

ARTICLE

JOURNALS AND THE SMALL-N BIAS

*Why good small studies are rejected – and
how editorial policy can fix it.*

THE BIAS OF SCALE

Scientific publishing was designed to disseminate knowledge, not to ration it. Yet in practice, journals function as prestige filters, rewarding scale and novelty over design quality. The modern editorial ecosystem equates sample size with significance and equates novelty with importance. This bias has quietly exterminated the small, disciplined study – the backbone of clinical learning for more than a century.

A well-designed study of 60 patients testing a clear hypothesis can illuminate practice more usefully than a sprawling registry analysis that measures everything and concludes nothing. Yet the former rarely survives peer review. It is dismissed as “underpowered” or “not generalizable,” as though truth itself scaled linearly with enrollment.

HOW THE SMALL-N BECAME UNPUBLISHABLE

Several forces converge to create this prejudice:

- **Impact Factor Economics.** Journals are evaluated by citation velocity, not by clarity. Large, multi-institutional papers attract more citations, driving up the journal’s metric.
- **Statistical Misunderstanding.** Reviewers conflate statistical power with epistemic validity. A large study with confounding or poor design is statistically confident about the wrong thing.
- **Cultural Drift.** Editors fear that publishing small studies will signal lowered standards. The safest rejection is one disguised as rigor.

The cumulative result: small, focused science is exiled to obscure or pay-to-publish venues, where it disappears from professional discourse.

THE COST OF EXCLUDING SMALL SCIENCE

The damage is not aesthetic; it is functional. When journals reject small-N studies, they amputate the first step of knowledge formation – early, disciplined exploration that identifies promising signals for later replication. This inflates the cost and risk of discovery. It also creates a publication pipeline dominated by institutional elites who can afford massive trials.

The epistemic ecosystem then loses diversity. We stop learning from rural hospitals, community clinics, and developing countries – places that could ask pragmatic, low-cost questions most relevant to global health.

Excluding small science narrows not only what we know, but who gets to know it.

EDITORIAL REFORMS THAT WORK

Fixing the bias does not require charity; it requires calibration.

- **Dedicated “Small-N, Strong-Design” Sections.** Journals can create curated categories for rigorously designed small studies, reviewed by methodologists rather than impact chasers.
- **Outcome-Linked Visibility.** Track the downstream influence of published small-N studies—replications, citations in guidelines, or real-world implementation. Use that metric, not raw citations, as success currency.
- **Registered Report Acceptance.** Accept studies based on protocol quality before results are known, removing novelty pressure.
- **Post-Publication Synthesis.** Encourage meta-analyses and replication clusters around small-N publications, turning scattered findings into structured knowledge.

Such reforms would not dilute quality; they would diversify it.

THE COST OF EXCLUDING SMALL SCIENCE

Behind every small, well-designed study lies a researcher practicing science as a craft – precise, constrained, and humble. A healthy editorial ecosystem would treat such craft as a public good. Large-scale studies will always have their place; they test generalizability. But small studies are where medicine rediscovers its capacity for disciplined curiosity. The editorial duty is not to privilege scale but to curate **signal density** – how much understanding per page. When journals begin to measure that, the middle tier of science will return.

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