

Authorship reflexivity statements: additional considerations

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INTRODUCTION

Authorship of scientific publications is key currency in academic systems. It demonstrates scientific contribution and scholarship and is an important tangible output that can strongly influence career progression and access to important resources such as grant income. However, the integrity of authorship as an indicator of contribution is threatened by normalised unfair practices. One such unfair practice is parachute (or helicopter) research—a term used for research based in a host country, usually low-middle-income countries (LMICs), but conducted by external researchers, usually from high-income countries, with lack of appropriate inclusion of local staff as authors, or acknowledgement of the local populations, data or infrastructure on which such research relies.¹

In a recent consensus statement,² a group of journal editors and researchers proposed the use of structured reflexivity statements to be submitted by authors and published alongside manuscripts, to describe how equitable partnership has been promoted within their collaboration. Included in the structured statement is a list of specific considerations for authors to address, including the origin of the research question (eg, how it stems from, recognises and contributes to prior local learning and efforts), the choice of study design (eg, whether it was chosen to address questions that matter locally, as opposed to being chosen to optimise the chances of publication in a prestigious journal), support for local capacity (where necessary, or where relevant, support received by outside researchers from local researchers and other actors) and how authorship was assigned (eg, in relation to gender balance, early career researchers and recognition of local leadership).

Since publication of the consensus recommendations, six journals have adopted the proposed reflexivity statement, with varying degrees of adaption, including *BMJ Global Health*, *Anaesthesia*, *Lancet Global Health*, *Medical and Veterinary Entomology*, *Wellcome Open Research* and *British Journal of Dermatology*.^{3–8} A further journal, *Global Health Science and Practice*, and also *PLoS* and *Cell Press*—two major scientific publishers, each with a suite of journals in their stable—have developed their own questionnaire format for authorship reflexivity.^{9–11} However, in the early stages of implementation, we recognise that producing reflexivity statements may not always be straightforward for author teams. In this editorial, we reflect on some of the questions that have emerged for us during this initial phase, and open dialogue with the research community on how we might address them.

HOW TO ENSURE RESEARCHERS ENGAGE MEANINGFULLY WITH REFLEXIVITY STATEMENTS

One of the first challenges is to understand how reflexivity statements are completed so that they are not simply a tick box exercise, but part of a process that makes a meaningful contribution to equity in global health research. Ideally, statements should be used as a tool to discuss authorship among the entire research team, helping LMIC, early career and female-identifying researchers negotiate authorship positions and more importantly, securing opportunities to make contributions that qualify them as authors.¹² Discussion of the reflexivity statements should also begin at the planning of a new research project, so that the guiding questions can facilitate prospective improvements to study design and conduct. During this initial implementation phase, we acknowledge that this will not have been

possible for many studies, but moving forward, we hope this becomes the standard and integral to study design and conduct. Achieving this requires collaboration across the entire research ecosystem, from research institutions promoting reflexivity as good academic practice in their teaching, to funders considering reflexivity at the point of grant application. We are currently conducting interviews with authors of recently published statements to understand when and how authorship was decided, who was involved in the discussions that informed the content of the reflexivity statement, and whether authorship and other knowledge practices involved in the research changed as a result of using the reflexivity statement.

HOW TO HANDLE SITUATIONS WHERE AUTHORSHIP MAY HARM LOCAL RESEARCHERS

We are also aware of rare situations where naming authors may inadvertently lead to discomfort or harm when a research agenda or specific findings conflict with local social or political priorities. For example, research involving populations that are marginalised due to stigmatised or illegal behaviour such as injection drug users, men who have sex with men or undocumented immigrants would ideally include such people and communities in study design and/or data collection.¹³ However, naming such individuals as authors may expose them to harmful legal or social repercussions. In addition, some research topics or findings may go against the narrative and interests of individuals or groups in authority which can potentially cause social, reputational or security risks to the local researcher. It is important that discussions of equity and authorship in such collaborations are sensitive to these complexities and how they can be addressed within the reflexivity statement, for example, through discussion of anonymised contributions. It is also important that decisions about authorship are not made on behalf of involved local researchers, but with their full involvement and in ways that fully respect each individual researcher's determination of the risk of authorship versus the benefits.

HOW TO FACILITATE THE INCLUSION OF LOCAL FIELD WORKERS

We also recognise that comprehensive attribution of authorship may simply be logistically difficult—even though 'difficult' does not mean 'impossible'. For example, in studies that draw on local field workers for data collection, the field workers may be too numerous to list, and some may lack email addresses (often a requirement in manuscript submission processes). However, it is important to ensure inclusion of all contributors to research, beyond those active in academic careers, given that field workers may choose to pursue a career in academia in the future. Journals must ensure there is no limit on the number of authors for^{2 14} research. Lead investigators can facilitate

inclusion of field workers, including by setting up email accounts, offering opportunities for them to make intellectual and writing contributions¹² or granting consortium authorship with a 'group name' in which they are named as author or non-author contributors. At the very least, field workers should be listed as non-author contributors, in line with ICMJE criteria.¹⁵ This may also allow for evidencing of research contributions, should a field worker later choose to pursue an academic career.

CONTINUING RESEARCH AND FURTHER APPLICATIONS

As the uptake of the proposed authorship reflexivity statements grows, we are currently conducting a formative evaluation. We aim to further explore any additional challenges that users may have when completing and implementing the statements, deepen our understanding of and potential solutions to the challenges highlighted in this editorial and establish consensus on how we may improve the current guidance and explore additional uses of the reflexivity statements. A potential direction for scale-up may be to use the reflexivity statements more broadly for research conducted in partnership with any marginalised group, whether within or between countries.^{16 17} Another potential direction for scale-up may be to consider the use of reflexivity statements in relation to choices made in study design, analysis and interpretation within such partnerships,^{18–20} and within funding bodies. We aim to develop a framework and indicators to assess how the reflexivity statements may contribute to changes in equity within global health research partnerships. As part of this, we are currently conducting interviews and a Delphi process with global health research actors. If you wish to participate in this ongoing implementation research, please do reach out to the authors of this editorial for more information.

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REFERENCES

- 1 The Lancet Global Health. Closing the door on parachutes and parasites. *Lancet Glob Health* 2018;6:S2214-109X(18)30239-0. 10.1016/S2214-109X(18)30239-0 Available: <http://www.thelancet.com/article/S2214109X18302390/fulltext>
- 2 Morton B, Vercueil A, Masekela R, *et al*. Consensus statement on measures to promote equitable authorship in the publication of research from international partnerships. *Anaesthesia* 2022;77:264-76.
- 3 The Lancet Global Health. The future of global health research, publishing, and practice. *Lancet Glob Health* 2023;11:e170. Available: <http://www.thelancet.com/article/S2214109X23000104/fulltext>
- 4 Reimer LJ, Laroche M, Weeks ENI. Introducing a new initiative to prevent exploitative research partnerships in medical and veterinary entomology. *Med Vet Entomol* 2022;36:231-2. Available: <https://onlinelibrary.wiley.com/doi/full/10.1111/mve.12599>
- 5 Rees CA, Sirna SJ, Manji HK, *et al*. Authorship equity guidelines in global health journals. *BMJ Glob Health* 2022;7:10421. Available: <http://gh.bmj.com/>
- 6 Freeman EE, Padovese V, Singal A, *et al*. The BJD's approach to global health and equity in publishing: adding author reflexivity statements. *Br J Dermatol* 2023;188:583-5. 10.1093/bjd/ljad058 Available: <https://dx.doi.org/10.1093/bjd/ljad058>
- 7 Heinz E, Holt KE, Meehan CJ, *et al*. Addressing parachute research and removing barriers for LMIC researchers in microbial genomics *Microb Genom* 2021;7:000722. 10.1099/mgen.0.000722 Available: <https://www.microbiologyresearch.org/content/journal/mgen/10.1099/mgen.0.000722>
- 8 Wiles MD, Klein AA, Shelton CL, *et al*. Position statement from the editors of anaesthesia and anaesthesia reports on best practice in academic medical publishing. *Anaesthesia* 2023;78:1139-46. 10.1111/anae.16071 Available: <https://associationofanaesthetists-publications.onlinelibrary.wiley.com/toc/13652044/78/9>
- 9 Global Health: Science and Practice. Instructions for authors. 2023. Available: <https://www.ghspjournal.org/content/instructions-authors#Reflexivity>
- 10 Sweet DJ. New at cell press: the inclusion and diversity statement. *Cell* 2021;184:1-2. 10.1016/j.cell.2020.12.019 Available: <https://doi.org/10.1016/j.cell.2020.12.019>
- 11 PLoS. Best practices in research reporting. 2023. Available: <https://journals.plos.org/plosone/s/best-practices-in-research-reporting>
- 12 Sam-Agudu NA, Abimbola S. Using scientific authorship criteria as a tool for equitable inclusion in global health research. *BMJ Glob Health* 2021;6:e007632.
- 13 Hernández MG, Nguyen J, Casanova S, *et al*. Doing no harm and getting it right: guidelines for ethical research with immigrant communities. *New Dir Child Adolesc Dev* 2013:60. Available: <https://onlinelibrary.wiley.com/doi/full/10.1002/cad.20042>
- 14 Fontanarosa P, Bauchner H, Flanagan A. Authorship and team science. *JAMA* 2017;2433-7. Available: <https://jamanetwork.com/journals/jama/fullarticle/2667044>
- 15 ICMJE. Defining the role of authors and contributors. 2023. Available: <https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>
- 16 Lencucha R, Neupane S. The use, misuse and Overuse of the 'low-income and middle-income countries' category. *BMJ Glob Health* 2022;7:e009067. Available: <https://gh.bmj.com/content/7/6/e009067>
- 17 Khan T, Abimbola S, Kyobutungi C, *et al*. How we classify countries and people—and why it matters. *BMJ Glob Health* 2022;7:e009704. 10.1136/bmjgh-2022-009704 Available: <https://gh.bmj.com/content/7/6/e009704>
- 18 Olmos-Vega FM, Stalmeijer RE, Varpio L, *et al*. A practical guide to reflexivity in qualitative research: AMEE guide no. 149. *Med Teach* 2022;1-11.
- 19 Ryan L, Golden A. 'Tick the box please': a reflexive approach to doing quantitative social research. *Sociology* 2006;40:1191-200.
- 20 Pfurtscheller P WA. Reflexivity in quantitative research – a master of global health class perspective. *BMJ Global Health* blog; 2022. Available: <https://blogs.bmj.com/bmjgh/2022/02/25/reflexivity-in-quantitative-research-a-master-of-global-health-class-perspective/>