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ORIGINAL ARTICLE

Honorary Authorship: Frequency and Associated Factors in Physical Medicine and Rehabilitation Research Articles

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Abstract

Objectives: To estimate the prevalences of perceived honorary authorship and International Committee of Medical Journal Editors (ICMJE)-defined honorary authorship, and identify factors affecting each rate in the physical medicine and rehabilitation literature.

Design: Internet-based survey.

Setting: Not applicable.

Participants: First authors of articles published in 3 major physical medicine and rehabilitation journals between January 2009 and December 2011 were surveyed in June and July 2012 (N = 1182).

Interventions: Not applicable.

Main Outcome Measures: The reported prevalences of perceived and ICMJE-defined honorary authorship were the primary outcome measures, and multiple factors were analyzed to determine whether they were associated with these measures.

Results: The response rate was 27.3% (248/908). The prevalences of perceived and ICMJE-defined honorary authorship were 18.0% (44/244) and 55.2% (137/248), respectively. Factors associated with perceived honorary authorship in the multivariate analysis included the suggestion that an honorary author should be included ($P<.0001$), being a medical resident or fellow ($P=.0019$), listing "reviewed manuscript" as 1 of the nonauthorship tasks ($P=.0013$), and the most senior author deciding the authorship order ($P=.0469$). Living outside North America was independently associated with ICMJE-defined honorary authorship ($P=.0079$) in the multivariate analysis. In the univariate analysis, indicating that the most senior author decided authorship order was significantly associated with ICMJE-defined honorary authorship ($P=<.001$).

Conclusions: Our results suggest that honorary authorship does occur in a significant proportion of the physical medicine and rehabilitation literature. Additionally, we found several factors associated with perceived and ICMJE-defined honorary authorship and a discrepancy between the 2 rates. Further studies with larger response rates are recommended to further explore this topic.

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In the 1980s, 2 infamous cases of scientific misconduct occurred in which fraudulent data from several sham projects were submitted to and published in scientific journals by 2 physician researchers.[1,2] After these incidents, the term *honorary authorship* was coined by Stewart and Feder[3] and was defined as the inclusion of an author on an article whose contributions to the article did not warrant authorship. Subsequently, honorary authorship has also been defined as the listing of a senior colleague or a chairperson providing facilities and technical support without contributing creatively or playing an insignificant role in research and writing as a coauthor.[4] Additionally, the terms *gift authorship* (when a senior or a junior colleague's name is added in an attempt to receive a similar "gift" in response) and *guest authorship* (when an influential researcher is added to the list of authors with the hope of increasing the chance of publication and the prestige of the publication) have also been described in the literature.[4]

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However, honorary, gift, and guest authorship have also been used synonymously in the literature to describe the inclusion of a coauthor whose contributions did not warrant authorship.[5]

Criteria for authorship on articles published in medical journals were outlined by the International Committee of Medical Journal Editors (ICMJE), in part to address the issue of honorary authorship.[6] The ICMJE criteria for authorship states that "authorship should be based on the following 4 criteria (1) substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved, all those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors."[7] Furthermore, the ICMJE also notes "examples of activities that alone (without other contributions) do not qualify a contributor for authorship are acquisition of funding; general supervision of a research group or general administrative support; and writing assistance, technical editing, language editing, and proofreading."[7]

Assigning authorship to an individual whose contributions do not warrant authorship is in itself clearly unethical. However, additional potential consequences of this practice include obtaining academic promotion and research funding without merit, and taking advantage of junior researchers. The ICMJE developed these guidelines to standardize the practice of assigning authorship for research manuscripts, and they have been adopted by many biomedical journals, scientific societies, and American medical schools.[8] Previous studies[9-17] have indicated a varying prevalence of honorary authors in biomedical journals ranging from 17% to 52%. Two of these studies[10,14] attempted to also quantify the rates of ICMJE-defined honorary authorship, reporting rates between 57.6% and 58.9%.

To date, authorship practices have not been studied in the physical medicine and rehabilitation literature. Our study surveyed first authors of original research publications in 3 major physical medicine and rehabilitation journals: the *Archives of Physical Medicine and Rehabilitation*, the *Journal of Rehabilitation Medicine*, and *PM&R*. We measured the prevalence of perceived honorary authorship (indicating that, in the opinion of the first author, a coauthor did not make sufficient contributions to the manuscript to warrant authorship). Additionally, we measured ICMJE-defined honorary authorship (indicating a coauthor performed only nonauthorship tasks as defined by the ICMJE regardless of whether the first author felt a coauthor warranted authorship). Respondent characteristics were also collected and analyzed to determine what factors affected each rate.

Methods

Survey methods

The first authors of original research articles from the 3 journals (*Archives of Physical Medicine and Rehabilitation*, *Journal of Rehabilitation Medicine*, and *PM&R*) from January 2009 to December 2011 were the subjects of our study. The process used to obtain first authors' e-mail addresses is outlined in figure 1. In cases where a person had 1 first author publication in the 3-year period, a generic e-mail was sent including a description of our study and a link to our electronic survey (appendix 1). In cases where 1 author had published more than 1 article in the same journal over the 3-year period, we sent them an individualized e-mail specifying which articles we were referring to and a link to our electronic survey (see appendix 1), asking them to complete 1 survey for each of their publications. In both cases, the e-mail defined honorary authorship and named the ICMJE without stating its authorship criteria. Two and 4 weeks after the first e-mails, we resent e-mail instructions kindly asking those who had not responded to the initial e-mail request to consider participating in our study. The individual steps of our survey methods and the number of respondents are outlined in figure 2.

The content of our survey was modified from the survey instrument of Eisenberg et al[10] (see appendix 1). The survey questions related to the authors' familiarity and experience with honorary authorship, authorship practices, contribution to the manuscript, and the contributions of their coauthors. Additional demographic questions were asked relating to their profession, academic title, experience in years, number of publications, sex, and nationality. Authors who answered "yes" to the question "Do you feel that any of your coauthors in this article did not make sufficient contributions to merit being included as coauthors?" (question 15) were considered to have included at least 1 honorary author in their publication. Authors who answered "yes" to question 13 ("Did any of your coauthors perform only 1 or more of the following tasks, and nothing else, while working on this article?") or 14 ("Did any of your coauthors perform only the statistical analysis for your manuscript?") were considered to have included a coauthor who completed only nonauthorship tasks as defined by the ICMJE. Thus, the group "ICMJE-defined honorary authorship" included respondents who answered "yes" to question 13 or 14, and the group "perceived honorary authorship" only included respondents who answered "yes" to question 15.

Statistical analysis

Proportions were expressed as percentages, together with their numerators and denominators. The denominator of proportions obtained through the survey varied, as some respondents chose not to answer certain questions. Proportions were compared using the chi-square test for all variables in comparison with perceived and ICMJE-defined honorary authorship. We used multivariate logistic regression models to adjust for confounders using the variables found to be significant in the univariate analysis. Stepwise logistic regression was used to only include significant covariates in the final model. Statistical significance was set at the $P<.05$ level. All data analysis was completed using SAS 9.1.3 for Windows software.[a]

Results

In total, 1292 multiauthor original scientific articles were identified in the 3 journals over the 3-year period (see fig 2). In instances where the first authors were not the corresponding authors (n=429), we were able to identify the first authors' e-mail addresses through an internet search engine or 1 of their other

List of abbreviations:

ICMJE **International Committee of Medical Journal Editors**

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