

Acknowledging personal biases in otolaryngology manuscript selection

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¹Chapters

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Letter to the editor

Try as we might to make the manuscript selection process as objective as possible, the crapshoot element is unquestionable. Prospective papers are being submitted more frequently than ever, which has broadened the number of reviewers. Medical students and senior faculty alike are being tasked with assessing manuscripts. Different levels of experience, knowledge and variable personal research interests introduce undeniable biases in how papers are ultimately critiqued. We've become keenly aware of the importance of evaluating research techniques and the studies themselves for risks of biases; PRISMA, MINORS, MOOSE and ROBINS tools lead a growing list of objective protocols and assessments.^{1,2,3,4} Have we ever thought of addressing potential biases in how we actually select articles for publication?

Obviously, this would be no simple task, but that shouldn't be a deterrent to making improvements in the process where possible; personal connections come to mind in this regard. Generally speaking, very little is being done to prevent reviewers from being aware of who the authors are and where they're coming from. Additionally, many submission platforms allow for the selection of preferred reviewers as well as the ability to decline undesired reviewers. While these tendencies are understandable for multiple reasons, their potential to introduce personal biases is noteworthy. For the sake of argument, let's assign a very simple "risk of personal bias reduction score" for a journal's manuscript submission platform: One point is given for a) maintaining author confidentiality, b) maintaining institution/location confidentiality and c) avoiding the option to select or decline particular reviewers. As such, the scores range from 0 to 3, with 3 being the most favorable.

So how are we doing? **Table 1** shows a list of the top 20 otolaryngology journals to date as determined by the *h*-index, an increasingly popular measure of journal quality based on the number of publication citations.⁵ Ten of the 19 eligible journals did not take any measures to reduce the potential for personal biases, thus scoring 0. Eight journals earned one point for avoiding the opportunity to select or decline reviewers. Of note, several journals cite this feature as a means of reducing bias; encouraging the submitting author to target "unbiased" reviewers. The value of this is debatable as this feature can easily be used paradoxically. Lastly, one journal scored two points for blinding the reviewers to both the author names and locations.

It may seem trivial at first glance, as we've grown so accustomed to these aspects of the submission process, but it really isn't. The notion that editors reviewing manuscripts are immune to biases from prior personal connections and experiences would be extremely shortsighted. Do we really think a given reviewer can assess a submission from a beloved former trainee in a reliably unbiased fashion? How about a manuscript from an institution with which there was a falling out of some kind? These themes are getting increasingly acknowledged in academic publishing, with growing numbers of journals implementing safeguarding measures. At most, there appears to be a nascent interest in addressing these topics within otolaryngology field. With rejection rates at all-time highs, it behooves us to reflect upon what can be done to ensure that the best manuscript wins: Who the authors are, who they know, and where they're from shouldn't be significant

factors. As it stands currently, our submission platforms leave open avenues for personal connections to have a considerable influence. Reforming these potential biases, or at the very least acknowledging them, is in order.

References

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Table I : Risk of personal bias reduction scores for manuscript selection in top 20 otolaryngology journals*

Journal	Publisher	Risk of personal bias reduction score
Acta otorhinolaryngologica Italica	Pacini Editore	1
American Journal of Otolaryngology	Elsevier	1
American Journal of Rhinology & Allergy	Sage	1
Annals of Otology, Rhinology & Laryngology	Sage	0
Audiology and Neurotology	Karger	0
Auris Nasus Larynx	Elsevier	1
Clinical Otolaryngology	Wiley	2
Current Opinion in Otolaryngology & Head and Neck Surgery	Wolters Kluwer	n/a***
Ear and Hearing	Wolters Kluwer	0
European Archives of Oto-Rhino-Laryngology	Springer	0
Head & Neck	Wiley	0
Hearing Research	Elsevier	0
International Forum of Allergy & Rhinology	Wiley	1
International Journal of Pediatric Otorhinolaryngology	Elsevier	0
JAMA Otolaryngology–Head & Neck Surgery	American Medical Association	0
Journal of the Association for Research in Otolaryngology	Springer	0
Otolaryngology–Head and Neck Surgery	Sage	1
Otology & Neurotology	Wolters Kluwer	1
The Journal of Laryngology & Otology	Cambridge University Press	1
The Laryngoscope	Wiley	0

*As determined by *h*-index over the last 5 complete years per Google Scholar, March 2020; journals organized alphabetically**0-3 score based on a) maintaining author confidentiality, b) maintaining institution/location confidentiality and c) avoiding the option to select or decline particular reviewers. Scores range from 0 to

3, with 3 representing the least risk of personal bias.***This invitation-only journal was excluded from the scoring system.