



# Barriers to Publication in the Middle East: A Categorization of Rejection Reasons among Arab Researchers

Alya Elgamri<sup>1</sup> · Reham Wasfi<sup>2</sup> · Mamoun Ahram<sup>3</sup> · Zeinab Mohammed<sup>4</sup> · Karima El-Rhazi<sup>5</sup> · Ahmed Samir Abdelhafiz<sup>6</sup> · Henry Silverman<sup>7</sup> 

Received: 31 October 2024 / Accepted: 10 September 2025  
© The Author(s), under exclusive licence to Springer Nature B.V. 2025

## Abstract

Disparities in research publications persist between low- and middle-income countries (LMICs) and high-income countries, with Arab researchers from LMICs in the Middle East facing significant barriers including the potential impact of linguistic biases. These disparities are reflected in the lower acceptance rates and underrepresentation in high-impact journals. This study aimed to quantitatively identify the specific shortcomings of manuscript submission that contribute to publication inequities. We categorized reviewers' critiques into predefined areas of manuscript deficiencies, such as lack of novelty, methodological flaws, poor language quality, and misalignment with journal scope, and rated each item as significant (1), moderate (2), or minor (3). Among the 60 letters analyzed, the most common deficiencies were a lack of novelty (51.7%), flawed methodology (40.0%), misalignment with the journal's scope (22.3%), and poor English language quality (18.3%). These results highlight the key areas for improvement: identifying novel research questions, using sound methodologies, choosing appropriate journals, and strengthening scientific writing skills. These challenges might disproportionately affect researchers of LMICs, reinforcing global disparities in research visibility. To address these disparities, institutions in LMICs must provide researchers with robust training on research methods and academic writing. Simultaneously, journals have an ethical responsibility to ensure an equitable and unbiased evaluation of submissions across diverse global contexts. These combined efforts are essential to fostering a more inclusive and representative academic publishing landscape.

**Keywords** Rejection letters · Challenges to publishing · Peer-review bias · Arab middle east

## Introduction

Publishing in peer-reviewed scientific journals is essential for academic advancement, professional development, scholarly recognition, acquisition of research funding, and fostering international collaborations (Johann et al., 2024). The growing pressure to “publish or per-

---

Extended author information available on the last page of the article

ish' has further amplified the imperative for successful publication, especially in competitive academic environments.

However, manuscript rejection is a common outcome of academic publishing. Most journals report rejection rates between 20% and 30%, while top-tier journals reject up to 95% of submissions (Hesterman et al., 2018). Frequently cited reasons for rejection include lack of novelty, flawed methodology, inadequate data collection, and weak statistical analyses (Adom, 2024; Ali, 2010; Kumar et al., 2023; Meyer et al., 2018). These issues have been well-documented through systematic analyses across various disciplines, primarily within Western contexts (Andrew, 2020; Wyness et al., 2009).

Studies from non-Western journals have similarly reported recurring reasons for rejection. Common issues include misalignment with a journal's focus, lack of novelty, inadequate reporting of research, including vague hypotheses, unclear methodologies, imprecise results, and unjustified conclusions (Balyakina & Kriventsova, 2021).

Despite these findings, a significant gap remains in empirical research examining the reasons for manuscript rejection by researchers from low- and middle-income countries (LMICs) submitted to Western journals. These researchers face distinct challenges, including inconsistent funding, limited mentorship (Menon et al., 2022), constrained resources, restricted access to academic journals, and substantial time pressure. These structural barriers can compromise the scientific quality, manifesting as limited novelty and methodological flaws. Other challenges may involve identifying suitable journals, preparing persuasive cover letters, following formatting guidelines, citing sources appropriately, and paying publication fees (Majid et al., 2022). In addition, many researchers from LMICs struggle with "scientific writing and narrative coherence," including the ability to produce well-organized manuscripts and cohesive discussions (Elgamri et al., 2023).

Arab researchers represent a critical but under-studied segment of LMIC scholars. Although the volume of biomedical publications from Arab countries has increased over the past 15 years (El Rassi et al., 2018; Gul et al., 2015), they have contributed only 2.7% or less to global publications in health sciences (Makri, 2018; Tadmouri et al., 2019), underscoring their continued underrepresentation in global scientific discourse.

The obstacles faced by Arab researchers parallel those encountered more broadly in LMICs, yet they might be compounded by additional challenges. For example, in a previous qualitative study Arab researchers identified key barriers to publication, including limited scientific rigor, poor submission preparation, and weak writing quality (Elgamri et al., 2023). Many participants in this study also raised concerns about possible biases in the peer review process. A follow-up study quantified the perceptions of Arab researcher regarding publishing scientific research (Ahram et al., 2025). Other studies have suggested that factors such as an author's institutional affiliation, ethnicity, and language proficiency can influence peer review outcomes, potentially overshadowing scientific merit (Horton, 2000; Zhang et al., 2012). If substantiated, these concerns may exacerbate the existing publication gap between researchers in Arab and Western institutions (El Rassi et al., 2018).

While qualitative studies have shed light on these challenges through personal testimonies, there is a pressing need for large-scale quantitative analyses that systematically document the specific reasons behind manuscript rejection. To date, few studies have directly examined editorial feedback or rejection letters to empirically identify patterns in the types of deficiencies.

Addressing this quantitative gap is crucial to confirm recent anecdotal evidence and develop actionable insights. Quantitative research grounded in rejection letters offers an opportunity to substantiate perceived barriers, assess their prevalence, and guide reforms in institutional support, editorial policy, and capacity-building programs. Building on our earlier qualitative findings, this study systematically analyzed editorial rejection letters received by Arab researchers. By identifying the frequency and nature of the shortcomings cited, we aimed to generate practical recommendations for improving manuscript acceptance and promoting equity in global research dissemination.

## Methods

### Study Design

We performed structured categorization of rejection letters to classify the reasons for rejection according to predefined categories.

### Acquisition of Rejection Letters

To identify the reasons for manuscript rejection among Arab researchers, we invited eligible participants to submit de-identified rejection letters from peer-reviewed scientific journals. Eligible participants were researchers affiliated with institutions in Arab countries who had received one or more rejection letters from scholarly journals within the past five years. To ensure transparency and facilitate additional analyses, we requested that the submitters include the title of the manuscript and the name of the journal to which the manuscript was submitted.

The recruitment process employed a multi-pronged strategy.

Professional Networks:

- We first contacted researchers in our professional network, who are known to be engaged in academic publishing and are based in LMICs in the Arab region. These individuals were asked to share their study invitations with eligible colleagues. Snowball sampling:
- The respondents were encouraged to refer to other eligible researchers, allowing us to broaden their participation across disciplines and institutions.
- Targeted outreach: We directly contacted colleagues via email using institutional directories and relevant academic listservs.

Social Media Engagement

- We used platforms such as Twitter (X), LinkedIn, and Facebook to disseminate study flyers and invite submissions, specifically targeting academic and research communities in the Middle East and North Africa (MENA) region.

To be included in the study, rejection letters had to meet the following criteria.

- Issued by an academic peer-reviewed journal.
- Contain at least one editorial or reviewer comment describing the reason(s) for rejection.
- Be submitted in English.

Following submission, we reviewed all the letters for eligibility and completeness. Letters lacking reviewer comments and those referencing desk rejection without substantive editorial feedback were excluded. For each accepted letter, we recorded the title of the article and name of the journal and obtained the journal's most recent impact factor.

### Identification of review criteria for the manuscript

To guide our analysis, we developed a conceptual framework grounded in both empirical and theoretical sources. Specifically, we drew on findings from our prior research on barriers to publication among Arab researchers (Ahram et al., 2025; Elgamri et al., 2023), as well as a review of the literature on peer-review processes and reasons for manuscript rejection (Adom, 2024; Ali, 2010; Byrne, 2000; Ehara & Takahashi, 2007; Hesterman et al., 2018; Meyer et al., 2018). To ensure contextual relevance, we also incorporated insights from studies examining systemic publication challenges faced by researchers in LMICs, including in the Arab region (Ezeala et al., 2013; Majid et al., 2022; Yanik et al., 2023). This framework informed by both empirical and conceptual contributions comprise four core domains: (1) *scientific rigor* (e.g., study design, methodology, statistical analysis); (2) *submission readiness* (e.g., journal targeting, formatting, referencing); (3) *scientific writing quality* (e.g., clarity, logical flow, and argumentation) and 4) *research integrity* (e.g., ethical approval, appropriate obtainment of informed consent, and absence of plagiarism). These domains reflect recurring themes in both high-income countries (HICs) and LMIC contexts and provide the organizational structure for identifying and categorizing the deficiencies noted in rejection letters. Based on this framework, we generated the following initial list of manuscript review criteria.

- **Originality/novelty of the research:** The manuscript presents new, original findings, and ideas that advance the field.
- **Significance/Impact:** The research has the potential to significantly impact the field or address important scientific questions.
- **Methodological Rigor:** The study design, methodology, and data analysis are robust, valid, and appropriate.
- **Clarity/Precision:** The writing is clear and well-organized, allowing readers to quickly understand the research and its implications.
- **Analytical Depth and Rigor:** the interpretation of results demonstrates thoroughness and precision of interpreting the results, findings are well-supported by the data, potential limitations or alternative interpretations are carefully considered, and the conclusions are sound.
- **Adherence to Research Integrity** refers to the ethical standards researchers must follow to ensure the credibility and reliability of their work. This included avoiding plagiarism, ensuring data accuracy, and maintaining transparency during the research process.

We subsequently converted the initial list of positively framed review criteria into deficiency-based items and refined them to reflect common problems encountered in manuscripts. The revised list was distributed to a convened panel of five distinguished journal editors and extensively published scholars. The panel was asked to review the categories for relevance and clarity, suggest additions or deletions, and assign a severity score to each category using a 3-point scale (1 = significant deficiency, 2 = moderate deficiency, 3 = minor deficiency). The final category scores were determined by averaging the panel responses and rounding them to the nearest whole number.

### **Analysis of the Rejection Letters**

Two authors (AE and RW) independently reviewed each rejection letter and assigned the reviewers' comments to predefined categories of manuscript deficiencies. A third author (HJS) subsequently reviewed the categorizations, and any discrepancies were resolved through consensus among all three authors. For each letter, we documented the number and type of deficiencies identified. In addition, we differentiated between fatal and non-fatal flaws, with fatal flaws referring to deficiencies considered irreparable and thus likely to preclude successful revision and resubmission.

Finally, we assessed the likelihood that reviewers were aware the manuscript originated from an Arab country. To do this, we examined three factors: whether the country was mentioned in the manuscript title, the type of peer review model used, and whether the manuscript was desk-rejected by the editor. Editors always have full access to author information regardless of the review model. The extent to which author information is visible to reviewers depends on the journal's peer review model—typically single-blind, double-blind, or open review. In single-blind and open-review models, reviewers can see the authors' names, institutional affiliations, and regions. Even in double-blind reviews, reviewers may still infer the country of origin if it is explicitly stated in the manuscript title. In contrast, reviewers will not be able to identify the source country when the review type is double-blind review, and the country source is not mentioned in the title.

### **Statistical Analysis**

We analyzed the data using simple descriptive statistics. Reasons for manuscript rejection are summarized as frequencies and percentages.

### **Results**

We reviewed 71 rejection letters from peer-reviewed journals and excluded 11 from our analysis because of the absence of reviewer comments that the editor referenced their existence. Table 1 presents the predetermined classification of deficiencies and their associated point values. Of these categories, 13 were given a rating of "1," 11 were rated as "2," and 13 were rated as "3."

Table 2 shows the number and frequency of manuscripts exhibiting deficiencies, categorized by point values of one, two, and three. Among the deficiency categories assigned a point value of one, the most prevalent were lack of novelty (51.7%), out-of-journal scope

**Table 1** Classification of manuscript deficiencies with associated point value

Category	Specific Deficiency	Severity (Point Value)*
Scientific Quality	<b>Lack of Novelty:</b> The manuscript does not address an important knowledge gap or is similar to previously published papers.	1
	<b>Flawed Methodology:</b> The methods are insufficient to address the study's objectives.	1
	<b>Insufficient Sample Size:</b> The sample size is too small to adequately address the study's objectives.	1
	<b>Vague Objectives:</b> The study's objectives are poorly stated or unclear.	1
	<b>Poorly Articulated Research Question:</b> The research question or hypothesis is not clearly articulated.	1
	<b>Deficient Statistical Analysis:</b> The statistical analysis is deficient to address the objectives.	1
	<b>Insufficient Literature Review:</b> The literature review is not comprehensive enough to support the study.	2
	<b>Biased Recruitment Technique:</b> The recruitment technique is likely to produce a biased sample.	2
	<b>Deviation from Statistical Plan:</b> The data analysis does not follow the planned statistical approach.	2
	Submission Readiness	<b>Out of Journal Scope:</b> The content is not within the journal's scope.
<b>Non-Compliant with Formatting Guidelines:</b> The abstract does not conform to the journal's submission guidelines.		3
<b>Incorrect Reference Formatting:</b> The references are formatted incorrectly.		3
<b>Inadequate Citation:</b> The manuscript lacks proper in-text citations.		3
<b>Missing References or Citations:</b> There are missing references or in-text citations.		3
<b>Inappropriate Number of References:</b> The manuscript contains too many or too few references.		3
<b>Outdated References:</b> The references cited are outdated.		3
Scientific Writing and Narrative Coherence	<b>Discussion is Mainly Descriptive:</b> The discussion is descriptive and does not interpret the data within the context of the research question.	1
	<b>Lack of Contextual Analysis:</b> The discussion does not consider the context of other papers and fails to provide reasons for differences from other studies.	1
	<b>Interpretation is Not Supported by the Data:</b> The interpretations are not adequately backed up by the study's results.	1
	<b>Poor English Language Quality:</b> The manuscript is poorly written, making it difficult to read and requiring significant editing.	2
	<b>Inadequate Data Presentation:</b> The data presentation, including tables or figures, is poor or incomplete.	2
	<b>Poor Discussion Organization:</b> The discussion is inadequately organized, making it difficult to follow the logical flow.	2
	<b>Inadequate Review of Issues:</b> The discussion fails to adequately review important issues.	2
	<b>Incomplete Discussion of the Data:</b> The discussion does not address all the major data obtained in the study.	2
	<b>Abstract does not align with structure of the manuscript:</b> The abstract does not align with the overall structure and framework of the paper.	3
	<b>Disorganized Introduction:</b> The structure of the introduction lacks logical flow.	3

**Table 1** (continued)

Category	Specific Deficiency	Severity (Point Value)*
...	<b>Poorly Described Methods:</b> The methods section lacks sufficient detail.	3
	<b>Repetition of Results:</b> The discussion section unnecessarily repeats the results.	3
	<b>Incomplete/Absent Section on Limitations:</b> The limitations section is either incomplete or missing.	3
	<b>Inadequate Conclusion Section:</b> The conclusions merely repeat the results without and does not offer recommendations for future training, research or policy changes.	3
Ethics Concerns	<b>Lack of Ethical Approval:</b> The study does not have ethical approval.	1
	<b>Extensive Plagiarism:</b> The manuscript contains extensive plagiarism.	1
	<b>Informed Consent Deficiencies:</b> There are significant deficiencies in the informed consent process.	1
	<b>Duplicate Submission:</b> The manuscript has been submitted to more than one journal simultaneously.	1
	<b>Inequitable Subject Selection:</b> The selection of subjects is inequitable.	2
	<b>Inadequate Privacy/Confidentiality Measures:</b> The measures for ensuring privacy and confidentiality are inadequate or not described.	2

\*Severity Score: 1 = significant deficiency, 2 = moderate deficiency, 3 = minor deficiency

(22.3%), flawed methodology (40.0%), insufficient sample size (21.7%), and interpretations not supported by results (20.0%). For categories associated with a point value of two, the most frequent deficiencies were poor English language quality (20.4%), insufficient literature review (16.7%), incomplete or incorrect statistical analysis (15.0%), and inadequate data presentation (21.7%). Among the categories with a point value of three, the most frequently observed deficiency was poorly described (22.2%). Overall, the pattern suggests that severe flaws were more commonly distributed across the manuscripts than moderate or minor deficiencies.

Table 2 also highlights categories related to fatal flaws. These included “lack of novelty,” “flawed methodology,” “insufficient sample size,” “out of the journal scope,” “extensive plagiarism,” and “lack of ethical approval.”

Table 3 presents the frequency of “1,” “2,” and “3” ratings assigned to each manuscript. For each rating type, the table shows the number of manuscripts that received 0, 1, 2, or more ratings of that type. Notably, only one manuscript exhibited no significant deficiencies (“1” ratings), whereas moderate and minor deficiencies (“2” and “3” ratings) were absent in a much larger proportion of the manuscripts (33 and 45 manuscripts, respectively).

Supplementary File 1 details the frequency of deficiencies and the distribution of scores of each individual rejection letter. Twenty manuscripts were rejected due to a single item of point value “1.” Of these 20 manuscripts, the deficient categories included “lack of novelty” in seven, “flawed methodology” in six, “out of scope” in four, “inadequate sample size” in two, and “extensive plagiarism” in one (see table footnotes). Finally, one manuscript (Letter 10) was rejected based on only one item, a “2” rating that represented “poor English language quality.” The average number of deficiencies per manuscript was  $3.03 \pm 2.59$ .

Supplementary File S1 lists the submission journals and their impact factors. Regarding impact factor, 15 (27.3%) journals had an impact factor below 2.0, 30 (54.5%) ranged

**Table 2** Classification of manuscript deficiencies by frequency of occurrence ( $N=60$ )

Category	Specific Deficiency	Severity (Point Value)*	Number of Manuscripts $N$ (%)	
Scientific Quality	<b>**Lack of Novelty</b>	1	31 (51.7)	
	<b>**Flawed Methodology</b>	1	24 (40.0)	
	<b>**Insufficient Sample Size</b>	1	13 (21.7)	
	<b>Insufficient Literature Review</b>	2	10 (16.7)	
	<b>Deficient Statistical Analysis</b>	2	9 (15.0)	
	<b>Vague Objectives</b>	1	6 (10.0)	
	<b>Biased Recruitment Technique</b>	2	6 (10.0)	
	<b>Deviation from Statistical Plan.</b>	2	3 (5.6)	
Submission Readiness	<b>Poorly Articulated Research Question</b>	1	1 (0.2)	
	<b>**Out of Journal Scope</b>	1	14 (22.3)	
	<b>Incorrect Reference Formatting</b>	3	2 (3.7)	
	<b>Inadequate Citation</b>	3	2 (3.7)	
	<b>Outdated References</b>	3	2 (3.7)	
	<b>Missing References or Citations</b>	3	1 (1.9)	
	<b>Inappropriate Number of References</b>	3	0 (0.0)	
Scientific Writing and Narrative Coherence	<b>Non-Compliant with Formatting Guidelines</b>	3	0 (0.0)	
	<b>Inadequate Data Presentation</b>	2	13 (21.7)	
	<b>Interpretation is Not Supported by the Data</b>	1	12 (20.0)	
	<b>Poorly Described Methods</b>	3	12 (20.0)	
	<b>Poor English Language Quality</b>	2	11 (18.3)	
	<b>Inadequate Review of Issues</b>	2	5 (9.3)	
	<b>Abstract does not conform with structure of the manuscript.</b>	3	3 (5.6)	
	<b>Discussion is Mainly Descriptive</b>	1	3 (5.6)	
	<b>Lack of Contextual Analysis.</b>	1	2 (0.3)	
	<b>Poor Discussion Organization</b>	2	2 (3.7)	
	<b>Incomplete/Absent Section on Limitations</b>	3	1 (0.2)	
	<b>Incomplete Discussion of the Data</b>	2	0 (0.0)	
	<b>Disorganized Introduction</b>	3	0 (0.0)	
	<b>Repetition of Results in the Discussion</b>	3	0 (0.0)	
	<b>Inadequate Conclusion Section</b>	3	0 (0.0)	
	Ethics Concerns	<b>**Extensive Plagiarism</b>	1	1(0.02)
		<b>**Lack of Ethical Approval</b>	1	0 (0.0)
<b>Informed Consent Deficiencies</b>		1	0 (0.0)	
<b>Duplicate Submission.</b>		1	0 (0.0)	
<b>Inequitable Subject Selection</b>		2	0 (0.0)	
<b>Inadequate Privacy/Confidentiality Measures</b>		2	0(0.0)	

\*Severity Score: 1 = significant deficiency, 2 = moderate deficiency, 3 = minor deficiency

\*\*Categories considered as fatal flaws, i.e., deficiencies that are uncorrectable for re-submission

between 2.0 and 5.0, and three (5.5%) had an impact factor of 5.0, and the impact factors from three journals were not available.

Supplementary File S2 provides details for each of the 60 rejection letters reviewed, including the manuscript title, the type of peer review applied (single- or double-blind),

**Table 3** Frequency of “1”, “2”, and “3” ratings assigned per Manuscript\* ( $n=60$ ) \*A rating of “1” indicates a significant deficiency, “2” indicates a moderate deficiency, and “3” indicates a minor deficiency

Number of “1” Ratings	Number of Manuscripts	Number of “2” Ratings	Number of Manuscripts	Number of “3” Ratings	Number of Manuscripts
0	1	0	33	0	45
1	30	1	13	1	9
2	18	2	8	2	4
3	8	3	2	3	1
4	2	4	1	4	1
5	1	5	2		
		6	0		
		7	1		

and the stage of rejection—either following external peer review or as a desk rejection by the editor. When a manuscript’s title specified the Arab country where the study was conducted, when the peer review was single-blind, or when the manuscript was desk-rejected, it is likely that the decision-makers were aware of the manuscript’s Arab origin. Only eight manuscripts underwent double-blind peer review and had titles that did not reveal the country of origin (If the title was not mentioned in the rejection letter, we assumed that the title did not reveal the country source of origin. Thus, in 86.7% of the cases, either the reviewers or the editor was likely aware that the submission was from an Arab researcher.

## Discussion

A structured analysis of rejection letters revealed recurring patterns in the types of deficiencies that contributed to manuscript rejection, marking the first quantitative exploration of the relative ranking of challenges faced by Arab researchers. By conducting a structured, empirical content analysis of journal feedback (peer reviewers and editors), our study offers objective insights into the specific areas where Arab researchers face challenges in manuscript preparation and submission. While the sample size was modest, the findings are grounded in actual editorial communications, allowing for a more systematic understanding of recurring deficiencies.

The analysis revealed several critical categories that contributed to the highest rejection rates grouped into three main areas: (1) Scientific Quality, (2) Submission Readiness, (3) Scientific Writing and Narrative Coherence, and 4) Research Integrity. The most frequently cited issues of *Scientific Quality* included lack of novelty (51.7%), flawed methodology (40.0%), and insufficient sample size (21.7%). In *Submission Readiness*, a prominent issue was the manuscript falling outside the journal’s scope (22.3%). Common deficiencies in *Scientific Writing and Narrative Coherence* included poorly described methods (22.2%), inadequate data presentation (21.7%), poor English language quality (20.4%), and interpretations that were not supported by the data (20.0%).

## Ranking of Main Deficiencies

A substantial proportion of the manuscripts exhibited significant deficiencies (rated “1”), reflecting persistent challenges in meeting core scientific quality standards among submissions. Within the Scientific Quality domain, these deficiencies include a lack of novelty and flawed methodology. A prominent issue regarding Submission Readiness was manuscripts being “outside the journal’s scope.” The most common deficiencies in the Scientific Writing and Narrative Coherence domain were rated as a “2 and included interpretations not supported by the data and poor English language quality. These deficiencies were observed in at least 18% of the manuscripts. These findings offer critical insights into the challenges faced by researchers from low- and middle-income countries (LMICs) in navigating the peer review process.

These categories align closely with prior literature documenting common reasons for rejection among researchers globally, especially those from low- and middle-income countries (LMICs). For example, Gupta et al. reviewed 687 submissions to *Indian Pediatrics* and reported a 50% rejection rate. The most frequent reasons included the absence of a clear message (54.5%), lack of originality (43.5%), poor methodology (28.2%), misalignment with journal scope (25.4%), and overinterpretation of results (25.4%) (Gupta et al., 2006). Similarly, Ezeala and colleagues analyzed 42 rejected manuscripts from eight journals in Africa and Asia—many based in Saudi Arabia and Iran—and identified common issues such as flawed methodology (66.7%), inadequate literature review (50%), unsupported conclusions (50%), absence of problem statements or objectives (31.9%), poor presentation of results (42.9%), and limited originality (14.3%) (Ezeala et al., 2013). In a study of rejections from international authors in the *American Journal of Roentgenology*, Ehara and Takahashi found that the most frequent reason across all countries was a lack of new or valuable knowledge (44–76%) (Ehara & Takahashi, 2007). More recently, (Garg et al., 2015) et al. reviewed over 1,000 submissions to the *Journal of Clinical and Diagnostic Research* and identified lack of novelty (44.6%) and poor methodology (17.3%) as leading causes of rejection.

## Fatal Flaws (irreparable deficiencies)

We categorized whether the deficiencies represented fatal or non-fatal flaws (Menon et al., 2022). Fatal flaws cannot be corrected through revision, and they are major contributors to manuscript rejection. Lack of novelty, flawed methodology, and insufficient sample size were the most prominent issues.

A manuscript lacking novelty cannot be salvaged for the intended journal, often requiring submission to a less selective outlet. This highlights the critical importance of selecting a research topic that addresses the gap in the literature, which can only be achieved through a thorough and comprehensive literature review (Enago Academy, 2023; Robinson et al., 2013). However, conducting such reviews requires access to extensive library resources, which is an area where many researchers in LMICs face significant limitations. Although the open access movement has expanded the availability of scientific literature, LMIC researchers continue to face significant challenges in accessing scholarly articles. Many OA journals still place some content, such as editorials, commentaries, or supplementary data, behind paywalls, thus limiting full access. In addition, hybrid journals often label them-

selves as open access journals while charging individual articles, creating confusion and restricted availability. Technical barriers such as unstable Internet connections, limited digital infrastructure, and outdated institutional platforms can further hinder access, particularly in remote or under-resourced settings. Moreover, a lack of awareness or familiarity with OA repositories and preprint servers means that many researchers remain reliant on traditional library systems that may not offer comprehensive access to global OA content. These challenges continue to constrain the ability of LMIC scholars to remain current with scientific advances, conduct literature reviews, and build upon recent findings.

In addition to novelty concerns, methodological weaknesses can also represent a fatal flaw. Methodological fallings undermine the validity of the findings, and insufficient sample sizes increase the risk of Type II errors, making the results unreliable. Revising the existing manuscript is not a viable solution, in either case.

Another commonly encountered fatal flaw involved out-of-scope submissions. Out-of-scope submissions, while technically remediable through journal resubmission, indicate a critical misalignment at the time of the initial submission, and were thus considered fatal in our analysis. It is crucial for investigators to carefully consider the journal's specialties and aims before submission. However, with the vast number of available journals today, owing to digital platforms, selecting the appropriate one has become increasingly complex. This challenge is compounded by the limited access to a comprehensive range of journals, particularly for researchers in resource-limited settings. Fortunately, new digital journal/manuscript matching tools have emerged using manuscript titles and abstracts to suggest appropriate journal options (MSK Library Blog, 2021).

The proliferation of journals has also led to an increase in predatory journals, which might seem attractive to researchers from LMICs. However, these journals exploit authors by charging high publication fees while failing to provide essential services, such as proper peer review, editorial oversight, or inclusion in reputable databases. (Suiter & Sarli, 2019). Additionally, these predatory journals often publish low-quality research, damaging the author's reputation and undermining the credibility of the scientific literature. Moreover, the academic community may not recognize the work published in these journals, reducing its impact and potential for citations. Finally, an additional concern with selecting a journal with the proper scope is that LMIC researchers often face the challenge of researching diseases relevant to their local health contexts, which might not align with the interests of Western journals (Hanafi, 2011).

Many of the identified categories that led to manuscript rejection highlight significant challenges in conducting high-quality research in LMICs due to inadequacies in the research support system. These challenges include the limited availability of mentors and statisticians, limited access to current academic journals, variability in funding opportunities, delays in the procurement of laboratory supplies, disbursement of funds, and insufficient access to high-quality academic training, such as courses in research methodology and statistics (Elgamri et al., 2023; Ilonze et al., 2022). Additionally, an underdeveloped regulatory and ethical framework can delay research approval (Khoja, Kazim, Ali et al., 2019).

The deficiencies identified in our study also reflect the broader institutional and systemic barriers faced by Arab researchers. For example, bureaucratic obstacles hinder the development of high-quality scholarship (Elgamri et al., 2023; Ilonze et al., 2022) and an unfavorable institutional climate marked by administrative inefficiencies and rigid hierarchies can stifle innovation. Additional factors include excessive time delays usually needed

to obtain surveys or field research approved by governments, difficulty obtaining institutional and government permission to conduct research, difficulty traveling to attend international conferences and collaborating with international researchers, and restrictions on tissue exchange in several Arab countries. Furthermore, problematic policies link rewards and promotions to teaching milestones and the number of studies published rather than the quality of research. Finally, political instability (e.g., Syria, Lebanon, Yemen, Iraq, and Sudan) and restrictive research policies further compounded these barriers (Plackett & Abd El-Galil, 2019). Universities do not emphasize critical thinking or allow professors to abuse their assistants.

Addressing these obstacles requires robust mentorship programs and an improved research infrastructure (Bennett et al., 2013; Chi et al., 2019; Kpokiri et al., 2024; Noormahomed et al., 2019). Training workshops dedicated to journal selection, manuscript preparation, and responding to reviewers' critiques could further empower researchers to navigate the submission and revision processes more effectively.

### **Non-Fatal Flaws (reparable issues)**

In contrast, nonfatal flaws, which can be corrected through revision, primarily include poorly described methods, inadequate data presentation, unclear objectives, and issues in scientific writing and organization. Similar findings were reported by Ezeala and Byrne, suggesting that many authors might not have thoroughly reviewed their manuscripts prior to submission (Byrne, 2000; Ezeala et al., 2013).

To overcome language-related difficulties, specialists recommend using writing guides from reputable organizations, such as the American Medical Association, the American Psychological Association, and the International Committee of Medical Journal Editors (Kojima & Popiel, 2022). Research shows that, with systematic guidance and determination, non-native English speakers can develop strong writing abilities. For example, Japanese researchers have shown that mastering English scientific writing is possible through targeted training and practice (Okamura, 2006).

### **Potential Linguistic Bias**

Given the high frequency of language-related deficiencies observed in our analysis, it is important to consider whether some of these assessments reflect linguistic bias. Linguistic bias occurs when manuscripts are rejected despite their good scientific quality. Language bias can represent a considerable obstacle for researchers who are non-native English speakers, influencing both the perceived quality of manuscripts and outcomes of the review process. This issue is particularly pertinent for Arab researchers, as our findings indicate a notable prevalence of poor English language quality as a cited shortcoming (20.4%), which may not only highlight genuine language challenges but also reflect heightened reviewer sensitivity to linguistic expression.

Previous research has established that inadequate linguistic presentation might result in rejection, even when scientific merit is on par with well-articulated studies (Politzer-Ahles et al., 2016, 2020). An analysis in the Indian Journal of Psychological Medicine recognized poor manuscript quality as a frequent reason for rejection (Menon et al., 2022). This sug-

gests that linguistic bias could exacerbate reviewers' negative evaluations, potentially leading to manuscript rejection even when the scientific content is otherwise robust.

Tackling language bias necessitates systemic interventions, including the implementation of double-blind peer review, diversification of editorial boards, and provision of free or subsidized editing services for researchers from low- and middle-income countries (LMICs). Language bias toward English can be addressed by making editing services available at no cost to LMIC researchers (Bol et al., 2023). Requiring a double-blind peer review could be another method, although describing the countries where recruitment occurred would frustrate any potential bias towards Arab researchers.

## Peer-Review Bias

Although our study does not provide direct evidence of editorial or peer-review bias based on ethnicity or nationality, it raises important concerns. In 87% of the manuscripts in our study, either the editor or reviewer was likely aware of the manuscript's Arab origin, an observation that leaves open the possibility of implicit bias in the review process. Several studies have demonstrated this concern of Arab researchers with peer-review bias (Ahram et al., 2025; Elgamri et al., 2023).

Perceptions of editorial bias are not limited to Arab researchers. A study comparing the views of authors from Western and non-Western countries found general agreement on the primary factors influencing editorial decisions, such as methodological quality, writing clarity, statistical significance, practical relevance, and sample size (Shakiba et al., 2008). However, significant differences emerged regarding the perceived influence of author nationality; non-Western researchers were more likely to believe that editors and reviewers exhibited bias against them. This perception has fueled broader concerns about the fairness and inclusivity of the publication process (Yanik et al., 2023; Yousefi-Nooraie et al., 2006).

The possibility of publication bias should also be considered in the broader context of systemic inequities in academic publishing. Structural factors, such as the underrepresentation of LMIC scholars on editorial boards, limited access to English-language editing services, and a preference for manuscripts from high-income countries, may indirectly influence rejection patterns. These systemic dynamics can contribute to the heightened scrutiny of submissions from LMICs, even when scientific merit is comparable. While our analysis focused on the content of rejection letters rather than the processes behind editorial decisions, acknowledging these broader inequities is essential for understanding the publication challenges faced by researchers in the Arab region. Future research should further examine how review models (e.g., single- vs. double-blind) and editorial policies shape the outcomes for authors from underrepresented regions.

Potential bias must also be considered within the broader context of systemic inequities in academic publication. Structural barriers, such as the underrepresentation of LMIC scholars on editorial boards, limited access to English language editing services, and a tendency to favor submissions from high-income countries, may indirectly shape rejection patterns. These dynamics can lead to the disproportionate scrutiny of manuscripts from LMICs, even when their scientific merit is comparable. Although our analysis focused on the content of rejection letters rather than editorial decision-making processes, these underlying inequities are essential for understanding the publication challenges faced by researchers in the Arab region.

The empirical findings on publication bias are mixed. Some studies report minimal evidence of regional bias research (Lee et al., 2013; Walker et al., 2015), while others indicate that single-blind review models may favor authors from prestigious institutions or English-speaking countries (Tomkins et al., 2017). Likewise, (Smith et al., 2023) observed that manuscripts from countries with lower Human Development Index scores often received less favorable reviews—suggesting a potential geographic bias.

To promote fairness in the review process, journal editors should take proactive steps to reduce bias. Dewidar and colleagues recommended prioritizing research quality over language proficiency (Dewidar et al., 2022). Increasing the representation of LMIC researchers on editorial boards and including peer reviewers from diverse geographic regions may also enhance the inclusivity and equity of the publishing process (Mohanti et al., 2023).

## Inequities in Publishing

Persistent disparities in research output between LMICs and high-income countries HICs have been widely documented (Schneider & Maleka, 2018). Although our study did not conduct a direct comparison between LMIC and HIC researchers regarding research quality or resources, our findings can be situated within this broader context. Structural inequities—such as limited access to funding, training, mentorship, and publishing support—are known to disproportionately impact researchers from LMICs and contribute to their underrepresentation in global research output (Kaba et al., 2023; Robinson et al., 2013; Saloojee & Pettifor, 2024). This pattern is evident in the persistent publication gap between Arab and Western countries. Furthermore, bibliometric analyses reveal that LMIC researchers, particularly in Arab countries, are underrepresented in key authorship positions, including first and last authorship, when compared with their counterparts in HICs (El Rassi et al., 2018). These disparities underscore the need for targeted efforts to address systemic barriers and promote more equitable participation in academic publishing (Bol et al., 2023).

## Limitations

We acknowledge certain limitations of our study, including the relatively small sample size. Nevertheless, the trends we observed align with broader experiences in the field. Additionally, our findings may not be generalizable to other low- and middle-income country (LMIC) regions. Future research could expand these findings by analyzing a larger and more geographically diverse set of rejection letters. Such work would enable cross-regional comparisons, revealing both common and context-specific challenges, and informing more tailored, globally relevant strategies to promote equity in scientific publishing. Moreover, the process of assigning qualitative peer review comments to the developed categories may have introduced some degree of interpretation. To mitigate this, two of the authors of this study reached a consensus, and the senior author reviewed the results. Although the inter-rater disagreement was minimized, it was not eliminated.

While our study focused on Arab researchers, we acknowledge that many of the identified deficiencies, such as issues with novelty, methodological rigor, and writing clarity, are common across academic publishing and may also affect researchers in high-income countries. Our study did not include a comparison group of rejection letters from high-income country (HIC) scholars; therefore, we cannot claim that these challenges are unique

to or more prevalent among researchers from low- and middle-income countries (LMICs). Rather, our emphasis on LMIC contexts is grounded in prior literature documenting persistent structural barriers such as limited access to mentorship, training, and resources, which may exacerbate these issues in these settings. Future comparative studies would be valuable in determining whether the frequency and types of manuscript deficiencies vary by region or institution.

Finally, self-selection bias was another limitation of our study. Because participation was voluntary, researchers who choose to submit their rejection letters may differ systematically from those who do not. For example, individuals with particularly negative experiences, severe critiques, or stronger perceptions of bias may have been more motivated to participate. Additionally, the sample may overrepresent researchers from certain disciplines (e.g., biomedical sciences) or those that are more engaged in international networks. Consequently, the frequency and types of deficiencies identified in our analysis may not fully capture the broader range of challenges faced by all Arab researchers. Although the findings remain valuable, they should be interpreted with these sampling limitations in mind.

## Conclusion

Our findings indicate that the rejection of manuscripts by Arab researchers is predominantly attributed to significant deficiencies in scientific rigor, methodological design, writing quality, and narrative coherence. These challenges reflect not only individual limitations, but also broader systemic and institutional barriers that affect research capacity across the region. Addressing these issues through targeted training programs, sustained mentorship, improved access to academic resources, and structural reforms can significantly enhance research output and reduce the disparities in scholarly publishing.

These findings carry broader importance for research capacity building in low- and middle-income countries (LMICs). Specifically, strengthening institutional infrastructure, fostering international collaboration, and investing in editorial and peer-review training can help cultivate a culture of research excellence. Future studies should explore whether similar patterns exist in other LMIC regions. Such comparisons could uncover both common obstacles and context-specific challenges, thereby informing the development of effective and globally relevant strategies to support underrepresented researchers. In future research, we plan to expand this work through comparative studies across geographic regions and research disciplines, supplemented by surveys and in-depth interviews with researchers and editors. We also envision integrating bibliometric analyses to further explore patterns of underrepresentation and systemic inequities in authorship and publication outcomes. Ultimately, collaborative efforts involving researchers, academic institutions, journals, funders, and policymakers are essential for cultivating a more inclusive, equitable, and diverse global research ecosystem.

**Supplementary Information** The online version contains supplementary material available at <https://doi.org/10.1007/s10805-025-09680-6>.

**Author Contributions** Conceptualization: Author 7, Author 3.

Methodology: Author 1, Author 7

Data Collection: Author 1, Author 3, Author 4, Author 5, Author 6

Formal analysis: Author 1, Author 2, Author 7

Writing - original draft preparation: Author 1, Author 7

**Funding** N/A.

**Data Availability** The datasets during and/or analyzed during the current study are available at [https://osf.io/z4xj6/?view\\_only=59858ed3d9df4ccba414f0d50d02a073](https://osf.io/z4xj6/?view_only=59858ed3d9df4ccba414f0d50d02a073).

## Declarations

**Ethics Approval** Approval of the study was obtained from the following institutional review boards of the following countries: Egypt (the University of Beni Suef, Jordan (Jordan University Hospital, Ref <https://doi.org/10/2021/428>); Jordan (Jordan University Hospital, The University of Jordan, <https://doi.org/10/2021/428>, January 1, 2021); Morocco (Avis Du Comite D’Ethique Hospital-Universitaire D’Ethiquesc sous le N° 33/20) and FMBSUREC/07022021/Mohammed 2); Sudan (Ministry of Health - Khartoum State No: KMOH-REC-03.45.5) and the University of Maryland School of Medicine - HP-00094497.

**Competing interests** The authors report there are no competing financial or material interests to declare.

**Consent** After accessing the link to the survey, an information page was available that provided the purpose of the research study, the risks and benefits, methods to protect privacy, the existence of ethical approval, voluntary participation in the study, the anonymity of the responses, and contact information of the participating researchers. Subsequently, participants were given two options: “Agree” or “I do not agree.” Choosing “Agree” indicated that participants provided their informed consent.

## References

- Adom, D. (2024). Getting your scholarly papers published: A guide on how to avoid the top ten most common causes of paper rejection. *Journal of Academic Writing*, 14, 54–68. <https://doi.org/10.18552/joaw.v14i1.1058>
- Ahram, M., Abdelhafiz, A. S., Mohammed, Z., Abd ElHafeez, S., Elgamri, A., El Rhazi, K., & Silverman, H. J. (2021). Perceptions of Arab researchers regarding publishing scientific research: A cross-sectional study. *Accountability in Research*, 1–19. <https://doi.org/10.1080/08989621.2025.2489544>
- Ali, J. (2010). Manuscript rejection: Causes and remedies. *Journal of Young Pharmacists*, 2(1), 3–6. <https://doi.org/10.4103/0975-1483.62205>
- Andrew, N. R. (2020). Design flaws and poor language: Two key reasons why manuscripts get rejected from Austral ecology across all countries between 2017 and 2020. *Austral Ecology*, 45(5), 505–509. <https://doi.org/10.1111/aec.12908>
- Balyakina, E., & Kriventsova, L. (2021). Rejection rate and reasons for rejection after peer review: A case study of a Russian economics journal. *European Science Editing*. <https://doi.org/10.3897/ese.2021.e51999>
- Bennett, S., Paina, L., Ssengooba, F., Waswa, D., & M’Imunya, J. M. (2013). Mentorship in African health research training programs: An exploratory study of Fogarty international center programs in Kenya And Uganda. *Education for Health*, 26(3), 183–187. <https://doi.org/10.4103/1357-6283.126001>
- Bol, J. A., Sheffel, A., Zia, N., & Meghani, A. (2023). How to address the geographical bias in academic publishing. *BMJ Global Health*. <https://doi.org/10.1136/bmjgh-2023-013111>
- Byrne, D. (2000). Common reasons for rejecting manuscripts at medical journals: A survey of editors and peer reviewers. *Science Editor*, 23, 39–44.
- Chi, B. H., Belizan, J. M., Blas, M. M., Chuang, A., Wilson, M. D., Chibwasha, C. J., Farquhar, C., Cohen, C. R., & Raj, T. (2019). Evaluating academic mentorship programs in low- and middle-income country institutions: Proposed framework and metrics. *American Journal of Tropical Medicine and Hygiene*, 100(1\_Suppl), 36–41. <https://doi.org/10.4269/ajtmh.18-0561>
- Dewidar, O., Elmestekawy, N., & Welch, V. (2022). Improving equity, diversity, and inclusion in academia. *Research Integrity and Peer Review*, 7(1), Article 4. <https://doi.org/10.1186/s41073-022-00123-z>
- Ehara, S., & Takahashi, K. (2007). Reasons for rejection of manuscripts submitted to AJR by international authors. *AJR American Journal of Roentgenology*, 188(2), W113–116. <https://doi.org/10.2214/AJR.06.0448>

- El Rassi, R., Meho, L. I., Nahlawi, A., Salameh, J. S., Bazarbachi, A., & Akl, E. A. (2018). Medical research productivity in the Arab countries: 2007–2016 bibliometric analysis. *Journal of Global Health*, 8(2), Article 020411. <https://doi.org/10.7189/jogh.08.020411>
- Elgamri, A., Mohammed, Z., El-Rhazi, K., Shahroui, M., Ahram, M., Al-Abbas, A. M., & Silverman, H. (2023). Challenges facing Arab researchers in publishing scientific research: A qualitative interview study. *Research Ethics*. <https://doi.org/10.21203/rs.3.rs-3129329/v1>
- Enago Academy (2023). Identifying research gaps to pursue innovative research. *Enago Academy*. <https://www.enago.com/academy/identifying-research-gaps-to-pursue-innovative-research/>
- Ezeala, C., Nweke, I., & Ezeala, M. (2013). Common errors in manuscripts submitted to medical science journals. *Annals of Medical and Health Sciences Research*, 3(3), 376–379. <https://doi.org/10.4103/2141-9248.117957>
- Garg, A., Das, S., & Jain, H. (2015). Why we say no! A look through the editor's eye. *Journal of Clinical and Diagnostic Research*, 9(10), JB01–JB05. <https://doi.org/10.7860/JCDR/2015/17160.6699>
- Gul, S., Nisa, N. T. A., Gupta, S., Jan, A., & Ahmad, S. (2015). Middle east: Research productivity and performance across nations. *Scientometrics*, 105, 1157–1166. <https://doi.org/10.1007/s11192-015-1718-3>
- Gupta, P., Kaur, G., Sharma, B., Shah, D., & Choudhury, P. (2006). What is submitted and what gets accepted in Indian pediatrics: Analysis of submissions, review process, decision making, and criteria for rejection. *Indian Pediatrics*, 43(6), 479–489. <https://doi.org/10.1007/s13312-006-0100-x>
- Hanafi, S. (2011). University systems in the Arab East: Publish globally and perish locally vs publish locally and perish globally. *Current Sociology*, 59, 291–309. <https://doi.org/10.1177/0011392111400782>
- Hesterman, C. M., Sziperka, C. L., & Turner, D. P. (2018). Reasons for manuscript rejection after peer review from the journal *Headache*. *Headache*, 58(10), 1511–1518. <https://doi.org/10.1111/head.13343>
- Horton, R. (2000). North and south: Bridging the information gap. *Lancet*, 355(9222), 2231–2236. [https://doi.org/10.1016/S0140-6736\(00\)02414-4](https://doi.org/10.1016/S0140-6736(00)02414-4)
- Ilonze, O. J., Avorgbedor, F., Diallo, A., & Boutjdir, M. (2022). Addressing challenges faced by underrepresented biomedical investigators and efforts to address them: An NHLBI-PRIDE perspective. *Journal of the National Medical Association*, 114(6), 569–577. <https://doi.org/10.1016/j.jnma.2022.09.007>
- Johann, D., Neufeld, J., Thomas, K., Rathmann, J., & Rauhut, H. (2024). The impact of researchers' perceived pressure on their publication strategies. *Research Evaluation*. <https://doi.org/10.1093/reseval/rvae011>
- Kaba, M., Birhanu, Z., Fernandez Villalobos, N. V., Osorio, L., Echavarría, M. I., Berhe, D. F., Tucker, J. D., Abdissa, A., & Abraha, Y. G. (2023). Health research mentorship in low- and middle-income countries: A scoping review. *JBI Evidence Synthesis*, 21, 1912–1970. <https://doi.org/10.11124/JBIES-22-00260>
- Khoja, A., Kazim, F., Ali, A., & A. A. (2019). Barriers to Conducting Clinical Trials in Developing Countries. *Ochsner Journal*, 19(4), 294–295. <https://doi.org/10.31486/toj.19.0068>
- Kojima, T., & Popiel, H. A. (2022). Using guidelines to improve scientific writing: Tips on use of correct verb tenses for non-native English-speaking researchers. *Journal of Korean Medical Science*, 37(29), Article e226. <https://doi.org/10.3346/jkms.2022.37.e226>
- Kpokiri, E. E., McDonald, K., Abraha, Y. G., Osorio, L., Nath, T. C., Talavera-Urdanivia, V. A., Akinwale, O. P., Manabe, Y. C., Castelnovo, B., Tang, W., Yilma, D., Mihut, M., Ezechi, O., Iwelunmor, J., Kaba, M., Abdissa, A., & Tucker, J. D. (2024). Health research mentorship in low-income and middle-income countries: A global qualitative evidence synthesis of data from a crowdsourcing open call and scoping review. *BMJ Global Health*. <https://doi.org/10.1136/bmjgh-2022-011166>
- Kumar, N., Ali, Z., & Haldar, R. (2023). Novelty in research: A common reason for manuscript rejection! *Indian Journal of Anaesthesia*, 67(3), 245–246. [https://doi.org/10.4103/ija.ija\\_143\\_23](https://doi.org/10.4103/ija.ija_143_23)
- Lee, C., Sugimoto, C., Zhang, G. M., & Cronin, B. (2013). Bias in peer review. *Journal of the American Society for Information Science and Technology*, 64, 2–7. <https://doi.org/10.1002/asi.22784>
- Majid, H., Jafri, L., Ahmed, S., Abid, M. A., Aamir, M., Ijaz, A., Khan, A. H., & Siddiqui, I. (2022). Publication dynamics: What can be done to eliminate barriers to publishing full manuscripts by the postgraduate trainees of a low-middle income country? *BMC Research Notes*, 15(1), Article 249. <https://doi.org/10.1186/s13104-022-06138-5>
- Makri, A. (2018). Pakistan and Egypt had highest rises in research output in 2018. *Nature*, 567, 607. <https://doi.org/10.1038/d41586-018-07841-9>
- Menon, V., Varadharajan, N., Praharaj, S. K., & Ameen, S. (2022). Why do manuscripts get rejected? A content analysis of rejection reports from the Indian Journal of Psychological Medicine. *Indian Journal of Psychological Medicine*, 44(1), 59–65. <https://doi.org/10.1177/0253717620965845>
- Meyer, H. S., Durning, S. J., Sklar, D. P., & Maggio, L. A. (2018). Making the first cut: An analysis of academic medicine editors' reasons for not sending manuscripts out for external peer review. *Academic Medicine*, 93(3), 464–470. <https://doi.org/10.1097/ACM.0000000000001860>

- Mohanti, B. K., Munshi, A., Sarkar, B., Sharma, A., & Deo, S. V. (2023). Peer reviewers from low- and middle-income countries (LMIC) for open access journals in oncology can improve the equity in cancer research and clinical trials. *Journal Of Cancer Policy*, 36, Article 100419. <https://doi.org/10.1016/j.jcpo.2023.100419>
- MSK Library Blog (2021). Journal/Manuscript Matching Tools. <https://library.mskcc.org/blog/2021/09/journal-manuscript-matching-tools/>
- Noormahomed, E., Williams, P., Lescano, A. G., Raj, T., Bukusi, E. A., Schooley, R. T., & Cohen, C. R. (2019). The evolution of mentorship capacity development in low- and middle-income countries: Case studies from Peru, Kenya, India, and Mozambique. *American Journal of Tropical Medicine and Hygiene*, 100(1\_Suppl), 29–35. <https://doi.org/10.4269/ajtmh.18-0560>
- Okamura, A. (2006). How do Japanese researchers cope with language difficulties and succeed in scientific discourse in English? Interviews with Japanese research article writers. *The Economic Journal of Takasaki City University of Economics*, 48, 61–78.
- Plackett, B., & Abd El-Galil, T. (2019). Not just money: Arab-region researchers face a complex web of barriers. *Al-Fanar Media*. <https://www.al-fanarmedia.org/2019/12/not-just-money-arab-region-researchers-face-a-complex-web-of-barriers/>
- Politzer-Ahles, S., Holliday, J. J., Girolamo, T., Spychalska, M., & Berkson, K. H. (2016). Is linguistic injustice a myth? A response to Hyland (2016). *Journal of Second Language Writing*, 34, 3–8. <https://doi.org/10.1016/j.jslw.2016.09.003>
- Politzer-Ahles, S., Girolamo, T., & Ghali, S. (2020). Preliminary evidence of linguistic bias in academic reviewing. *Journal of English for Academic Purposes*. <https://doi.org/10.1016/j.jeap.2020.100895>
- Robinson, K. A., Akinyede, O., Dutta, T., Sawin, V., Li, T., Spencer, M. R., Turkelson, C. M., & Weston, C. (2013). Framework for determining research gaps during systematic review: Evaluation. *Journal of Clinical Epidemiology*, 66(5), 482–492. <https://doi.org/10.1016/j.jclinepi.2012.09.013>
- Saloojee, H., & Pettifor, J. M. (2024). Maximizing access and minimizing barriers to research in low- and middle-income countries: Open access and health equity. *Calcified Tissue International*, 114(2), 83–85. <https://doi.org/10.1007/s00223-023-01151-7>
- Schneider, H., & Maleka, N. (2018). Patterns of authorship on community health workers in low-and-middle-income countries: An analysis of publications (2012–2016). *BMJ Global Health*, 3(3), Article e000797. <https://doi.org/10.1136/bmjgh-2018-000797>
- Shakiba, B., Salmasian, H., Yousefi-Nooraie, R., & Rohanizadegan, M. (2008). Factors influencing editors' decision on acceptance or rejection of manuscripts: The authors' perspective. *Archives of Iranian Medicine*, 11(3), 257–262.
- Smith, O. M., Davis, K. L., Pizza, R. B., Waterman, R., Dobson, K. C., Foster, B., Jarvey, J. C., Jones, L. N., Leuenberger, W., Nourn, N., Conway, E. E., Fiser, C. M., Hansen, Z. A., Hristova, A., Mack, C., Saunders, A. N., Utley, O. J., Young, M. L., & Davis, C. L. (2023). Peer review perpetuates barriers for historically excluded groups. *Nature Ecology & Evolution*, 7(4), 512–523. <https://doi.org/10.1038/s41559-023-01999-w>
- Suiter, A. M., & Sarli, C. C. (2019). Selecting a Journal for Publication: Criteria to Consider. *Missouri Medicine*, 116(6), 461–465. <https://www.ncbi.nlm.nih.gov/pubmed/31911720>
- Tadmouri, G. O., Mandil, A., & Rashidian, A. (2019). Biomedical and health research geography in the Eastern Mediterranean region. *Eastern Mediterranean Health Journal*, 25(10), 728–743. <https://doi.org/10.26719/emhj.19.082>
- Tomkins, A., Zhang, M., & Heavlin, W. D. (2017). Reviewer bias in single- versus double-blind peer review. *Proceedings of the National Academy of Sciences of the United States of America*, 114(48), 12708–12713. <https://doi.org/10.1073/pnas.1707323114>
- Walker, R., Barros, B., Conejo, R., Neumann, K., & Telefont, M. (2015). Personal attributes of authors and reviewers, social bias and the outcomes of peer review: A case study. *F1000Research*, 4(21). <https://doi.org/10.12688/f1000research.6012.2>
- Wyness, T., McGhee, C., & Patel, D. V. (2009). Manuscript rejection in ophthalmology and visual science journals: Identifying and avoiding the common pitfalls. *Clinical & Experimental Ophthalmology*, 37(9), 864–867. <https://doi.org/10.1111/j.1442-9071.2009.02190.x>
- Yanik, B., Evcik, D., Geler Kulcu, D., Koldas Dogan, S., Bardak, A. N., Zateri, C., & Tur, S., B (2023). Why do manuscripts submitted to the Turkish journal of physical medicine and rehabilitation get rejected? *Turkish Journal of Physical Medicine and Rehabilitation*, 69(4), 535–540. <https://doi.org/10.5606/tftrd.2023.13204>
- Yousefi-Nooraie, R., Shakiba, B., & Mortaz-Hejri, S. (2006). Country development and manuscript selection bias: A review of published studies. *Bmc Medical Research Methodology*, 6, Article 37. <https://doi.org/10.1186/1471-2288-6-37>

Zhang, G. M., Demarest, B., & Sugimoto, C. (2012). Gender and ethnicity trends in journal peer review: An empirical investigation using JASIST. *Proceedings of the American Society for Information Science and Technology*, 49(1), 1–9.

**Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Springer Nature or its licensor (e.g. a society or other partner) holds exclusive rights to this article under a publishing agreement with the author(s) or other rightsholder(s); author self-archiving of the accepted manuscript version of this article is solely governed by the terms of such publishing agreement and applicable law.

## Authors and Affiliations

**Alya Elgamri<sup>1</sup> · Reham Wasfi<sup>2</sup> · Mamoun Ahram<sup>3</sup> · Zeinab Mohammed<sup>4</sup> · Karima El-Rhazi<sup>5</sup> · Ahmed Samir Abdelhafiz<sup>6</sup> · Henry Silverman<sup>7</sup> **

✉ Henry Silverman  
hsilverm@som.umaryland.edu

<sup>1</sup> Department of Orthodontics, Pediatric Dentistry, and Preventive Dentistry, Faculty of Dentistry, University of Khartoum, Khartoum, Sudan

<sup>2</sup> Faculty of Pharmacy, October University for Modern Sciences and Arts, Giza, Egypt

<sup>3</sup> Department of Physiology and Biochemistry, School of Medicine, The University of Jordan, Amman, Jordan

<sup>4</sup> Department of Public Health and Community Medicine, Faculty of Medicine, Beni-Suef University, Beni-Suef, Egypt

<sup>5</sup> Department of Epidemiology and Public Health, Faculty of Medicine of Fez, Sidi Mohamed Ben Abdellah University, Fez, Morocco

<sup>6</sup> Department of Clinical Pathology, National Cancer Institute, Cairo University, Cairo, Egypt

<sup>7</sup> Department of Medicine, University of Maryland School of Medicine, 110 S. Poca Street, Baltimore, MD 21201, USA