Authorship
The Coin of the Realm, The Source of Complaints

Linda J. Wilcox, EdM, CAS

Context.—Disputes associated with achieving recognition for work done may affect both morale and subsequent resource allocation to medical researchers.

Objective.—To assess authorship disputes brought to the Ombuds Office.

Setting.—The Ombuds Office, Harvard Medical School, Dental School, School of Public Health, and affiliated hospitals.

Main Outcome Measure.—Change in number of queries related to authorship between 1991 to 1992 and 1996 to 1997.

Results.—Disputes increased from 8 (2.3%) of 355 issues brought to the office in 1991 to 1992 to 59 (10.7%) of 551 issues in 1996 to 1997. They also increased from involving 0.06% of the total population of faculty, staff, and students affiliated with the schools in 1991 to 1992 to 0.33% of the total population in 1996 to 1997. Such problems appear to occur more often for women (53% of complaints in 1994-1995 through 1996-1997) and for non-US citizens (21% of complaints in 1991-1992 through 1996-1997).

Conclusions.—Authorship disputes are increasingly frequent. Institutions should increase enforcement of published authorship standards and place more emphasis on managerial skills for laboratory and research department heads.

CREDIT for one’s research, ultimately through authorship, is extremely important for a successful scientific career. It affects future research funding, promotions, and recruitment opportunities. If allocation of credit is poorly done, future research resources may in turn be misallocated. Authorship problems have received considerable attention in medical literature,1,2 although most of the evidence has been anecdotal.3

Guidelines are available to help determine how attribution should be acknowledged,4,44 However, they are applied ineffectively. According to a recent survey by Jones,7 only 25 (21%) of 119 schools reported having their own authorship policies. Most institutions provide formal grievance procedures when these issues arise, but the apprenticeship system that is used to educate medical scientists makes confrontation with better-established people a risky business, regardless of who is right.

METHODS
As a confidential resource, the Ombuds Office for Harvard Medical School, Dental School, and School of Public Health, Boston, Mass, hears about many problems related to the ability to write about research. The office serves approximately 18000 faculty, staff, trainees, and students hired or appointed by the 3 schools. Created in 1991, it is a neutral, safe place to discuss work and academic-related problems informally in order to help resolve conflicts.

Issues emerge through telephone calls, office visits, e-mail messages, and spontaneous meetings. The office uses a simple checking system to keep track of sexual harassment, discrimination, authorship, and intellectual property and other career management issues. When problems fall into more than 1 category, each category receives a check mark. We also record the author’s sex, ethnicity, and job or academic position and where the problem occurred. We measure reports, not incidence, and our methods are not intended for formal research. In many cases, we are able to confirm the validity of the complaint. In some instances, we mediate between the parties. The apparent trends we have observed over 6 years may be of interest to the medical research community.

The following are some typical authorship issues brought to the office: (1) “Though listed as an author, I never reviewed the article, saw the reviewers’ feedback, or signed off on the final document,” (2) “I was promised first authorship when I completed a project. When the work was done, and without informing me, the principal investigator added the work of someone else who was made first author,” (3) “A fellow is demanding first author position but the contribution was primarily in implementing the experiments, not in creating the design or writing,” and (4) “After I left my lab, I got no credit for the projects and articles that used my work.”

RESULTS
From the 1991-1992 through the 1996-1997 academic years, queries relating to authorship have grown as a percentage of the total complaints made to the Ombuds Office from 8 (2.3%) to 59 (10.7%) (Figure). This also represents a growth from 0.06% to 0.33% as a percentage of the population served by the office including all faculty, staff, trainees, and students.
From 1994 to 1995 through 1996 to 1997, 61 (46%) of the 133 authorship issues were from faculty and 45 (34%) were from postdoctoral fellows, interns, or residents. Of these issues, 70 (53%) originated from female complainants and 63 (47%) from males. However, the female complaints represented an average of 0.35% of their smaller average population while male complaints represented only 0.20% of theirs.

The total non-US citizen population of faculty, staff, trainees, and students is not available. However, cases including acknowledgment through publication have grown from 4% of the non-US citizen complaints in 1991-1992 to 21% in 1996-1997.

COMMENT

The increase in reported authorship disputes has been far greater than the increase in either total issues brought to the Ombuds Office or in the size of the population served. It occurred despite the Harvard Medical School’s school-wide guidelines. Females report more difficulties than males. Non-US citizens may have similar problems coping with the credit assignment system.

With the absence of other similar published evidence, it is only a supposition that similar phenomena are occurring at other medical research institutions. My suggestions reflect an assumption that these problems are widespread in the “culture of credit.” Some suggestions as to what would reduce the incidence and impact of authorship conflict are as follows:

1. Departments should establish their own detailed, written guidelines on authorship practices and make them available to everyone. These guidelines should be discussed both prior to the onset of a relationship and regularly so that people are comfortable asking questions about their work and how it will be credited.

2. It is unreasonable for institutions to promise that they can protect individuals from retaliation for coming forward to complain through formal grievance procedures. Therefore, informal confidential channels, such as an Ombuds Office, can offer an important mechanism to encourage corrective action by management without compromising an individual.

3. Discussions about achieving credit for research are best done within the research unit. This suggests training department heads to better manage the credit allocation process.

References


What Are the Factors Determining Authorship and the Order of the Authors’ Names?

A Study Among Authors of the Nederlands Tijdschrift voor Geneeskunde (Dutch Journal of Medicine)

Wendela P. Hoen, MD; Henk C. Walvoort, DVM, PhD; A. John P. M. Overbeke, MD, PhD

Context.—Although criteria justifying authorship of scientific medical articles have been formulated, it is not well known how authorship is established in practice.

Objectives.—To assess the criteria for authorship used by authors of original articles in Nederlands Tijdschrift voor Geneeskunde (NTVG, the Dutch Journal of Medicine), and to determine whether the criteria for authorship of the International Committee of Medical Journal Editors (ICMJE) are known and applied.

Design.—Survey questionnaire.

Setting.—Editorial office of the NTVG.

Participants.—All 450 authors of 115 original articles published in 1995.

Main Outcome Measures.—Author’s contribution to study design, material, collection of data, statistics, and writing.

Results.—Of 362 forms returned, 352 could be analyzed (78.2% response rate). The 5 questions most frequently answered affirmatively were ICMJE criteria: critical reading (86.1% of the authors), approval of the final version (84.7%), study design (74.7%), study conception (64.2%), and revision (63.4%). Authors rated their contribution 2 points higher than did their coauthors. Interestingly, 64% of the respondents met the ICMJE criteria, although 60% of the respondents did not know them.

Conclusion.—Authorship was mostly in accordance with ICMJE criteria although many authors were not familiar with them.