

Adversities faced by Y or Z category health science journals with HEC, Pakistan

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Author's Contribution

¹ Conception of study

² Experimentation/Study conduction

¹ Analysis/Interpretation/Discussion

^{1,2} Manuscript Writing

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Article Processing

Received: 22/04/2020

Accepted: 12/6/2020

Cite this Article:: Hussain M., Mahnoor. Adversities faced by Y or Z category health science journals with HEC, Pakistan. Journal of Rawalpindi Medical College. 30 Sep. 2020; 24(3): 214-218.

DOI: <https://doi.org/10.37939/jrhc.v24i3.1261>

Conflict of Interest: Nil

Funding Source: Nil

Access Online:



Abstract

Objective: To know the rate and predictors for derecognition/demotion in HEC-indexed Y, and Z categories health science journals (HSJs)

Methods: A list of HEC-indexed Y and Z categories HSJs was downloaded from the official website of HEC, Pakistan on 29 July 2019. General information like the type of publisher, specialty, sponsoring body, origin city, and sector (Armed Forces/Civilian) of the derecognized or demoted journals were noted. Fundamental issues like HEC's procedures were resolved using literature review, contacts to the affected journals, and peer-to-peer discussions.

Results: Of 50 journals, 25 (50%) were found against each of the Y and Z categories. Fourteen (56% of the total) Y category journals faced adversity in the form of derecognition (n=5) or demotion (n=9). Whereas, the rate increased remarkably to 64% (n=16) in the Z category. Similarly, the high rate was noticed in specialty-specific journals (67.9%, n=19). A journal under private sponsorship had twofold more chance of the adversity (95% CI: 1.003-2.918, $p=0.05$) than public-sponsored journals (75 vs 50%, respectively). Most of the affected Z category journals (n=13, 81.3%) had their first registration with HEC before 2015.

Conclusion: The policy of HEC for derecognition/demotion of HSJs needs extensive review to promote medical publications.

Keywords: Adversity, Publication, Health science, Journal, Pakistan.

Introduction

A health science journal supports clinical experts in daily practice while researchers¹ in further investigations provided it meets the criteria of quality assurance. In Pakistan, the assurance is regulated by the Higher Education Commission (HEC). Unfortunately, its journal evaluation criteria are unable to address the reservations of the PAME (Pakistan Association of Medical Editors) despite periodic HEC - PAME meetings.^{2,3}

The job of chief medical editor especially of Y or Z category journal is highly diversified as it deals with the simple pressure of the authors for publication to complex requirements of the HEC for evaluation. The HEC asks for regular submission of plagiarism and peer review reports besides a list of editorial board members² from the editors who are already under stress from delayed peer review reports, modern information technologies, and unavailability of costly software (e.g. XML file developer).^{1,4-6} Free of cost publication of articles poses economic pressure on already struggling journals.

The derecognition, or demotion followed by derecognition of the health science journal (HSJ) per its medical publication journey forever/indefinite period.^{2,7} Usually, facts and figures (provided by the affected journal) fail in a reversal of the adversity. Consequently, the journal becomes incredible among the author community. Just like the bad impacts of demotion⁸ of an employee on its fellow workers, the adversity develops a sense of uncertainty among contemporary medical journals. What can be said on finding the adversities in 60% (30 of 50) Y and Z category journals.⁹

Published literature on roles of HEC e.g. digital library¹⁰ or improvement in the quality of biomedical journals⁶ can easily be accessed online. However, authors of the present study couldn't find a single paper on derecognition, demotion, or demotion followed by derecognition HEC-indexed Y and Z category HSJs. Finding the gap, the present study was designed. The objective of the paper was to see the rate and predictors for adversities against the HEC-indexed Y and Z category HSJs. The research will divert the attention of HEC towards the seriousness of the issue.

Methodology

The present descriptive study was conducted in July 2019 at a research centre "The soft solution", Kharian, Distt. Gujrat, Pakistan after getting the authorization from the centre ethic committee. The committee monitored the study as per mandate in a published paper¹¹ on ethical approval.

A list of HEC-indexed Y and Z category HSJs⁹ (Retrieved on 29 July 2019) was downloaded from its official website. The printed version was carefully analyzed for recognition, derecognition, demotion, or demotion followed by derecognition status against each journal. Similarly, baseline information like publishers (institute/non-institute), specialty (yes/no), sponsorship (public/private), origin city (Karachi, Islamabad/other) and sector (Armed Forces/Civilian-backed) were recorded. The practice was repeated thrice to eliminate any chance of error. Fundamental issues like HEC's procedures² were resolved using literature review, contacts to the affected journals, and P-2-P (peer-to-peer) discussions.

The risk estimates were calculated using a 2x2 crosstabulation and chi-squared test on publication adversities. The value of p (≤ 0.05) was taken as statistically significant in the test. The data was processed in SPSS ver. 25 (Windows 2007).

Results

Of 50 HEC-indexed health science journals, 25 were found in each of the Y and Z categories as per the online list of HEC on its legitimate website (retrieved: 29 July 2019). On analysis, 14 (56%) Y category journals were found in the adversity zone i.e. five derecognized (Sr. No 41, 44, 52-53, & 56) and nine demoted (Sr. No 6-7, 9, & 21-26) as shown in Table I. However, the rate of adversity increased remarkably to 64% (n=16) in the Z category including an additional type of adversity called demotion followed by derecognition. Similarly, 19 (67.9% of total 28) specialty-specific e.g. cardiology or dentistry journals were under adverse conditions.

Data in Table 2 indicate risk estimates using 2x2 crosstabulation and Pearson chi-squared test on coded information. The adversity had an insignificant association with all the independent variables i.e. publisher, specialty, sponsorship, origin city, or sector ($p > 0.05$). However, a journal under private sponsorship had approximately twofold more chance

of adversity (95% CI: 1.003-2.918, $p=0.05$) than public-sponsored journals (75 vs 50%, respectively).

The bar diagram (Figure 1) shows the rate of non affected/affected Z-ranked HSJs with reference to the year of first registration with HEC. Most of the affected (derecognized or demoted) journals i.e. 13 (81.3% of 16) got their initial registration before 2015 leaving only 3 (18.7%) during 2015 or later on. However, non-affected journals showed an inverse trend i.e. only two (out of total 9) journals' particulars reveal IDR (Initial Date of Registration) in a period before 2015.

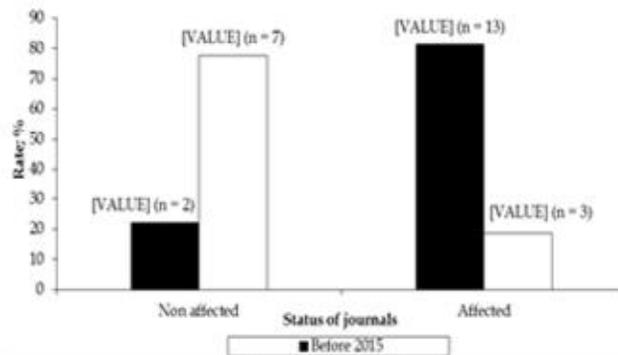


Figure 1: Rate of Z-ranked journals with respect to year of first registration with HEC. Affected (derecognized/ demoted/demoted followed by derecognized by the HEC, Pakistan).

Table 1: The Y and Z category journals facing adversity with HEC (N = 14 for Y and 16 for Z)

Category of journal	
Y	Z
Adversity type Journal (with Sr. No in the list of HEC)	Adversity type Journal (with Sr. No in the list of HEC)
Derecognition (n = 5) 41. Pak J Neurol Surg 44. Med Channel J 52. Med Forum Monthly 53. J Uni Med Dent Coll 56. Inf Dis J Pak	Derecognition (n = 8) 42. Pak J Pharmacol 43. Pak J Gastroenterol 45. Pak J Biochem Mol Biol 46. J Pak Orthopaed Assoc 47. Pak J Radiol 49. Pak J Neurol Sci 55. Int J Rehab Sci 57. Int Ophthalmol Update
Demotion (n = 9) 6. Profess Med J 7. Pak Paed J 9. Isra Med J 21. J Post Graduate Med Instit 22. Khyber Med Uni J 23. Pak Armed Forces Med J 24. Annals King Edwards Med Coll 25. J Med Sci 26. J Ayub Med Coll	Demotion (n = 5) 19. Pak J Med Res 28. J Soc Obs Gynae Pak 32. Pak J Ophthalmol 38. Pak J Pathol 40. Pak Oral Dent J
	Demotion Followed by derecognition (n = 3) 48. Pak J Otolaryngol 50. Al-Shifa J Ophthalmol 51. Annals PIMS

Overall adversity rate = 56% (Y category), 64% (Z category); Adversity rate for specialty specific journals = 67.9% (n = 19)

Table 2. Risk estimates of adversities against particulars of the journals (N = 30)

Variable	% (f)	Risk estimates RR(95%CI)	χ^2	p
Publisher				
Non-institute	71.4 (15)	1.368	1.612	0.20
Institute	53.6 (15)	(0.855 – 2.191)		
Specialty-specific				
Yes	66.7 (18)	0.789	0.750	0.39
No	54.5 (12)	(0.452 – 1.378)		
Sponsorship				
Private	75 (18)	1.711	3.760	0.50
Public	50 (12)	(1.003 – 2.918)		
Origin city				
Others	65.2 (15)	1.158	0.291	0.59
Islamabad /Karachi	57.5 (15)	(0.685 – 1.956)		
Sector				
Armed Forces	100 (1)	1.034	-*	1.00
Civil	60.4 (29)	(0.968 – 1.106)		

-*Fisher's Exact test

Discussion

The Y and Z categories of non-predatory HSJs best suite to medical professionals striving for new appointment/promotion provided recognition by PM & DC.¹²⁻¹³ Placement of substantial numbers, 30 (60%, N=50)⁹ in derecognized/demoted list on revised criteria of HEC⁷ is a matter of concern in medical journalism^{3,5-6} of Pakistan. It has created a sense of insecurity and behavioral reactions e.g. exit and adaptation⁸ in the affected journals similar to the cost-cutting of pension rights¹⁴ for an employee. However, rebound from demotion to upgrading in one Y-ranked journal after evaluation of Application Form² is similar to rebounding from dishonesty on ethical programming¹⁵ or inclination of clients^{14,16} on marketing. Reciprocal to it, demotion followed by derecognition in some of the Z-ranked journals may lead to extinction from the medical world. This is analogous to the possibility of termination of business on unremitting loss under an agreement.¹⁷

Derecognition or demotion in 67.9% (19 out of 28) specialty-specific journals seems to be resultant of many factors including compatibility with IT developments, injustice from medical editors,^{4,18} and unjustified pressure¹⁹ from the authors. Finding an equal likelihood of publication adversity (i.e. demotion or derecognition) with reference to publisher, specialty, origin city, or sector is simply a coincidence.

Nonsatisfaction of the QC division, HEC after evaluation of the document-supported information, editing wing, and open/closed peer reviews^{1-2,20-22} besides coherence with IT and International indexations is more probably the predictor for the adversity. On the other side, more chance of the adversity in the privately sponsored journals might be the consequence of some lacunae in attraction for the public. A study²³ had highlighted such a trend using the academic field of study as a moderator. Derecognition or demotion at starting the Z level of the publication journey is a stressful event(s). Although, the concept of demotion can be cited from literature²⁴ demotion from Y to Z (in the present study) is generally perceived as an extraordinary act. Similarly, the demoted journal faces negative organizational consequences just like a worker^{12,25} of organization in terms of finance and integrity.

Conclusion

A substantial number of the HEC-indexed Y and Z category HSJs are facing adversity i.e. derecognition, demotion, or demotion followed by derecognition with HEC. The situation is even more serious for specialty-specific or privately-sponsored journals. Similarly, most of the Z-ranked journals have not been promoted for a long time. There is a need for extensive revisions in the journal's evaluation policies of the HEC besides the capacity building of the editors to promote medical publications.

Suggestions: The HEC and PAME should launch an integrated mechanism to promote professional enthusiasm in medical editors, their adherence to modern information technologies, access to costly software (e.g. XML file developer), and plagiarism checking facility. Likewise, peer reviewers should be given incentives (in terms of finance and certification) while scientific misconduct of so-called authors should be discouraged by competent authorities.

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