

Nurse Author & Editor

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Responding to Peer Review

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Introduction

The process of peer review is not as simple as it might seem. On the surface it would appear to be quite straightforward: an author submits a manuscript which is scrutinized in an unbiased manner by the learned members of the society within which the author wishes to circulate his or her work; the article is returned with advice to publish, to modify or to reject. However, if one delves deeper, the process is fraught with practical, political and emotional challenges. In this article, I will attempt to demonstrate how nurse authors can and should negotiate the challenges of the peer review in order to bring their papers to publication.

Background

Peer review is not new. In 1752, The Royal Society of Edinburgh in its Medical Essays and Observations described an editorial process whereby:

memoirs sent by correspondence are distributed according to the subject matter to those members who are most versed in these matters. The report of their identity is not known to the author. Nothing is printed in this review which is not stamped with the mark of utility. (Kronick 1990, p. 1321)

The purpose of review was to guard the authority and credibility of learned societies, which was transferred by association to those who published within their bulletins. But then as now, peer review is inherently threatened by a number of forces, not the least of which is competition. The persons most qualified to judge the worth of submitted papers are precisely those who are in closest competition with the author; rivalry may thus underpin grumbling reviews. Similarly, the School of Hard Knocks from which have been graduated—or in which are still enrolled—many reviewers, may lead excellent scholars to become nitpickers, or worse, Scrooges.

Some articles are ahead of their time or are sent to the incorrect reviewer or journal, and others are simply misunderstood. The initial submission by Solomon Berson and Roselyn Yalow of their work on immunoassay, which was to receive a Nobel prize in 1977, was rejected by the Journal of Clinical Investigation. "The experts in the field", reads the editor's letter, "have been particularly emphatic about rejecting your positive statement [about insulin binding]" (Kahn and Roth, 2004, p. 1053). The article was finally accepted for publication but the authors were required to modify their wording.

Getting feedback

All serious nurse researchers, regardless of their experience, the importance of their research, or the journals they target, will have examples of reviewers who were clearly not au fait with the subject of the paper they reviewed. This brings to mind the review of a piece I had written on attitudes towards obesity. The manuscript was rejected on the basis of an impressive number of criticisms; the original

came back to me with mark-up in the margins. I thumbed through the pages and noticed penned in the margin next to the word adiposity "what's that?" The editor had sent my piece on obesity to someone who did not even know the vocabulary of the topic. It was frustrating, but probably a sign that I had not chosen the correct journal for submission.

But on other occasions, a reviewer will seem to know more about what the author meant to say than the author dared reveal! I recently sent a piece to an important sociology journal. What I really wanted to do was to present an argument about why we hold particular attitudes towards the shape of the body. I did not believe that I had the prestige or the reputation to have this discussion if I did not first prove the existence of these attitudes. So I engaged in a lengthy content analysis to prove their presence, followed by my explanatory discussion. One reviewer was impressed with my work, and the other was not. "This reads", wrote the reviewer, "as if the author wanted to present an argument, but didn't dare do it without first doing a content analysis as if to justify her discussion." The editor penned "I emphasize that a substantially new paper is being called for", not realizing that she was freeing me to write the piece I truly had in mind. The article, much improved, and exactly as I wanted it to be, is now in press.

Rejection?

Novice nurse authors often experience review as a traumatic and demoralizing. To overcome this, I always share the peer reviews I have received with my writing students, and invite them to bring their own to class. Time and time again, students realize that the letter that they initially thought was one of rejection was actually a request for additional information, clarification or development. They erred in believing that anything other than automatic acceptance without request for modification constituted rejection. In fact, they should be suspicious of the acceptance-without-commentary they crave. Such reviews suggest that the review process is not robust, or the selection acritical. Review and commentary help work to grow, develop and be as meaningful as possible, and are the serious responsibility of a good journal.

The perfect scenario is to receive a favourable and thoughtful review which points out the importance of a submission as well as any areas which lack precision, clarity, references or development. If the direction is well-indicated, the nurse author needs only to pick up the pen, or the keyboard, and fill in the gaps. However, to ensure that these revisions are enough to guarantee publication, a bit more work is in order.

First, writers should immediately acknowledge receipt of the review, thank the reviewers for their thoughtful commentary, express the intent to make the recommended changes, and request any clarification that is required. Some journals will request that changes be made within a specific time frame. One should adhere to this requirement.

Second, authors should take the text of the reviewers' reports, transform it into an itemized list, and place it in a table with two columns: one for the reviewers' comments, and one for their own responses. This table serves many important functions. It allows editors to see if the writer has done what the reviewer asked, and it should enable them to make a judgment without returning pieces for a second review. This is always desirable, as reviewers have the trying habit of uncovering new areas to modify when they read an article for a second time after an interval of any length. The table also enables the author to debate the reviewer's point of view in an effective manner, and to correct any benign mistakes which have eluded the reviewer's eye.

After working through every single reader comment and reporting on the modifications in the table, authors should find the best writer among their colleagues to read the manuscript, with the response

table as a guide. Then and only then, should the revised manuscript be returned to the editor, with a cover letter and the response table and with fingers crossed for a rapid reply.

True rejection

Alas, even the best of authors receives rejection letters, with no option for revision. These can be frustrating, particularly if there has been a long delay between submission and rejection. The inclination of many writers is to put the paper in a bottom drawer and not look at it again. I would advise against this. If the article has been reviewed, the comments may provide valuable guidance for future versions of the paper. In some instances the rejection is based on the fact that the choice of journal was incorrect: a practice journal with an applied focus may not value historical research; a social science publication may be more interested in empirical surveys than in theoretical argument. In other cases, the rejection may result from the author's incomplete knowledge of the field, writing ability, or illogical argument. With some luck, the reviewer will point this out, and then the path becomes clear.

Authors should always have a mentor or colleague with whom to discuss this kind of outcome. As embarrassing as it may be, a rejection letter should be shared, and not kept secret. Two heads are always better than one. If the rejection is based on mis-understanding by reviewers of what authors intended to say, then they should consider that they did not succeed in expressing their thoughts clearly. This can be easily remedied by collegial or contracted editorial support with a careful oral review of the author's intentions. If, on the other hand, the rejection is based on what the reviewer considers to be a logical, methodological or theoretical flaw, the author should carefully reflect upon the comments, and determine if the argument can be reconstructed or augmented to rectify the flaw which the reviewer has identified.

I have recently reviewed a piece which I believe had a fatal flaw. The author presented two sets of results, which together are logically unacceptable. The author cannot support the aim of the study as it is set it out, because of a tautology which makes the second set of results meaningless.

Interestingly, each set of results, however, stands on its own, and rewriting this article to reposition the data should result in an acceptable, and indeed, enlightening article. Not all reviewers will point out such options to the author, so the author should, in face of rejection on the basis of congruency, design, theory or logic, attempt to analyse what parts of the study are indisputably sound, and develop these as the focus of a new article.

The important thing about the rejection of an article is that it opens up new avenues. No longer under review, the manuscript can be re-jigged, reformatted, corrected, improved and, ultimately, resubmitted. So, whilst the first reaction of the nurse author to a frank rejection is likely to be one of irritation and disappointment, in this light the second can be of re-energising and productivity.

References

Kronick, D A 1990, 'Peer Review in 18th-century scientific journalism', *Journal of the American Medical Association*, 263, pp. 1321- 1322.

Kahn, R and Roth, J 2004, 'Berson, Yalow, and the JCI: the agony and the ecstasy', *The Journal of Clinical Investigation*, 114, pp. 1051-1054.

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