Honorary and Ghost Authorship in Nursing Publications

Maureen Shawn Kennedy, MA, RN1, Jane Barnsteiner, PhD, RN, FAAN2, & John Daly, PhD, RN, FACN, FAAN3

1 Upsilon, Editor in Chief, American Journal of Nursing, Wolters Kluwer Health, New York, NY, USA
2 Xi, Professor Emerita, University of Pennsylvania School of Nursing, Editor, Translational Research & Quality Improvement, American Journal of Nursing, Minneapolis, MN, USA
3 Xi Omicron, Dean, Faculty of Health, Head, WHO Collaborating Centre for Nursing, Midwifery & Health Development, Editor-In-Chief, Collegian, The Australian Journal of Nursing Practice, Scholarship and Research, University of Technology, Sydney, NSW, Australia

Key words
Honorary author, guest author, ghost author, authorship ethics

Abstract

Purpose: The purposes of this study were to (a) assess the prevalence of articles with honorary authors and ghost authors in 10 leading peer-reviewed nursing journals between 2010 to 2012; (b) compare the results to prevalence reported by authors of articles published in high-impact medical journals; and (c) assess the experiences of editors in the International Academy of Nursing Editors with honorary and guest authorship.

Methods: Corresponding authors of articles published in 10 nursing journals between 2010 and 2012 were invited to complete an online survey about the contributions of coauthors to see if the International Committee of Medical Journal Editors (1985) criteria for authorship were met. Additionally, members of the International Academy of Nursing Editors were invited to complete an online survey about their experiences in identifying honorary or ghost authors in articles submitted for publication.

Findings: The prevalence of articles published in 10 nursing journals with honorary authors was 42%, and the prevalence of ghost authorship was 27.6%. This is a greater prevalence than what has been reported among medical journals. Qualitative data yielded five themes: lack of awareness around the rules for authorship; acknowledged need for debate, discussion, and promotion of ethical practice; knowingly tolerating, and sometimes deliberately promoting, transgressions in practice; power relations and expectations; and avoiding scrutiny. Among the 60 respondents to the editor survey, 22 (36.7%) reported identifying honorary authors and 13 (21.7%) reported ghost authors among papers submitted to their publications.

Conclusions: Inappropriate authorship is a significant problem among scholarly nursing publications.

Relevance: If nursing scholarship is to maintain integrity and be considered trustworthy, and if publications are to be a factor in professional advancement, editors, nursing leaders, and faculty need to disseminate and adhere to ethical authorship practices.

“Authorship establishes accountability, responsibility and credit for scientific information” (Flanagan et al., 1998, p. 222). It is a public declaration that a work was produced by the individuals named as authors, and that they are responsible for the content and deserving of any credit for the work. However, in professional and scholarly writing, that is not necessarily the case. It is well known and common practice in many academic settings for the department or committee chair or members to be listed on publications of junior faculty or students they supervise despite having no hand in crafting the work. Research group members whose contributions are limited
to data collection or soliciting study subjects, funding, or settings are often listed as authors even though they did not participate in writing or revising the paper. Conversely, some authors have received significant writing assistance, including the writing of large portions or the initial draft of a manuscript, from professional writers who are not listed as authors.

In 1985, the International Committee of Medical Journal Editors (ICMJE) published its first guidelines on authorship (ICMJE, 1985). While they have been revised over the years, the basic criteria have remained consistent:

Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Participation solely in the collection of data does not justify authorship. (ICMJE, 1985, p. 722)

Additionally, the ICMJE stipulates that all persons designated as authors should qualify for authorship, and all those who qualify should be listed (ICMJE, 2008).

Although many journals, including nursing journals, follow these guidelines or those of the Committee on Publication Ethics (COPE, 2010), inappropriate authorship remains a significant problem. Inappropriate authorship usually refers to honorary authorship or ghost authorship. Honorary authorship—or guest authorship—occurs when authors who have not met authorship criteria are named as authors. Ghost authorship occurs when individuals who have made significant contributions to writing or revising the work are not named as authors.

In the first study to assess inappropriate authorship among medical journals, Flanagin et al. (1998) reported on a study of 809 articles published in six peer-reviewed medical journals in 1996. They found that 19% had honorary authors and 11% had ghost authors. In 2002, Mowatt et al. (2002) surveyed 362 authors of Cochrane Reviews conducted in 1999. Results showed that 39% of articles had honorary authors and 9% had ghost authors. And in 2011, Wislar, Flanagin, Fontanarosa, and DeAngelis (2011) again surveyed authors published in 2008 in six general medical journals with high impact factors. Findings showed that 17.6% of articles contained honorary authors and 7.9% of articles had ghost authors—a small improvement from their earlier study. However, inappropriate authorship in nursing journals has not been studied. In this study, we sought to assess the prevalence of articles with honorary authors and ghost authors in 10 leading peer-reviewed nursing journals and compare the results to the prevalence reported by authors of articles published in high-impact medical journals. We also assessed the experiences of editors of nursing journals in identifying honorary and ghost authorship in papers submitted for publication to assess how similar or different their experiences were from our survey findings.

### Methods

The study included articles published in 10 nursing journals between 2010 and 2012. The journals chosen were all published in English, were peer reviewed, had impact factors, published one or more of the three types of articles evaluated, were a blend of specialty and non-specialty journals, and professed to follow the ICMJE (2013) or COPE (2010) guidelines for publications (see Table 1 for the journals included). Three types of articles were included for analysis: (a) original research reports, (b) quality improvement (QI) reports, and (c) clinical reviews and syntheses of research. Exclusion criteria included an article having only a single author, summaries or abstracts of research, profile pieces, and news and conference reports.

The study was approved by the University of Pennsylvania, Office of Regulatory Affairs, Institutional Review Board. The study was also approved by the University of Technology, Sydney, Australia Human Research Ethics Committee.

The table of contents for each issue of each journal published during 2010–2012 was reviewed for the three types of articles to be included and for those that had two or more authors. Two of the authors independently evaluated each article type by journal, checked each other’s coding for article type, and resolved differences by consensus. Once the articles were identified for each of the journals, the corresponding author for each article was identified and was sent an e-mail message describing the study and inviting him or her to participate in the study by completing an online questionnaire. The e-mail

---

**Table 1. Nursing Journals Included in the Study**

<table>
<thead>
<tr>
<th>Journal Name</th>
<th>Journal Name</th>
<th>Journal Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Journal of Nursing</td>
<td>Journal of Nursing Scholarship</td>
<td>Nursing Outlook</td>
</tr>
<tr>
<td>Nursing Research</td>
<td>Collegian, The Australian Journal of Nursing Practice, Scholarship and Research</td>
<td>International Journal of Nursing Studies</td>
</tr>
<tr>
<td>Orthopaedic Nursing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Honorary and Ghost Authorship

Shawn Kennedy et al.

contained the link to the survey. The e-mail also stated that participation was voluntary and that all information, including identities, would be kept confidential. Two reminder e-mails were sent in 1-week intervals. Completion of the survey was construed as informed consent to participate in the study. No incentive or compensation was offered for participation.

The online survey for corresponding authors was adapted from the study by Wislar and colleagues (2011) of inappropriate authorship in biomedical non-nursing journals. The survey consisted of 30 questions about the corresponding author, contributions and participation of all authors, and information about any writing, editing, or other assistance from unnamed authors. As with the Wislar (2011) study, an article was deemed as having an honorary author if any of the following were reported: (a) An author did not meet the following three criteria: (1) conceiving or designing the work, analyzing and interpreting the data, or collecting data or other material; (2) writing the manuscript or part of the manuscript or revising the manuscript to make important changes in content; and (3) approving the final version of the manuscript; or (b) an author did not feel comfortable explaining the major conclusions of the article. Alternatively, an article was considered as having a ghost author if the corresponding author reported that (a) an individual who was not listed as an author made contributions that merited authorship or (b) an unnamed individual participated in writing the article.

Editors of nursing publications were assessed via an electronic survey to gather information about their experiences with honorary and ghost authorship. The 203 members of the International Academy of Nursing Editors (INANE) on the group listserv were sent an e-mail message describing the study and inviting them to complete an online questionnaire. The e-mail contained the link to the survey. The e-mail stressed that participation was voluntary and all information, including identities, would be kept confidential. Two reminder e-mails were sent in 1-week intervals. Completion of the survey was construed as informed consent to participate in the study. No incentive or compensation was offered for participation.

Data Analysis

Statistical information was computed using IBM SPSS version 21 (IBM Corp., Armonk, NY, USA). The unit of analysis for determining prevalence of ghost or honorary author was each article. Chi square testing was used to compare proportions between journals and groups of journals and to compare prevalence between this study and the Wislar et al. (2011) study findings.

Results

Sample Characteristics

For the three years 2010, 2011, and 2012, the 10 journals published a total of 1,424 articles: 1,066 research reports, 40 quality improvement articles, and 318 review articles. Sixty-eight corresponding authors whose articles met the criteria for participation were unable to be contacted due to lack of contact information for them. E-mail letters were sent to the corresponding authors of 1,356 articles. Questionnaires were completed by 556 authors for a 41% response rate. One hundred and thirty-three surveys had incomplete data. The final dataset included 422 articles for the analysis, consisting of 304 (72%) original research articles, 22 (5.2%) QI articles, and 96 (22.7%) review articles.

Corresponding authors were mainly nurses (75.2%) and female (78.7%), with the majority having a PhD (66.4%), academic appointments (70.4%), and with their primary work setting in a university or college or school of nursing (65.7%). Forty-two percent stated their primary role was as a researcher.

Findings

The prevalence of articles with honorary authors was 42%, and the prevalence for ghost authorship was 27.6%. There were no significant differences among the 10 journals in ghost or honorary authorship, among publishers, among the years surveyed, or between general versus specialty journals.

Honorary Authorship

One hundred and twenty-seven (30.2%) of the corresponding authors reported not meeting the three criteria to be designated as an author: 48 (11.3%) did not conceive or design the work, analyze and interpret the data, or collect data or other material; 15 (3.5%) did not write the manuscript or part of the manuscript or revise the manuscript to make important changes in content; and 110 (26%) reported that they had not approved the final version of the manuscript. Thirteen (3.1%) corresponding authors stated they did not feel comfortable explaining the major conclusions of the article. A total of 24% of coauthors were identified by the corresponding author as performing only one criterion, thus not meeting the ICMJE guidelines.
Ghost Authorship

One hundred and seventeen corresponding authors (27.6%) indicated situations that would equate to ghost authorship: 61 (14.5%) reported that an unnamed individual made contributions that would merit authorship; and 61 (14.4%) reported that a professional writer assisted with manuscript preparation. Furthermore, 175 (41.5%) corresponding authors stated that they did not believe unnamed individuals who meet criteria for authorship by ICMJE criteria needed to be acknowledged in a published article. Twenty-eight (6.7%) corresponding authors reported that they did not believe it is necessary to acknowledge writing assistance. When asked what information about authors was important for journals to publish with an article, 99% stated institutional affiliation, 97.9% conflicts of interest, 97.4% funding sources, 93.3% academic degrees, 82.4% contributions of authors, and 12.9% photos of authors.

Qualitative Data

The survey included one opened-ended question: Is there anything you would like to add about authorship in scholarly healthcare or nursing journals, or about this survey?

Analysis. Written responses to the question were interrogated using a process of content analysis. This involved immersion in and close examination of the data. All coauthors participated in the abstraction of themes. Consensus with themes was achieved through the content analysis and abstraction processes.

Findings. The question was answered by 89 corresponding authors and it was skipped by 467. Seventeen responded in the negative (i.e., “No”) or did not provide comments which could be analyzed (e.g., “Thank you”). The remaining 72 responses were included in data analysis. The five themes identified were lack of awareness around the rules for authorship; acknowledged need for debate, discussion, and promotion of ethical practice; knowingly tolerating, and sometimes deliberately promoting, transgressions in practice; power relations and expectations; and avoiding scrutiny.

Theme 1. Lack of Awareness Around Rules for Authorship

This theme was supported by statements alleging that there is a lack of awareness of the rules around refereed journal article authorship among many authors. The survey was seen as a vehicle that could open up dialog to achieve greater understanding of the rules, with the potential to lead to development of publication guidelines for use in nursing science. There were acknowledged needs to improve mentoring around authorship decisions and achievement of greater clarity with rules. Comments from participants included: “Thanks for doing this. It will be helpful to have clear consistent guidelines for acknowledging between who is an AUTHOR and who should be ACKNOWLEDGED.” “There are some guidelines for authorship in science and it would be great to have some guidelines in nursing publication.”

Theme 2. Acknowledged Need for Debate, Discussion, and Promotion of Ethical Practice

Corresponding authors acknowledged the challenges and indeed difficulties of achieving shared expectations in relation to authorship. Views here supported a need to agree on authorship in advance, role model ethical behaviors, decisions about who should be an author, and that “gratuitous and ghost writing is unacceptable.” Comments from participants included:

Coauthors should make a substantial contribution—otherwise should not be listed. Unfortunately in medical science everybody thinks it is normal to be listed as coauthors even though they did not do anything but recruiting participants or read the manuscript once. I had terrible fights with my supervisor over this.

Authorship continues to be an issue. Seasoned people such as I am need to be aware of the issues, and appropriately teach, counsel, and role model ethical behaviors in authorship.

[Authorship] should not include those who only review the manuscript (zero contribution) without significant intellectual contributions.

This survey is a great idea and hopefully the results will provide a good springboard for discussion in the nursing community.

Theme 3. Knowingly Tolerating, and Sometimes Deliberately Promoting, Transgressions in Practice

A number of corresponding authors appeared to be aware of aspects of best practice with authorship but were prepared to ignore them to preserve good working relationships in teams or because of likely negative consequences if they excluded others who expected authorship without eligibility for the same. Students were
seen as potentially particularly vulnerable in negotiations. It appears that many in a position to determine authorship know that they are doing the wrong thing (i.e., making ethically indefensible decisions regarding authorship) but continue to do so. Salient comments included:

Disparity between colleagues’ authorship expectations [is] a challenge. I value research integrity but also relationships with colleagues especially those who employ me.

Some (were) included as authors on the basis of allowing access to their clinical area under their control (giving us access to patients).

Ethical authorship principles not always adhered to which can be hard for students.

The work reported in the article was the result of a working team—not all of whom participated as authors. Challenging process to manage.

Some can’t write but must publish so they employ writing assistants to do the bulk of the writing. Application of “publish or perish” in the world of academics has taken on new meaning with the new clinical DNP degree. . . . Many can’t write so their graduates can’t write. . . . A shocking commentary on our profession but in the real world it is happening as they will lose jobs if they cannot write/publish/present/get funding.

Theme 4. Power Relations and Expectations

A number of serious concerns were expressed by corresponding authors regarding power and its inappropriate use to influence or direct authorship decisions. It was acknowledged that power issues could lead to “conflicted discussion.” Implications for working with senior colleagues and their sometimes inappropriate expectations and student exploitation were also of concern. Some senior staff expect to be included as coauthors without meeting the criteria for authorship. Ethical authorship principles are not always adhered to with students. Comments reflecting these and similar concerns included:

Some senior authors or investigators [are] expecting to be listed as last author at times simply because the work was undertaken in their lab/unit when they have made no contribution to the actual manuscript. I am entirely against the typically physician practice of including the last author simply because he or she is the department head.

Some senior authors or investigators [are] expecting to be included in the data-collection or development of the questionnaire. In my eyes, these people should be mentioned in the acknowledgments section and not as coauthors, but senior researchers have the final say.

One author listed on some of my publications had no input in the conduction of the study and writing up of the manuscript. He/she [was] just involved in the study conception (just talk) and also because he or she is the department head.

Theme 5. Avoiding Scrutiny

Some corresponding authors took a somewhat unethical position. For example, a response was that “authorship decisions should be private business of the group publishing the work—no one else needs to know.”

Survey of Editors of Nursing Publications

Of the 203 members of the INANE listserv at the time of the study, 60 completed the survey, for a 29.5% response rate. (Note: Not all 203 members are editors; some are publishers. The listserv manager estimates that approximately 80% are editors, which would yield a higher response rate of about 37%). The nine-item survey
gathered information about editors’ experiences with honorary and ghost authorship. The mean time respondents had been journal editors was 7.5 years. Fifty-six editors (93.1%) stated that their journal abided by the ICMJE or COPE guidelines for authorship. Forty-three editors (71.7%) ask authors to identify their contribution to the development of the manuscript. Twenty-two editors (36.7%) reported that they had discovered manuscripts with honorary authors who had submitted to or been published in their own journals in the prior 3 years, while 53 (88.6%) had heard about manuscripts with honorary authors who had submitted to or been published in other nursing journals in the past 3 years. Twenty editors (33.3%) reported that they do inquire if all who contributed to the work are listed as authors. Thirteen editors (21.7%) had discovered manuscripts with ghost authors submitted to or published in their own journals in the past 3 years, while 33 editors (55%) had heard about manuscripts with ghost authors submitted to or published in other journals in the past 3 years.

### Discussion

Correct and accurate attribution of authorship matters. Publication often serves as a proxy for achievement, and promotion, tenure, and professional standing are often heavily based on one’s publication record. When unnamed professional writers have been paid by a company or vendor with direct or indirect financial interests in products or services discussed in the paper, this creates real or potential conflicts of interest and often introduces bias. In cases of research findings driving practice decisions, this has the potential to do harm. These practices are unethical and deceptive, yet persist openly in many institutions.

Honorary and ghost authorship is a significant issue for nursing. These findings suggest that 42% of research, QI, and review articles published in the significant nursing and clinical specialty journals had an inappropriate honorary author and 27.6% had an important unnamed contributor. The results show greater prevalence of inappropriate authorship in nursing publications when compared to medical journals. These findings may be attributed to several factors. First, it is possible that the authors were not necessarily aware of ICMJE or COPE guidelines at the time authorship was decided. If honorary authorship is a common practice and one adhered to and indeed expected by senior colleagues, it would seem that this is a learned and institutionalized behavior and one that is not questioned. Second, there may be confusion in the nursing community about what specifically is ghost and honorary authorship. This is the first study of which we are aware that has looked at the prevalence among nursing journals. Third, while the criteria are available and all of the journals abide by the guidelines, not all the journals ask authors to specify what their role was in developing the manuscript. If editors do not ask, authors may not think it important to raise issues about contributions.

### Limitations

The study of inappropriate authorship has several limitations.

1. The evaluation included only 10 journals and may not be generalizable to other nursing journals. However, the journals surveyed are among the most influential ones in nursing and have a large circulation. It is unclear whether a broader sample would have resulted in higher or lower incidence of either ghost or honorary authorship. At the very least, the results suggest that this is an important area for further exploration.

2. The response rates were 41% for the author survey and 29.5% (and likely greater) for the editor survey, which are acceptable responses for studies of this nature. However, no inferences can be drawn as to the profile of the authors or editors who did not respond.

3. The data are self-reported from corresponding authors and were not verified with coauthors. Similarly, editor responses were not verified with other editorial personnel.

4. There may also be bias. Two types that might be in play here are (a) recall bias, although the time interval from time of publication was, at most, 3 years, and (b) social desirability bias, which may have resulted in underreporting.

### Conclusions

Prior to this study, there have been no published data on the prevalence of honorary and ghost authorship in nursing publications. The findings from this study indicate that this is a problem in nursing or, at the very least, there may be confusion among nursing professionals as to what constitutes ghost or honorary authorship. These survey findings provide a stimulus for exploration of this issue.

Correct and accurate attribution of authorship matters. Publication often serves as a proxy for achievement, and
promotion, tenure, and professional standing are often heavily based on one’s publication record. Those who practice ethical behavior should not lose out to those who act unethically. Writing by unnamed professional writers who have been paid by a company or vendor with direct or indirect financial interests in products or services discussed in the paper creates real or potential conflicts of interest and often introduces bias. And in cases of research findings driving practice decisions, it has the potential to do harm. These practices are unethical and deceptive, yet persist openly in many institutions.

Nursing editors need to revise manuscript guidelines to include criteria for appropriate authorship and to promote and adhere to these guidelines. Academic settings need to include criteria for authorship in socializing faculty and students to professional ethical behavior. Nursing leaders, scholars, and educators need to model and promote ethical behavior to assure the integrity and trustworthiness of nursing scholarship. Publications are a key indicator of achievement and an important factor in determining professional advancement.

**Clinical Resources**
- International Committee of Medical Journal Editors: www.icmje.org
- Committee on Publication Ethics: www.publicationethics.org

**References**


