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Defining the term: Contributorship statement

Working definition

Contributorship statement

A structured, named section of a research publication that describes the specific contributions made by each person or group involved in producing the work. Unlike an authorship byline, which confers credit and the accountability obligations set out in the International Committee of Medical Journal Editors (ICMJE) criteria, a contributorship statement disaggregates contribution into discrete, describable tasks. It can therefore recognise work that is substantive but does not meet the full authorship threshold including, as argued in this Commentary, the active contribution of research participants, provided those contributions are described in categorical terms that preserve individual anonymity.

Why the distinction matters

Authorship and contributorship are often conflated in practice, but are conceptually distinct. Authorship, as specified by the International Committee of Medical Journal Editors (ICMJE), requires all four of: (1) substantial contribution to conception or design, or to data acquisition, analysis, or interpretation; (2) drafting or critically revising the work; (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work. These obligations are not reasonably borne by a participant who provided a biological sample, completed a symptom questionnaire, or delivered an intervention under protocol.

A contributorship statement carries no such threshold. It is a descriptive instrument: it names what was done and by whom, without requiring that every contributor meet the full obligations of authorship. This is why it is the appropriate vehicle for recognising participant contribution. It acknowledges the work without falsely assigning the responsibilities that authorship entails or requiring the identification of any individual.

Relationship to CRediT

The Contributor Roles Taxonomy (CRediT) provides a standardised vocabulary of 14 roles, now required by many journals for listed authors. CRediT is a valuable instrument, but it is scoped to authors. The proposal here is not to expand CRediT to cover participants, but to add a participant contribution statement as a separate, structured element of reporting, distinct from the author-level CRediT roles, distinct from a generic acknowledgements line, and subject to the same editorial expectations as any other structured section of a paper.

Anatomy of a participant-inclusive contributorship statement

A well-formed participant contribution statement should contain the following elements:

- **Nature of the contribution** – Described in terms specific to the study, not in generic language. What did the participants actually do?
- **Scale of the contribution** – How many participants; across how many sites; over what duration.
- **Form of collective recognition** – Community advisory boards, patient representatives, or peer-researcher structures named as groups, analogous to consortium authorship in multi-centre trials. No individual identified.
- **Return of findings** – How results have been or will be communicated back to the participant community, and in what language, format or setting.
- **Community engagement** – How the participant community was involved in design, conduct or interpretation of the study, where applicable.

Worked example: Participant contribution statement

The following is an illustration of what a participant contribution statement for the Immediate Kangaroo Mother Care (KMC) trial might have looked like. No individual is identified. The statement names the contribution.

Participant contribution statement (illustrative)

The intervention tested in this trial, continuous skin-to-skin contact of at least 16 hours per day initiated immediately after birth and maintained across the neonatal period, was delivered by the mothers of the enrolled infants. A total of [N] mothers at [K] sites across [countries] performed this intervention under conditions of acute neonatal vulnerability, across a median duration of [X] days per infant. Their sustained physical contribution constituted the exposure arm of the trial; no substitute for it was available within the study design. Community advisory boards at each site contributed to the development of site-specific implementation procedures and to the interpretation of emerging findings; their membership is listed as a consortium contributor. Trial findings have been returned to participating communities through [specify: community meetings, written summaries in local languages, site-level dissemination events]. The authors record this contribution with appreciation.

Possible participant contributions: A working typology

Bodily and physiological contribution

- Provision of biological samples (blood, tissue, saliva, stool, genomic material) and the physiological state being sampled.
- Submission to clinical examination, imaging or physiological measurement, including tolerance of discomfort and uncertainty.
- Administration of the intervention being tested, where the participant is the active deliverer (e.g. skin-to-skin contact in KMC trials, adherence to dietary or lifestyle interventions, self-administered medication, home-based therapy).
- Exposure to randomisation, i.e. willingness to accept allocation uncertainty, including placebo or standard-of-care arms.

Experiential and narrative contribution

- Disclosure of personal, clinical, reproductive, sexual or psychiatric history required for eligibility, phenotyping or outcome measurement.
- Completion of symptom questionnaires, diaries and patient-reported outcome measures, often across extended follow-up periods.

- Participation in qualitative interviews, focus groups or ethnographic observation, and the disclosure of experience that such participation entails.
- Photo-elicitation, body mapping, digital storytelling and other participatory methods in which participants co-produce the representational material.

Logistical and temporal contribution

- Attendance at baseline and follow-up visits, including travel, time off work and arrangements for childcare or eldercare.
- Sustained availability across the full study duration, including in longitudinal and cohort studies where the temporal commitment is substantial.
- Tolerance of study procedures that are inconvenient, uncomfortable or culturally unfamiliar.
- Facilitation of household-, family-, or community-level data collection, where the participant acts as the point of contact.

Relational and trust contribution

- Extension of trust to researchers and research institutions – often in contexts of prior medical harm, colonial research history or systemic inequity.
- Acceptance of the asymmetry of the research relationship and of the limits placed on reciprocity by the ethical framework itself.
- Endorsement of the study within family, community or religious networks, which shapes the feasibility of recruitment for subsequent participants.
- Maintenance of engagement through adverse events, protocol changes or unblinding contributions whose absence would materially compromise study integrity.

Epistemic and design contribution

- Contribution to study design through patient and public involvement, community advisory boards, or co-design workshops, shaping research questions, outcome measures, and acceptability.
- Identification of locally meaningful outcomes that would not have been included in a protocol designed exclusively by external investigators.
- Translation and cultural adaptation of study instruments, consent materials, and dissemination products.
- Peer-researcher contribution, where participants from the study community are trained and involved in data collection, recruitment, or interpretation.

Stewardship and interpretive contribution

- Participation in data-return meetings, member checking or participant-level results disclosure, and contribution to the interpretation of findings.
- Feedback on draft dissemination products, community summaries, policy briefs and plain-language abstracts before publication or release.
- Sustained post-study engagement in longitudinal cohorts and biobanks, including consent renewal, sample re-use governance and community oversight structures.

- Contribution to the governance of secondary use of data through participant advisory structures and data-access committees.

What the statement does and does not achieve

The participant contribution statement proposed here is a reform of the reporting layer, not a transformation of the underlying political economy of research. It is worth being explicit about what it does and does not do, so that the proposal is not asked to carry weight it cannot bear.

What it does not do

The statement does not make Southern communities co-owners of the knowledge produced from their bodies. It does not redistribute the credit economy in any deep sense; authorship, citation counts and the metrics that drive academic careers remain unchanged. It does not resolve the extractive dynamics that decolonial scholarship has identified, as data and analytic capacity continue to flow toward well-resourced institutions in the Global North. And, because the statement preserves individual anonymity, it does not give any single participant a publicly named place in the record of the science their participation produced. This proposal does not fully address the dignity question and the colonial-extraction question, and we do not claim it does.

What it does do

The statement addresses four things, each of which is modest in isolation and meaningful in combination. *First*, it shifts the grammar of the record from passive to active. The investigators must articulate, in print, that participants *did* something, rather than merely that something was done to them. This is a small linguistic move with a real conceptual one behind it, because it forces the research team to render the contribution in active terms that the current passive grammar foreclosed. *Second*, it creates an accountability hook. A reviewable, expected, structurally required section of a paper means that its absence, or its reduction to "we thank the participants", becomes visible as a deficiency rather than passing as convention. That changes what reviewers, editors and ethics committees come to expect, and gives community advisory boards, patient representatives and funders something concrete against which to hold researchers to account. *Third*, it makes collective recognition possible where individual recognition is foreclosed. Community advisory boards, peer-researcher structures, and patient representative groups can appear as named consortium contributors without compromising the anonymity of any individual. This is one of the few routes to named credit available within the existing ethical architecture, and it is the route through which colonial-extraction concerns can be most directly addressed at the publication layer: the community becomes visible as a co-producer of the work, not as a source of data. *Fourth*, and most consequentially, it changes what researchers must do upstream. If a substantive participant contribution statement is expected at the end of the paper, the research team must have thought, from the outset, about what the contribution will be, how the community will be involved, and how findings will be returned. The statement is the artefact; the design choices it forces are the substance.

Visibility as a precondition, not a substitute

The proposal does not, on its own, resolve the larger questions of dignity, extraction and reciprocity that have been identified in this Commentary. It does, however, make the contribution visible at the point where the record enters citation networks, policy documents and training curricula. That visibility is a precondition for the structural conversations that need to continue, not a substitute for them. A reform of what is in the published record is necessary because it shapes how the next generation of researchers is trained, how policymakers cite the science, and how communities experience their involvement in research being read back to them. The participant contribution statement does this work, and only this work; the rest must be done elsewhere.