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PERSPECTIVE

ManuScript Rejection sYndrome (MiSeRY): An Author’s Nightmare

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Abstract

With majority of the medical journals having a rejection rate of more than 80% of submitted manuscripts, it does come as a shock and grief to the author who had a lot of expectations before submission. Though most of the literature available does mention how to overcome the lacunae in the manuscript before considering resubmission in another journal, none addresses the mental agony and setback the author faces and the way to overcome this setback. Every author should develop immunity and be adequately mentally prepared to overcome this misery. A question- answer session between an eager enthusiastic author, a highly experienced reviewer, and the final authority Editor is presented for guidance.

Keywords: Manuscript Rejection Syndrome, Depression, Rejection blues, Rejection resilience

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With an average rejection rate of various top-tier journals between 80 and 85% of manuscripts by the editorial board of medical journals [1] and around 20%–30% of the submitted manuscripts being rejected without even a peer review (desk rejection), it comes with a sense of disbelief, shock, anger, denial, frustration, and depression to a new medical author who has an extremely high expectation from the journal. This condition is called as Manuscript Rejection Syndrome (MiSeRY) [2]. The first outburst of the author occurs towards the Editorial Board members and the reviewers of the journal. There have been instances of reviewers being abused by the author quoting “I am sorry that I did not accept your review this time and I hope you find success somewhere else in fulfilling your sadistic bloodthirsty appetite for reviews” [3]. There is grief-like emotional aggression and an impulsive hunger to write back and appeal in a fit of anger. The author is in denial as the reason for the manuscript being rejected appears confusing to him as most of the time the reason quoted is “Currently we are unable to publish all of the papers due to large no. of submissions...”

With the National Medical Commission's postgraduate medical education regulations 2023 making it mandatory for a postgraduate student to publish a manuscript as first author in a journal during their period of study [4], the mental agony of manuscript rejection should be made aware to these young minds. There are reports of manuscript rejection leading to promising individuals to abandon their careers in academic

medicine [5]. Repeated rejection leads to impostor syndrome and burnout.

The 5 stages of grief, called ‘Rejection blues’ after the manuscript being rejected are - Stage 1- Denial of the rejection- it ‘cannot’ happen! Stage 2- Anger and frustration on the decision - the reviewers are ignorant! Stage 3 - Bargaining and renegotiating this decision- maybe the author contemplates resubmitting it unchanged to a better journal. Stage 4 – Depression and a sense of hopelessness. Stage 5 - Acceptance of the decision [6]. There is another phase that has not been published till now that often occurs in most of the immature innocent young authors. Once the author calms down, there is the 6th ‘Stage of Escapism’ when the same paper is sent for acceptance to a predatory or fraudulent medical journal for fast-track publication to add substance to the Curriculum vitae.

In a medical college ‘publish or perish’ scenario, the postgraduate student works in coordination with the Ethics committee approval, the departmental hierarchy, and the unit head or the head of the department as coauthor in the final submission of the dissertation topic as a research paper compiling the data of 3 years in the journal, any rejection becomes a ‘blot’ and a personal failure with negative weight, low self-worth, and decreased academic performance.

The management of MiSeRY needs special attention apart from handling the ‘flaws and loopholes in the manuscript as advised by the peer reviewers on the research topic. While the academic part of the manuscript can be taken care of by the author after rejection, it’s the mental agony and psychological setback that needs proper

attention and guidance from mentors. Every new author should be taught about the perils of manuscript rejection by the mentor/guide just like a pharmacology teacher teaches the side effects of a drug or a surgeon learns about the postoperative surgical complications. The way out is the CACHE approach (= Cool down, Analyse the letter, Consider options and HEad on!) [7].

Every author must be made aware of the rejection rates of a journal before submission as well as see how common this problem of manuscript rejection rates among peers and mentors and finally, they should understand the common minimum manuscript rejection rate to attain perseverance – what is termed as “rejection resilience” [8].

The modus operandi of getting over this depression is to always have a three-tier selection of journals before submission - Class 1 – those with impact factors between 5 and above, Class 2 – journals having impact factors between 2 to 5 and Class 3- journals with less impact factor but having good citations and high acceptance rates. Hence, the author is mentally prepared to switch down the gears once he faces rejection from the highly sought-after journals. The personal and professional life of the author should not face the disturbance or turbulence of manuscript rejection and the expectations from the editorial board to accept any manuscript at first sight should be kept at a bare minimum. Finally, as a last resort, a psychiatrist's help may be sought to get over the doom of acute depression. The New England Journal of Medicine gives the most common reason for rejection as “*The space available for correspondence is very limited, and we must use our judgment to present a representative selection of the*

material received. Many worthwhile communications must be declined for lack of space”, it also indirectly gives a reason for a bailout route for the author who needs to move on to another alternative journal for another submission giving little space to depression after manuscript rejection. Many journals offer ‘Article Transfer Service’ guidance to authors where there is an efficient transfer process, shortening the path from acceptance to publication. In summary, Manuscript Rejection Syndrome is like an epidemic that needs to be fought by taking adequate precautions and preventive measures, and at the end of the day, one should develop immunity.

Conflicts of interest

The authors declares that they do not have conflict of interest.

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