

## Authorship: Lone wolf or wolf pack?

Publications are essential for promotion and for establishing the professional profile of academics, who can then in turn build national and international collaborations and secure research funding.<sup>[1-5]</sup> These publications are often equated with subsidy income for universities and improved prestige in the various university ranking systems. Therefore, 'publish or perish' is an unofficial hashtag in academia.

No surprise then that the trend is one of increasing numbers of authors on manuscripts. A review of four prestigious medical journals saw a substantive increase over all four journals in the 20-year period reviewed: from 4.5 authors in 1980 to 6.9 authors in 2000.<sup>[6]</sup> A partial explanation is that the number of manuscripts authored by study groups is also on the increase.<sup>[7]</sup> In 1991, only 6% of the 172 research articles published in the *Journal of the American Medical Association* involved a study group. Ten years later, 22% of the 185 research articles were published by study groups.<sup>[7]</sup> Study groups are common in large clinical or observational studies and the number of authors can be substantial, with the highest number recorded at 5 154 authors.<sup>[8]</sup>

With the increase in the number of authors per manuscript, disputes about authorship follow the same trajectory. Little is written about the magnitude of such disputes, but one article reports that from a single faculty the disputes that were referred to the ombudsman increased from 2.3% (1991 - 1992) to 10.7% (1996 - 1997). Also worth noting is not only the percentage increase, but an overall increase in the number of issues referred to the office of the ombudsman – from 355 to 551 for the same 2-year period.<sup>[5]</sup>

Some of the reasons for articles having multiple authors are the complexity, the inherent collaborative nature of research and the emergence of research questions, such as global or multisite questions, which need multi-disciplinary or interdisciplinary participation.<sup>[1,6]</sup> However, when authorship holds academic benefits other than the expansion of knowledge, questions are raised whether multiple-authored articles reflect true collaboration or if they are artefacts of institutional pressure or gaming of the system.<sup>[4]</sup> Editors caution against three particular types of authorship: ghost, guest and gift authors. The ghost author, often a student, who although having contributed substantially, is excluded.<sup>[2]</sup> Guest authors are those who are listed with the hope of increasing the chance of publication. Finally, there is the gift author, whose affiliation with the study is symbolic and whose addition is often due to institutional pressure.<sup>[4]</sup> Factors such as power relations (gender, race and sexual orientation) and power differentials in low- and high-income country collaborations have been cited as contributing to these problematic exclusions or inclusions of authorship.<sup>[3]</sup>

This trend of increasing numbers of authors has resulted in guidelines being developed for the allocation of authorship credit. Some examples are the International Committee of Medical Journal Editors (ICMJE), the World Association of Medical Educators (WAME), and the Committee on Publication Ethics (COPE), which have all published comprehensive guidelines. Even though these are useful when applied, the guidelines do not assist in guiding authors on the order in which authors' names are listed. The interpretation of the position also varies: some may interpret the last author as the most senior, but to others the decreasing position is a reflection of a decrease in contribution and the risk of becoming an *et al.*<sup>[1,2]</sup>

Despite all the challenges surrounding multiple authorship, single authorship has almost disappeared in medical journals.<sup>[6]</sup> However, is it any different in medical education journals? A cursory review of the latest editions (May or June 2017) of three prestigious international medical

education journals revealed that none of the original articles was a single-authored manuscript; this edition of *AJHPE* is no different.

The manuscripts by Kridiotis and Swart,<sup>[9]</sup> Pandya, Slemming and Saloojee,<sup>[10]</sup> Van Rooyen, Reinbrech-Schütte, Hugo and Marcus,<sup>[11]</sup> and Singh and Pottapinjara<sup>[12]</sup> are all prime examples of the benefit of collaborative – sometimes interdisciplinary – research done within a single department. The manuscript 'Use of role-play and community engagement to teach parasitic diseases' by Haffejee, van Wyk and Hira,<sup>[13]</sup> demonstrates the benefits of interdepartmental collaboration within a single institution. The short report by Myezwa, Maleka, McInerney, Potterton and Watt<sup>[14]</sup> is also an interdepartmental contribution, and another manuscript (Bosman and Wolvaardt<sup>[15]</sup>) is a reflection of interinstitutional authorship. A particularly exciting inclusion in this edition is the manuscript by Van Zyl, Joubert, Bowen, du Plooy, Francis, Jadhunandan, Fredericks and Metz.<sup>[16]</sup> Their article, 'Depression, anxiety, stress and substance use in medical students in a 5-year curriculum', is co-authored by six medical students.

If researching and writing for publication – i.e. authorship – is a learning experience, then no better examples can be found than in this edition of *AJHPE*. However, if we want to solve the problems of Africa, should we not lead the pack for multisite or multinational collaborations?

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