), classified as requiring revision or rejected. When a paper is rejected, it is unpleasant, even distressing, for authors and it may even be difficult for the editors. Sometimes a rejection is based on inadequate analysis of existing data, sometimes the data collected are inadequate for the analysis. In either case, there is the potential for improving a study, although either option will require substantial time and effort. Submission to a less-demanding journal may be another option.

Revising a paper may require substantial time and effort. Where there are multiple authors, it is important that the most experienced authors are involved in the revision. The re-submission should clearly identify what changes have been made to the paper, and where. While we do not expect authors to agree with all

the reviewers' comments, responses to their concerns are best incorporated into the paper. It is not persuasive if authors refuse to make changes required by one reviewer on the grounds that another reviewer praised the paper. We select each reviewer to address a particular aspect of a study and we do not expect them to agree in their final assessments.

Every accepted paper is cause for celebration, for both authors and editors. It is a particular pleasure for us if a paper of questionable value has been reviewed and revised, then re-reviewed and re-revised, sometimes a number of times, and the result is an elegant and important contribution to the public health literature.

References

1. Jamrozik, K. Of sausages and salami (Editorial). *Aust N Z J Public Health* 2004;28: 5-6.
2. Chapman S. Prior publication on the web: new journal policy (Editorial). *Tobacco Control* 1999;8: 355.

In this issue

Anyone who has a sinking feeling at seeing the *Methods* title for the first half of this issue's papers can relax. The focus is on the diversity of methods in current use, rather than their degree of difficulty or novelty. Having said that, the whole idea of tracing more than 8,000 seven-year-olds 36 years later, as Cathryn Wharton and four groups of colleagues have done, appears to present a very high degree of difficulty. The only information they had to start with was name, date of birth and gender, yet they identified 81.5% of their cohort through electronic linkage and manual tracing. Their cautionary reminder is that this was "a costly and time-consuming process". Andrew Page and colleagues from BreastScreen New South Wales and the School of Public Health, University of Sydney, describe a series of projects to increase participation in mammography screening, comparing a personalised single invitation with two invitations, an invitation plus a follow-up telephone call, and the standard letter. The authors also report a meta-analysis of similar studies and conclude with a cost-effectiveness analysis. The paper by Ian Hickie and colleagues uses data on mental health expenditure in Australia and comparative measures of the burden of disease to make a case for 'affirmative action' on mental health and illness, including investments in cost-effective methods of care and increasing access to services for the groups of people known to be at higher risk and who do not have – or seek – timely access to treatment. Peter Sprivullis and colleagues report a study linking WA Emergency Department records with the St John Ambulance Pre-Hospital Care Database, WA Hospital Morbidity Data and WA Mortality Databases. As the linkages worked very well, we can look forward to a much better understanding of the outcomes from the analysis of system interactions.

Mark Daniel and colleagues report one of those methodological studies that has the potential to make a major contribution to feasibility through simplification: confirming the use of a fasting blood glucose criterion instead of a two-hour glucose tolerance test as a screening test for diabetes among Indigenous Australians. Rowena Ivers and colleagues describe the evaluation of a multi-

component community tobacco intervention in three remote Australian Aboriginal communities. The intervention included sports sponsorship, health promotion campaigns, and training health professionals in the provision of advice, school education and policy on smoke-free public places. The results, although disappointing, are not very different from many of the large-scale community interventions to reduce smoking in the US 10 years ago. Intervention development and the multiple approaches to measuring outcomes are likely to be helpful in other places.

If you are familiar with notions of screenieoppers and extreme screenies, you won't be surprised by the paper by Tim Olds and colleagues reporting the findings of a 24-hour activity recall diary on the use of all forms of television, computers and games by 10-13 year olds. It was startling to see that moderate to vigorous physical activity (a new acronym MVPA) – which in the past seemed to us to occupy about 80% of the everyday life of boys – might be on the road to extinction. There is also a suggestion that there might be a reduction in the quality and quantity of their sleep.

Vulnerable people is also a reminder of the diversity underlying the groupings. It is also interesting to see how many of these papers could have been included in the *Methods* half of this issue. The paper by Janine Calver and colleagues complements the one by Peter Sprivullis in that it uses linked WA hospital and death records to evaluate the likelihood and costs of in-patient hospital care in the last three years of life. One important finding was that older people who died were not more likely to have been admitted to hospital in that time than younger people who died. Dania Lynch and colleagues used a telephone survey to identify people with a Senior First Aid certificate and tested first aid skills in a sub-study. Perhaps it is not surprising that both the trained and the untrained demonstrated poor skills in pressure immobilisation bandaging and splinting the limb adequately. The worrying topic of trends in postpartum haemorrhage described in many countries in the past five years is presented by Carolyn Cameron and colleagues. It takes us from one vulnerable group (people injured in community settings) to another (women giving birth). The authors were able to rule out several plausible explanations – women being older, the increase in Caesarean birth – and draw our attention to a methodological issue: the need to link birth data with hospital discharge data. Christine Pell and colleagues compared data on health, migration status and work-related changes of Asian female sex workers in Sydney over 10 years, reporting real improvements.

Katie Panaretto and colleagues' paper reporting on pregnancy outcomes gives a clear picture of major risk factors, birth outcomes and probable pathways between them in urban women receiving care in the Townsville Aboriginal and Islander Health Service. A parallel paper reports that in the same setting an Aboriginal Health Worker trained to advocate and perform Pap smears has had a significant effect on their use. The final paper by Margaret Kelaher and colleagues also provides good news: the special PBS arrangements for remote Aboriginal communities have been very successful in improving access to PBS medicines. Don't forget to read the letters and check the Book Reviews.