

Editorial:

Challenges of Publishing in High Impact Medical Journals from Lower- And Middle-Income Countries

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Publish or perish holds true in research milieus, but a publication in a high-impact journal can make an enormous bearing on one's academic calling¹⁻³. A high impact factor (IF) of a journal is a measure of a journal's standing among the peer group. It is measured as the average number of citations in the last 2 years per paper published in that journal^{4, 5}. Impact factors designate the typical reputation of a journal and should not be used for an individual publication^{6,7}. The scientific worth of an article has nothing to do with the impact factor of a journal^{8,9}. It is frequently pronounced inappropriately about "the impact factor of a publication," whereas it should be "the impact factor of the journal where the paper has been published"¹⁰. More precisely described as IF 3 of journal "x" in 2019 being 3 means that on average, any article published in that journal was cited on average 3 times in the year 2017 and 2018 as tracked in the Journal Citation Reports database¹¹. Undeniably, IF factors are heavily criticized as measures of scientific quality, and it's worth is trying to be lowered, and other reliable alternatives would be there in coming years¹²⁻¹⁴. Nevertheless, IF still govern almost all conversation and debate about scientific superiority and brilliance to choose candidates for Ph.D./post-doc and scholars, to endorse professors and to determine research funding¹⁰. Subsequently, researchers tend to adjust their strategy to avoid negative impression on their professions.

Until substitute strategies to measure the quality of scientific publication being recognized, researchers, scientists, academicians need to adjust and acknowledge Impact Factor around the globe^{15,16}. Global Health is defined as "an area for study, research, and practice that places a priority on improving health and achieving health equity for all people worldwide"¹⁷. Universal Declaration of Human Rights of 1948 states that "everyone has the right to a standard of living adequate for the health of himself and of his family"¹⁸. Regrettably, health inequality exists between developed and developing nations. Furthermore, inequity similarly continues among communities within the dominion in terms of financial status, and a significant portion of the population needs to live in an adverse environment and poor access to healthcare^{19,20}. It has been reported that as low 10% of the budget assigned resource-limited countries that endure 90% of the sphere's disease load²¹⁻²³. Subsequently, this difference between high and low-resource nations unfavorably disrupts the global health situation, destabilizes strength of the planet and one of the impenetrable glitches of this epoch²⁴.

Research findings need to publish. Publishing is considered a final product of any research²⁵. Otherwise, research findings without distributing

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and disseminating are death²⁶. Conducting research in low-and middle-income countries (LMICs) often very difficult because of funding, structural capacity, “flexibility, persistence, cultural humility, patience, and passion¹¹” for the study^{27, 28}. Research funding allocated in LMICs were only 10% whereas these countries disease burden were 80-90%²⁹⁻³¹. Subsequently, publishing research findings from LMICs extremely difficult¹. Nevertheless, the proficiency to carry out a research study and interpret research outcome were found frequently very inadequate, predominantly in resource-limited countries²⁷. Additionally, health research capability is universally accepted as an index development in LMICs and is an essential prerequisite for attaining the Millennium Development Goals³²⁻³⁴. Although multiple difficulties in conducting research remain in LMICs, ability, and scope of health research in these countries are increasing¹⁹. Subsequently, it is extensively recognized that currently, this planet is divided as the 10/90 regarding health care research³⁵. There has been an enormous difference exists between developed and developing countries regarding medical manuscript publishing^{24,36}. Another study revealed that less than 4-6% online and print form research studies represent that comprises over 80-90% population of the globe^{35,37}. The academic society in the mid-20th century identified the essentiality of publishing research manuscript because of professional development^{4,38}. Here and now researchers, academicians around the globe under snowballing pressure to publish or perish^{1,2}. Academicians, researchers of non-English speaking countries of LMICs often encounter difficulties to publish in highly reputed medical journals published in the English language those are indexed in PubMed, Scopus, and Clarivate Analytics (Web of Science)³.³⁹ The English language has been one of the prime troubles for academicians, scholars, and inventors of non-English speaking countries in high-impact journals^{3,39}. Another issue for authors of LMICs is the article processing charge (APC), which often a few thousand US\$ dollars and may reach up to US\$8000. Thereafter, authors are not able to bear such a high cost because of inadequate funding resource³⁸. At many occasions, researchers conduct these scientific endeavors without any fund. As their career will perish because no publication means, not only promotion but no renewal of the contract, even cannot apply for a job^{1,2,38}. Subsequently, not only a young researcher but the whole scientific community of LMICs suffers because of the extremely high cost of APC^{7,39,40}.

English is the universal language of science, but it is not universally spoken or read. Consequently, physicians and scientists worldwide struggle to access and understand the abundance of information published in English⁴¹. Whereas publishing using accurate and eloquent language yet with a clear message is understandably a considerable task in LMICs^{42,43}. Indeed, there are many esteemed researchers in LMICs that have made irreplaceable contributions to science and continue to publish in revered publications¹. However, there is a need to take a more broad-based approach to improve the quality of studies in LMICs. Manpower and funding issues are structural factors and may be more challenging to address than developing skill and transferring knowledge. The problems related quality may not be entirely due to the decreased research output in LMICs, instead, research activities may be on the increase in these countries, but the articles may not be published due to poor style of writing, inconclusive statistical analysis, poor study design or that is not judged to be relevant, advanced or pioneering in the sector of research^{44,45}. Thus, it is needed to improve the quality of research by establishing centers of excellence, recruiting researchers of global organizations, and initiating training courses.

The overall problem is mostly one of the resources and their allocation, coupled with a much smaller base of educated people in LMICs⁴⁶⁻⁴⁸. High officials of any civil service of any nation are frequently non-scientists community, and it is essential for researchers to go out and clarify the implication and consequences of their work and what they hope to achieve, with the objective of building up a climate of support⁴⁸. Staying in contact with the mainstream of ideas and developments is an also major problem of the scientific community in LMICs. Many emerging economies need to organize co-operative regional projects if they wish to participate in more costly advanced research areas. Moreover, creating an increased pool of trained people, providing more resources, and strengthening the infrastructure, will take time. Yet there is no substitute for financial incentives^{48,49}, some aspects such as choosing rational and beneficial study schemes, get rid of redundant officialdom and making the importation of scientific material easier, could be improved speedily with comparatively less expenditure.

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