

# WCET® Journal: Embracing multi-lingual exposure to enhance global inclusiveness

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As our organisation's name denotes and our membership reflects, the WCET® is a global entity. As such, the organisation has strived for many years to meet the diverse needs of its members<sup>1</sup>, particularly in respect to education, research, professional practice and information to improve patient outcomes across the clinical domains of wounds, ostomy and continence care.

For pragmatic reasons, the WCET® Journal, which began its life as a newsletter, has traditionally been published in English. For some years sections of the journal – primarily the President's message and/or Editorial – have been translated in to one or more languages (mainly Portuguese, Spanish, French and Chinese<sup>1</sup>) to increase the collegial outreach and impact of the journal.

The WCET® has long recognised that publication in English only has precluded many WCET® members from enjoying and extracting information from the journal to enhance professional development, protocols of care, clinical decision-making and patient care. Similarly, the requirement to produce and submit a manuscript in English has likely been a deterrent to publish, which lessens access to the valuable knowledge and experience of others within diverse cultures and clinical settings.

Academically, numerous factors have encouraged the predominance of English as the 'lingua franca' for scientific publications. Firstly, it was postulated that this would allow authors globally to communicate in one common language rather than requiring people to master several languages. Secondly, from the perspective of non-English authors it was thought that publishing in English would broaden authors exposure of their work and result in increased citations<sup>2</sup>.

Latterly, however, concerns have been expressed around the world that the practice of preferring scientific publications be published in English is not only restrictive, unfair and disadvantages non-English speaking authors or those with a lesser command of English it also impedes communication and the sharing of national or local knowledge with potential negative impacts. Further, such lack of knowledge may

add an element of bias to a subject under discussion and acknowledgement of original sources of information may not occur<sup>2,3,4</sup>

The WCET® Board, having been cognisant of these factors for some time has worked diligently with our publisher Cambridge Media to reverse this trend and move toward a multi-lingual rather than English only approach when publishing the WCET Journal. Since the beginning of 2019, English has not been the only language in which the journal has been published. In fact, this issue will be the third issue in a row to be published in a 'new' language, with French being added to the Spanish and Chinese versions that have already been introduced.

Being multi-lingual expands the journals exposure to the WCET® and broader health professional communities with expectant ensuing benefits to health professionals and patients. We hope this will also encourage authors of non-English speaking backgrounds to publish within the journal.

Within this issue, we have papers from Brazil, China, Canada (about Africa, central America and India), Iran and the United States.

Sampaio *et al* present their research on the causes that patients have described that have attributed to stoma or peristomal skin complications in a sub population of stoma patients in north-eastern Brazil.

A case report from China by Ping *et al* describes the successful healing of a complex diabetic foot ulcer following the application of irrigation and Negative Pressure Wound Therapy.

The effects of non-infectious non-filarial lymphoedema from the absorption of microparticles of volcanic silica and aluminium silicates through the soles of the feet in susceptible populations in the Indian subcontinent, African and Central America and are recounted by Somayaji *et al*.

Paris Purnell looks at global and local laws, codes and market trends in compliance to better inform and protect the healthcare professional (HCP). He suggests that by being more aware of the compliance requirements and legal ramifications when interacting with the medical devices industry, the HCP will be in a better position to navigate complex interactions that may place them at risk.

The outcomes of a randomised double blinded, placebo-controlled trial on use of Tamulosin on stent-related symptoms in patients in Iran who have had double-J ureteral stents inserted is articulated by Guitynavard *et al.*

By embracing multi-lingual exposure by offering the WCET® Journal in English, Chinese, French and Spanish the WCET® is enhancing our global inclusiveness and is providing unique opportunities to strengthen our ability to share our collective knowledge. Enjoy.

Regards

*Jenny*

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