Cochrane Author Satisfaction Survey 2019

A report for the Cochrane Council

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1 Introduction

Throughout *Strategy to 2020* Cochrane has invested significant amounts of time and money into improving the author experience. One of the first investments we made in this area was the Game Changer project known as Project Transform. This aimed to improve efficiency for authors and delivered a wide range of tools and processes that have made authoring a Cochrane review more efficient (*Pipeline* – to improve discoverability of trials; *TaskExchange* – to allow authors to easily recruit extra expertise or resource into their team; *Crowd* – to create citizen science opportunities for people to be involved which improves our central database and latterly can provide screening services to individual reviews; *Living systematic reviews* – to explore new ways of working that can sustain a review that is constantly being updated). We also invested in Covidence, and EPPI-Reviewer for more complex reviews, as tools for screening, full text assessment and data extraction to complement RevMan. This has been complemented by a significant increase in learning and support available to authors, including the Cochrane Interactive Learning online course for conducting an intervention review, and the Cochrane Learning Live webinar series.

However, whilst we have been investing heavily in these areas, we have also been raising methodological expectations, which makes it increasingly challenging to be an author of a Cochrane review. In light of this, at the 2019 Governance Meetings in Krakow[1], the Cochrane Council/Governing Board discussed issues around recruiting, training and retaining high quality author teams, and whilst we had ideas about what issues might exist in our overall author experience, we did not have recent data from an author survey. As a result of this we set up and ran an author experience survey in July 2019.

We decided to approach the question of the author experience in three key areas: editorial experience; learning experience, and technology experience. Whilst there are other elements that are part of the experience of being a Cochrane author, we felt these were the most important factors for the organisation to explore. In addition to this, we asked further questions around how we support authors

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[1] https://community.cochrane.org/news/events/governance-meetings/cochrane-governance-meetings-krakow-2019

whose first language is not English, as this is of particular interest as our global community of authors continues to expand.

These areas of questions were also selected because they were all areas where we felt that we could generate outputs that could lead to action being taken.

Members of the Central Executive Team produced a first draft of questions and these were shared with the Cochrane Council to ensure that Group representatives from the Community could input on the questions.

We tried to keep the survey reasonably short in the hope that this would generate more responses, and so naturally there were questions that we couldn't fit in. However, we did provide open ended questions in each key section, so that respondents had the flexibility to add extra comments beyond the standard questions.

Our target was to receive 1,000 responses, and we received over 900 so we are extremely pleased with the response. This has generated a lot of qualitative data as a result. Some of this data will be summarised here in this report, but further analysis may continue beyond the publication of this report.

The purpose of this report is to summarise the findings. At times we will highlight key findings that are interesting and warrant further discussion or action, but we plan to decide on the actions to take as a result of these findings in collaboration with the Cochrane Council, and so we will deliberately not come to conclusions on what action to take in this report.

In addition to the summary data provided in the report, we have added appendices to present all the quantitative data.

If you have any queries relating to the process or want to know more about these findings, you can contact Chris Champion at cchampion@cochrane.org.

2 Who responded

In total we had 917 responses to the survey, with over half of those responding stating that English was not their first language. It is hard to accurately identify how many active authors we have at any given time, but previous proxy measures have suggested there are around 5,000 active authors and we know from previous years that around 3,000 authors contribute to published reviews each year, so 917 responses represents a good level of engagement for the survey.[2]

Q1. How many Cochrane reviews have you contributed to as an author? (Please count published Cochrane reviews only)

Of those who responded, we have a range of first-time authors and repeat authors and we have responses from early career professionals (21%), mid-career professionals (30%) and senior professionals (37%). We acknowledge that these terms are imperfect, but nonetheless it helps to understand how people of different levels of professional experience have responded. The majority of responses are from authors of standard intervention reviews (85%). This mirrors the composition of the Cochrane Library.
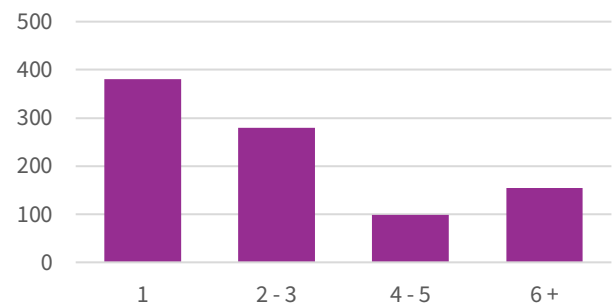
55%

First language is not English

45%

First language is English

Based on the information we captured in the early questions of the survey we have been able to stratify results by these factors and in particular we have been able to explore differences between the views of first time authors compared to repeat authors, authors who have contributed recently compared with those who haven't contributed for a few years, and authors whose first language is English compared with those whose first language is not English.

52%

Have published a review in the last 12 months

31%

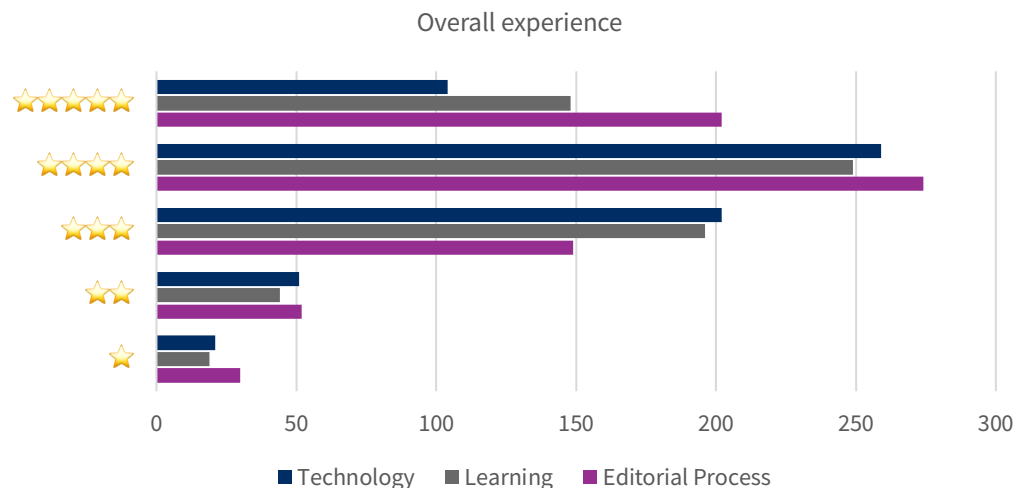Have published a review in the last 1-3 years

17%

Have published a review 4 or more years ago

[2] More information on these proxy measures can be found in the Cochrane Dashboards: https://community.cochrane.org/organizational-info/resources/strategy-2020/dashboard

3 Overall satisfaction

We asked people about their overall satisfaction in three areas: editorial process, learning and technology. Overall, we have a lot to celebrate in the responses to these questions as the most frequent response for all three questions was four out of five stars. However, we clearly could be doing better given that many people did rate their experience as three stars. It is clear that only a minority rated these experiences as one or two stars.

Q25. How satisfied are you with your overall experience of being a Cochrane author?

Overall experience

■ Technology ■ Learning ■ Editorial Process

In addition to these three questions, we also asked people how satisfied they are with the overall experience of being a Cochrane author on a scale of *0 (Not good at all)* to *5 (Very good)*. For this question we received an average score for all respondents which was **3.9**.
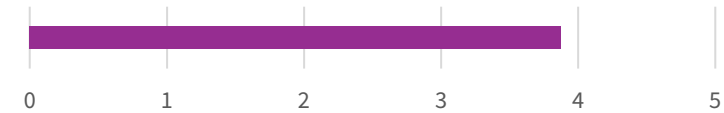
To understand these results further, we stratified by the following factors, looking at average responses for each group.
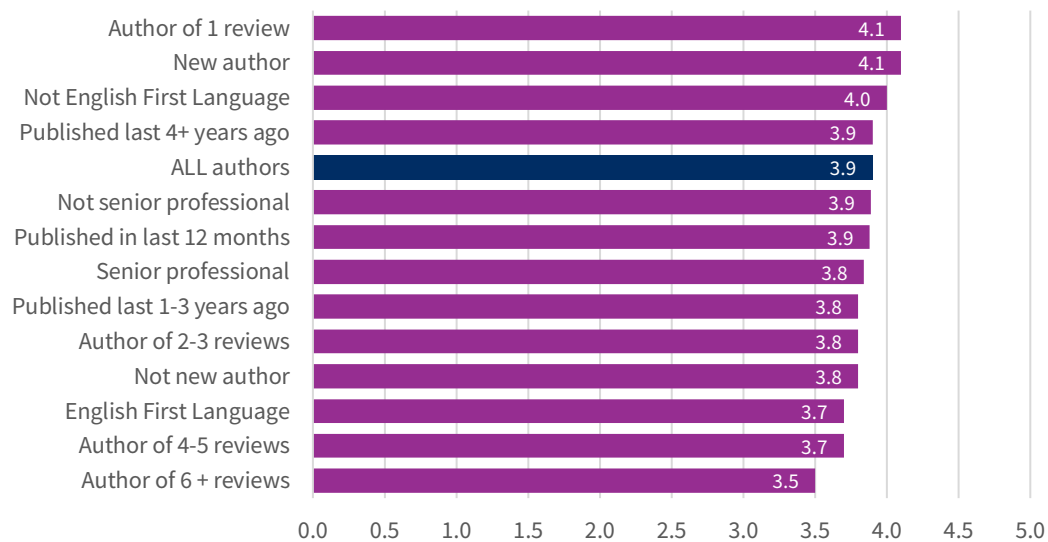
- New authors compared with not new author (new is defined as 1 review only and published in last 12 months)
- Comparison by number of reviews: 1, 2-3, 4-5, 6+
- Comparison by when the respondent's last review was published: last 12 months, 1-3 years ago, more than 4 years ago
- Whether the respondent is a senior professional or not
- Whether the respondent's first language is English of not.

Overall there were **81 unsatisfied authors** (15% of 541 complete respondents) who responded 3 or less to the questions on overall experience of the different areas. These unsatisfied authors did not have any specific attributes in common other than almost all having worked on at least 1 intervention review (only 4 had not worked on an intervention review). Whereas there were **232 satisfied authors** (43% of 541 complete respondents) who responded 4 or more to the questions on overall experience of the different areas.

New authors rate a better experience for all aspects, except for technology, when compared to more experienced/past authors (see Appendix A).

The area where the largest differences were noted was when stratifying the results by how many reviews the person had authored. There is a visible decrease in satisfaction with the overall experience as the number of reviews increases.

Overall satisfaction as a Cochrane author (stratified)

Category	Rating
Author of 1 review	4.1
New author	4.1
Not English First Language	4.0
Published last 4+ years ago	3.9
ALL authors	3.9
Not senior professional	3.9
Published in last 12 months	3.9
Senior professional	3.8
Published last 1-3 years ago	3.8
Author of 2-3 reviews	3.8
Not new author	3.8
English First Language	3.7
Author of 4-5 reviews	3.7
Author of 6 + reviews	3.5

The data suggests that the most satisfied group is non-English first language authors of 1 review (n=229, rating = 4.1).

The least satisfied group appears to be the authors of 6+ reviews whose first language is English (n=92, rating is 3.4)

Senior professionals rate a poorer experience than other authors for editorial process, learning resources and technology.

Authors who are not native English speakers rate a better experience for all aspects compared to English first language authors.

The stratified data referred to here is presented in the table in Appendix A.

When comparing Cochrane to other journals that authors have worked with the responses was very positive. 62% rated Cochrane as better than working with other journals or similar organisations.

Q26. Compared with other journals or organisations you work with, how would you rate the overall author experience in Cochrane?

| Response	Count
Better	~460
About the same	~145
Worse	~100
Don't know	~35
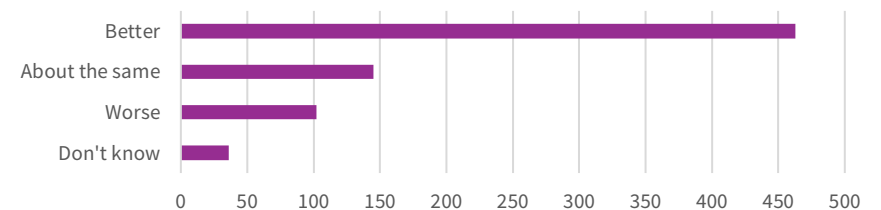
4 What attracts authors to work with Cochrane

43% of those who responded to this question selected **Cochrane's reputation** as an extremely important factor in attracting them to work with Cochrane, and this was clearly the most important influence of the factors listed. Some responders left additional comments which align with this, they mention key words such as Cochrane's *transparency, accountability, esteem, rigour, credibility, influence, uniqueness*.

Methods Support was the second most influential factor and again some of the free text comments supported this further with comments noting support such as library/searching support, statistical support, and access to experts.

The factor that scored lowest was Cochrane Membership and associated governance rights, which is not a complete surprise, as most authors would see that as an extra rather than a primary reason to publish with Cochrane. It is also, a reflection of the focus of membership on broadening participation and getting people involved in other, non-authoring tasks. It is positive to see that governance rights is still identified as important by half of all authors, potentially reflecting that individuals not only have a commitment to authoring a review but feel a commitment to Cochrane as an organisation. As a whole, membership & governance seemed to be most attractive to authors of only 1 review, as well as to authors who do not have English as a first language.

We also asked people what they think would make Cochrane more attractive, and whilst we received a lot of responses, there was only one clear message that stood out, which was that we should reduce editorial timelines. This comment was made by 25% of respondents to this question.

Q7. How important were these factors in attracting you to publish with Cochrane?

Not important
Somewhat important
Important
Very important
Extremely important
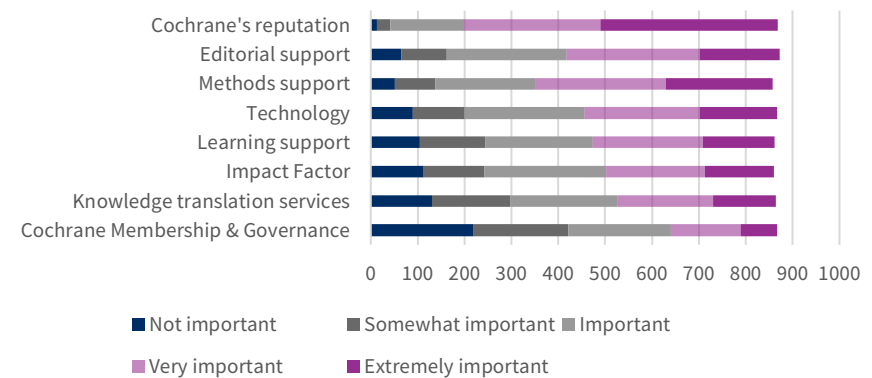
5 Editorial process

5.1   Overall satisfaction (*707 of 917 answered*).
We wanted to explore a few specific questions with regard to editorial process, which included overall satisfaction, whether teams are getting consistent editorial feedback when working with multiple Groups, and whether alternative submission mechanisms would be of interest to authors.

Q13. Please rate your overall experience of Cochrane's editorial process
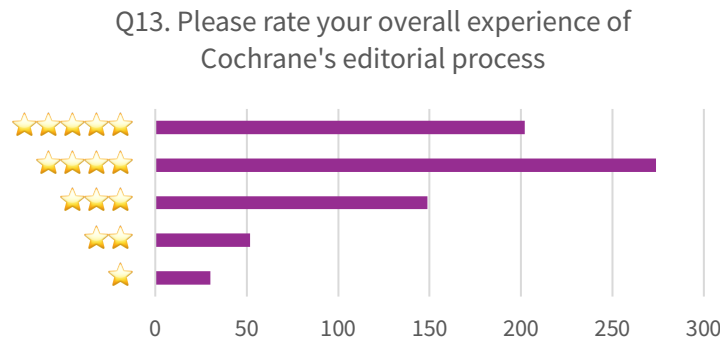

The overall satisfaction rating was a very strong result with 67% of responders giving a 4 or 5 star rating. We gave people the opportunity to respond in free text to offer additional feedback and 463 individuals included a text response. 25% of respondents shared that they found the overall editorial process to be too long or too slow, describing delays from the title registration stage, to peer review of the final publication. In contrast, 20% of respondents stated their satisfaction with the overall editorial process, and in particular with the polite and helpful support and responses provided throughout the editorial process.

5.2   Satisfaction with individual factors (*844 of 917 answered*).
The majority of respondents were either ***satisfied*** or ***very satisfied*** with the individual elements we enquired about. The area with the lowest satisfaction was *timeliness of responses from editorial teams* where only 66% were either ***satisfied*** or ***very satisfied***. Between timeliness and consistency of feedback there is clearly room for improvement based on this data, but there is also a positive message that around 600 respondents were satisfied with all of these areas.

Q9. What is your level of satisfaction with these elements of the editorial process?
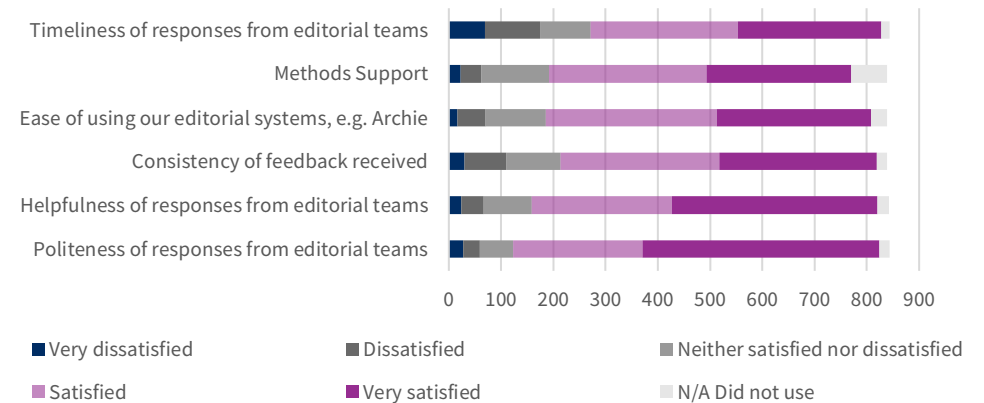
5.3   Consistency of feedback across Groups (*494 of 917 answered*).
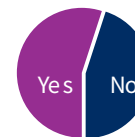
44% of respondents (n=221) who had worked with more than one Cochrane Group, felt that their editorial experience had been inconsistent across these Groups. This is an important result that supports concerns raised in the past. The new Cochrane Networks offer us opportunities to standardise processes across Groups, which will hopefully, in turn, lead to more consistency of feedback across Groups.

Additional detail on the nature of inconsistency was given by some respondents, and some of the more frequent comments included: *Different timeliness/responsiveness* (9%); *Professionalism - politeness, helpfulness* (7%); *Different interpretations and operationalisation of processes* (5%); *Different degrees of support provided* (4%).

5.4   Introducing a journal style final submission process (*816 of 917 answered*).
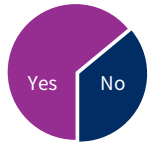
We also asked participants whether they would be interested in submitting to Cochrane in different ways in future. In particular, we ask whether having an additional route to submission that was like a traditional journal route would be of interest. 64% of respondents stated that they would be interested in this, which suggests there is appetite for an alternative model to work alongside our existing model.

The free text responses to this question suggest concerns about how this would affect our quality by not following the protocol process and this would have to be factored in to any new service, i.e. a protocol must have been publicly registered for the work. Those that were in favour of the approach felt it offered an opportunity to increase efficiency, simplify processes and reduce time to publication, while opening Cochrane to publish on more topics/titles from a broader pool of authors.
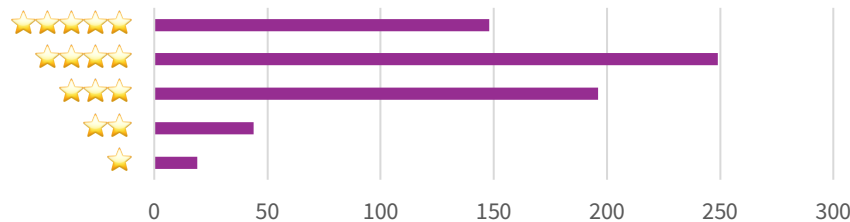
6 Learning and support

Cochrane provides a wide range of learning and support, some of which is managed centrally (for example, e-learning and webinars) and some of which is delivered locally (for example, face to face workshops at Centres). We also provide resources, such as the Cochrane Handbook, and our network of people provide supportive mentoring roles at all levels.

6.1   Overall satisfaction (*656 of 917 answered*).

The overall satisfaction with Cochrane Learning resources appears to be good with 61% of respondents regarding the experience as either 4 or 5 stars and only 10% gave a rating of 1 or 2 stars. We should not be complacent in developing our learning and support further, as clearly this suggests we can improve, but this is a positive response.

Q17. Please rate your overall experience of using Cochrane learning resources.

6.2   Helpfulness of learning resources used (*805 of 917 answered*).

When asking respondents about the helpfulness of the learning and support on offer we received some interesting responses.

Firstly, the main resource that stands out is the Cochrane Handbook. 69% of respondents (553 out of 805) rated the Cochrane Handbook as *very helpful*. This is good news, but it is not a surprise given the central role that the Cochrane Handbook has for review authors.

Q14. How helpful were the Cochrane learning resources that you used?
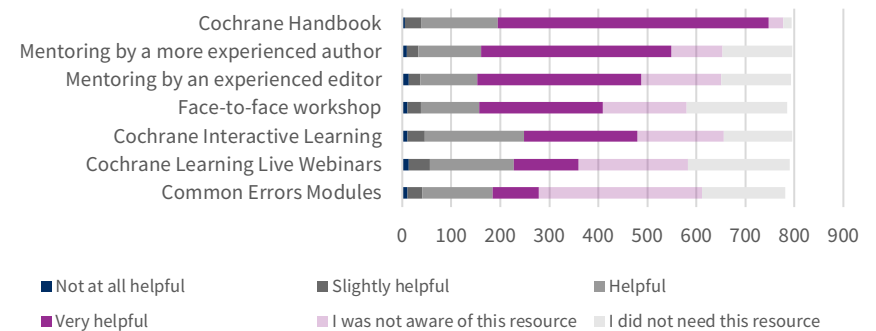
More surprisingly, mentoring by experienced authors or editors was rated very highly with 48% and 42%, respectively, responded that this was *very helpful*. It is no great surprise that such support is regarded as helpful, but it is pleasantly surprising to see how many people said they had experienced this sort of mentoring, which suggests that author to author and editor to author mentoring is happening more widely than we realised.

The other options listed all received good feedback, though it is notable that 177 respondents were unaware of our flagship online learning course, Cochrane Interactive Learning, and similar 224 respondents were unaware of our webinar series, Cochrane Learning Live. This suggests we still have work to do in promoting these resources to authors, so that they can have the greatest impact possible.

6.3   Ranking learning priorities (*769 of 917 answered*).

In question 15, we asked respondents to rank three areas of development by priority (blending face-to-face learning with online courses; more mentorship opportunities; more long-term training support through the life of the review). However, the responses were so

even across all of these options that all we can take from this is that all of these are important to the respondents.

6.4   Additional comments (*140 of 917 answered).*

140 responders left additional comments about the experience of learning in Cochrane. Of these, over half shared their specific gaps in knowledge and made suggestions for improvement, in particular expressing a need for more learning resources on keeping up-to-date with new methods/processes, on updating reviews and on GRADE.

7 Technology

Cochrane has invested heavily in technology over the last 5 years. We have introduced new author support tools (Covidence and EPPI-Reviewer), and we have created a new version of RevMan Web which is gradually being introduced. The aim with all of these initiatives is to support authors in their work to make it easier and quicker to produce Cochrane reviews. With this in mind, it is important that authors have a good experience of using our technology, if we are to achieve this goal.

7.1   Overall satisfaction (*637 of 917 answered*).

Overall, the 637 respondents to this question were happy with their experience of Cochrane technology. 57% of respondents rated technology as either 4 or 5 star and only 11% rated it as 1 or 2 star. Whilst this is a positive response, we might hope to improve upon this as RevMan Web and Covidence mature, which would be good for the overall author experience, as access to good technology is a potentially driver for recruiting new, high quality author teams.

Q22. Please rate your overall experience of using Cochrane technology.
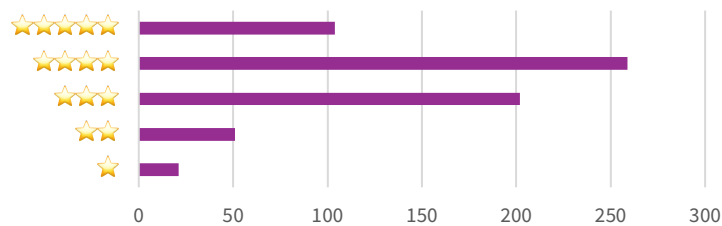
7.2   Satisfaction with individual tools (*761 of 917 answered*).

When we asked about individual products in more detail, we found that many of the 761 people who responded are either very satisfied or extremely satisfied with our core tools (RevMan 5, RevMan Web, Covidence and GradePro).

Q18. Cochrane and our partners have developed tools and software that enable authors to conduct Cochrane Reviews. What is your level of satisfaction with these tools?
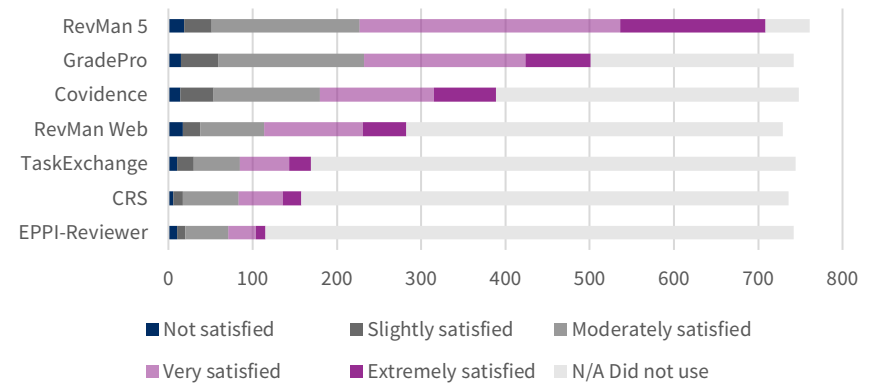
Looking at this data without the ***did not use*** responses (this time with the x axis as percentage of respondents), it is clear that satisfaction levels are similar across products. For most products over 50% of respondents who used the product are ***very*** or ***extremely satisfied*** and the combined percentage of the least satisfied responders (***not satisfied*** and ***slightly satisfied***) are under 20% for all products.
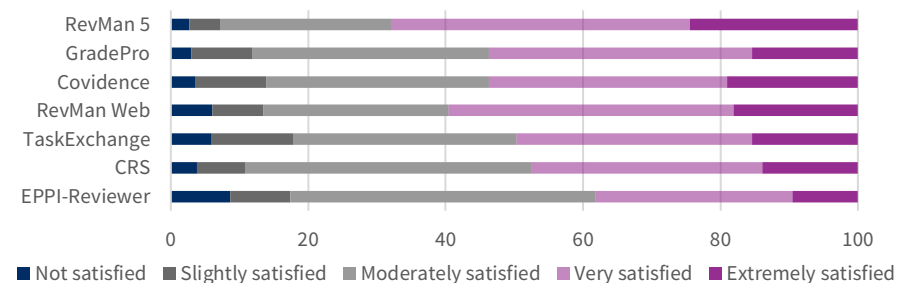
7.3   Ranking technology priorities (*694 of 917 answered).*

We asked what our priorities should be for next steps with technology by asking people to rank various initiatives that are either ongoing or in the pipeline.

The clear top priority amongst the 694 people who answered this question was support for collaboration and communication between review team members. What was particularly interesting here is that the second highest rating was 5th place for harmonizing tools. The fact that many people didn't rate this as important suggests that our current infrastructure is not causing these authors a problem. However, it is important to note here that many of these initiatives are interlinked, so, for example, better transfer of data between our tools allows us to simplify the updating of reviews and to maintain living reviews.

	1st	2nd	3rd	4th	5th
Support collaboration and communication between the people involved in the review e.g. a commenting system	217	94	107	89	96
Simplify updating of reviews and support living systematic reviews e.g. dynamic links to analysis results	155	170	150	92	39
Harmonize the use of several tools in the ecosystem e.g. easy transfer of data from Covidence to RevMan Web with support for updating the review	151	117	95	92	201
Improve the process of setting up analyses e.g. Move to a study-centric data-model	50	156	165	136	90
Introduce and update new methods e.g. support for Network Meta-Analysis	90	95	109	182	145

7.4   Additional comments (*70 of 917 answered).*

48 respondents provided further free text responses that reflected dissatisfaction with current tools mostly because the tools are not user-friendly.

8 Supporting authors whose first language isn't English

Cochrane's principle of enabling wide participation in our work by reducing barriers to contributing and by encouraging diversity is at the heart of our organisation, so supporting authors whose first language is not English is important. We would like to increase support in this area and we are piloting some initiatives. However, what is interesting from the feedback in this survey is that the most highly ranked area of support is language editing support, which is not where we have historically had direct initiatives to support authors. This theme was repeated in the free text comments (71 responses), where 32% of comments were regarding language editing support for authors whose first language is not English.

Since 55% of the overall respondents (n=503) to the survey said that English was not their first language, we explored the responses solely from these respondents. In fact, two-thirds of the responses (n=317-349 depending on question[3]) to this question came from this group (first language is not English), so we can be confident that the quantitative and free text responses are a meaningful representation of the preferences of authors whose first language is not English.

Q23. Supporting authors whose first language is not English is important to Cochrane. Please rank the following initiatives in this area from 1 (the most important initiative) to 6 (the least important).

	1st	2nd	3rd	4th	5th	6th
Language editing support	307	79	43	44	37	35
Methods support in languages other than English	43	174	117	76	68	33
Training resources available in languages other than English	65	109	161	94	56	32
Ability to write the review in your own language	86	56	53	115	66	148
Mentoring in languages other than English	29	57	84	102	185	55
More in-person training in languages other than English	41	62	73	76	98	208

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[3] The range here is due to the fact that respondents were able to rank some, but not all items. 349 authors whose first language is not English ranked language editing support, whereas only 317 authors whose first language is not English ranked methods support

9 Conclusions and next steps

There is a lot to celebrate in the results of this survey. To receive such a positive endorsement of the author experience in Cochrane, and to see that so many rated working with Cochrane as better than other journals, is very heartening. However, we know that we can and should be doing better.

There are some clear messages in this survey data, such as:

- authors would be happier if our processes were quicker;

- we need to be more consistent in the feedback we give to authors;

- implementing any new journal style submission process should be done with care, so as not to undermine quality and our protocol-based approach;

- mentoring is a highly valued form of support to authors that is happening within the community;

- we need to support better communication and collaboration between authors in our software; and

- providing some form of English language support for those whose first language isn't English would be well received.

These, and other conclusions, will now be discussed by the Cochrane Council to identify priorities for where we can improve the Cochrane author experience. This will lead to a series of recommended actions that we will take based on this survey, which will be made available to all.

10   Appendix A: stratified satisfaction ratings

|	Number	Editorial Process *(Scale: 1 to 5)*	Learning Resources *(Scale: 1 to 5)*	Technology *(Scale: 1 to 5)*	Being Cochrane author *(Scale: 0 to 5)*
ALL authors	**915**	**3.8**	**3.7**	**3.6**	**3.9**
New author^	193	4.1	3.9	3.7	4.1
Not new author	722	3.7	3.7	3.6	3.8
Author of 1 review	379	4.0	3.9	3.7	4.1
Author of 2-3 reviews	279	3.7	3.7	3.6	3.8
Author of 4-5 reviews	99	3.6	3.4	3.5	3.7
Author of 6 + reviews	154	3.4	3.4	3.3	3.5
Published in last 12 months	471	3.8	3.7	3.6	3.9
Published last 1-3 years ago	283	3.7	3.7	3.5	3.8
Published last 4+ years ago	149	3.9	3.8	3.6	3.9
Senior professional	354	3.7	3.6	3.5	3.8
Not senior professional	561	3.9	3.8	3.7	3.9
English First Language	405	3.6	3.5	3.4	3.7
Not English First Language	503	3.9	3.9	3.8	4.0
Not English First Language authors of 1 review	229	4.1	4.0	3.9	4.1
English First Language authors of 6+ reviews	92	3.3	3.2	3.2	3.4

Rating scale from 1 star to 5 stars; except for Being a Cochrane author which was a sliding scale from 0(Not good at all) to 5 (Very good).

Definition new author: ^Only 1 review published in last 12 months
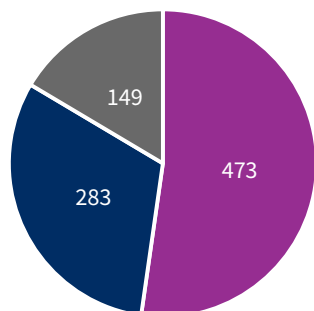
11 Appendix B: all quantitative data

11.1 Q1. How many Cochrane reviews have you contributed to as an author? (Please count published Cochrane reviews only)
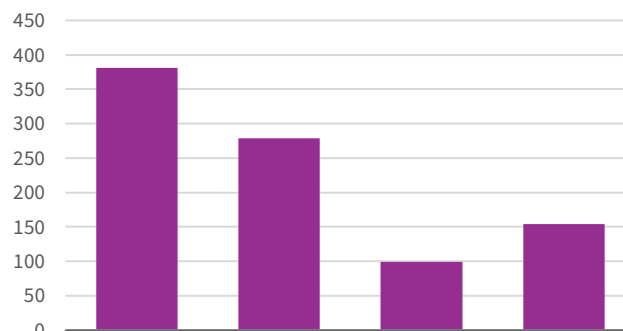
Q1. How many Cochrane reviews have you contributed to as an author? (Please count published Cochrane reviews only)	1	2 - 3	4 - 5	6 +
	381	279	99	154

11.2 Q2. When was your most recent Cochrane review published?

- Last 12 months: 473
- 1-3 years ago: 283
- 4 + years ago: 149

11.3 Q3. What type of reviews have you written for Cochrane? (select all that apply)
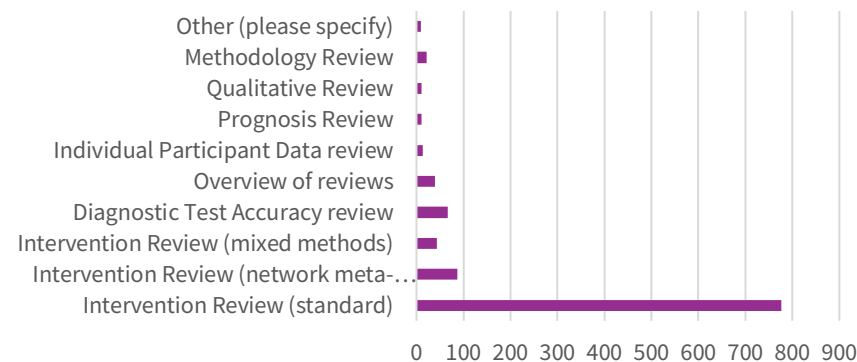
Answer Choices	Response Percent	Responses
Intervention Review (standard)	85.09%	776
Intervention Review (network meta-analysis)	9.54%	87
Intervention Review (mixed methods)	4.71%	43
Diagnostic Test Accuracy review	7.24%	66
Overview of reviews	4.28%	39
Individual Participant Data review	1.43%	13
Prognosis Review	1.21%	11
Qualitative Review	1.21%	11
Methodology Review	2.41%	22
Other (please specify)	1.1%	10
	Answered	**912**
	Skipped	**5**

11.4   Q4. What term below best describes you?

	Student	PhD Student	Early career professional	Mid-career professional	Senior professional	Other (please specify)
Q4. What term below best describes you?	14	54	189	275	340	35
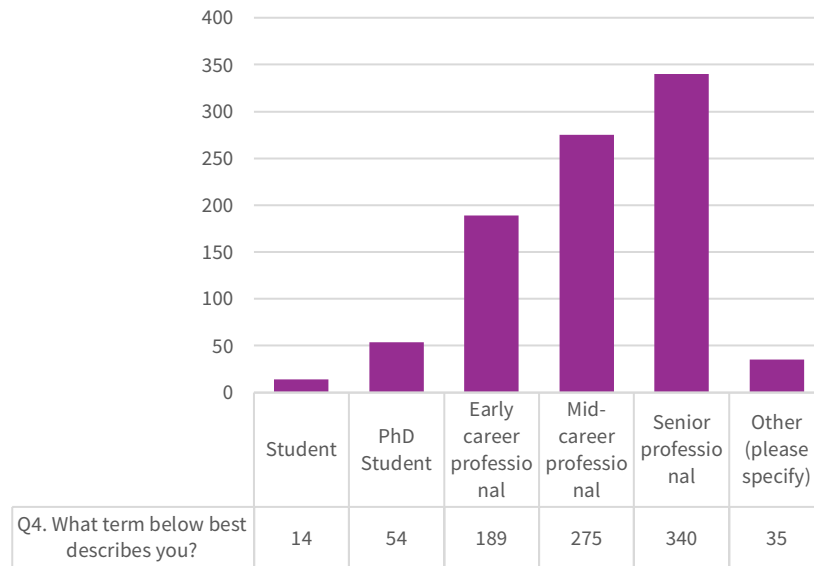
11.5   Q5. Is English your first language?

- Yes 503 / 405
- No
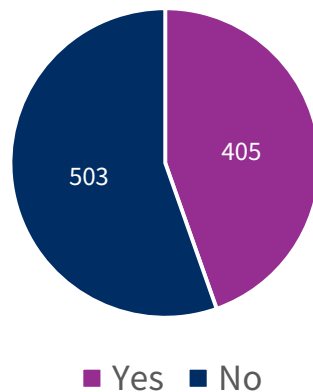
11.6   Q6. Which Cochrane Review Groups have you published reviews with?

Answer Choices	Response Percent	Responses
Acute Respiratory Infections	5.6%	50
Airways	4.4%	39
Anaesthesia	5.0%	45
Back and Neck	2.2%	20
Bone, Joint and Muscle Trauma	1.8%	16
Breast Cancer	1.9%	17
Childhood Cancer	0.7%	6
Colorectal Cancer	2.1%	19
Common Mental Disorders	3.5%	31
Consumers and Communication	1.1%	10
Cystic Fibrosis and Genetic Disorders	2.6%	23
Dementia and Cognitive Improvement	3.8%	34
Developmental, Psychosocial and Learning Problems	4.7%	42
Drugs and Alcohol	1.7%	15
Effective Practice and Organisation of Care	5.2%	46
Emergency and Critical Care	1.5%	13
ENT	2.0%	18
Epilepsy	1.5%	13
Eyes and Vision	2.7%	24
Fertility Regulation	1.3%	12
Gynaecological, Neuro-oncology and Orphan Cancer	5.7%	51
Gynaecology and Fertility	3.6%	32
Haematological Malignancies	1.2%	11
Heart	5.8%	52
Hepato-Biliary	3.8%	34
Hypertension	1.1%	10
IBD	1.7%	15

Incontinence	2.1%	19
Infectious Diseases	7.6%	68
Injuries	2.8%	25
Kidney and Transplant	2.9%	26
Lung Cancer	1.0%	9
Metabolic and Endocrine Disorders	3.1%	28
Methodology	1.1%	10
Movement Disorders	0.2%	2
Multiple Sclerosis and Rare Diseases of the CNS	1.7%	15
Musculoskeletal	5.0%	45
Neonatal	4.4%	39
Neuromuscular	2.8%	25
Oral Health	4.6%	41
Pain, Palliative and Supportive Care	4.6%	41
Pregnancy and Childbirth	8.2%	73
Public Health	3.2%	29
Schizophrenia	3.2%	29
Skin	3.5%	31
STI	1.0%	9
Stroke	4.1%	37
Tobacco Addiction	1.9%	17
Upper GI and Pancreatic Diseases	1.9%	17
Urology	2.2%	20
Vascular	3.4%	30
Work	2.1%	19
Wounds	3.8%	34
Answered		**894**
Skipped		**23**

11.7 Q7. How important were these factors in attracting you to publish with Cochrane?

Q7. How important were these factors in attracting you to publish with Cochrane?
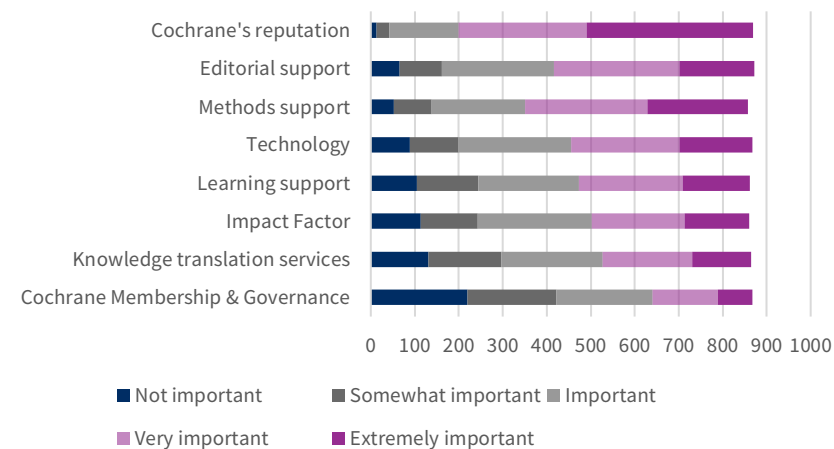
Answer Choices	Not important	Somewhat important	Important	Very important	Extremely important	Total
Cochrane's reputation	13	29	157	291	379	869
Methods support	52	86	213	278	228	857
Editorial support	65	97	255	285	170	872
Technology	89	111	256	245	166	867
Learning support	105	139	229	236	153	862
Impact Factor	113	130	259	211	147	860
Knowledge translation services	131	166	230	204	133	864
Cochrane Membership & Governance	220	202	218	149	78	867
Other Factors (please specify)						64

Answered	877
Skipped	40

11.8 Q8. How can we make Cochrane more attractive to you and to prospective authors?

Free text response.

Answered	530
Skipped	387

11.9 Q9. What is your level of satisfaction with these elements of the editorial process?

Q9. What is your level of satisfaction with these elements of the editorial process?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- N/A Did not use
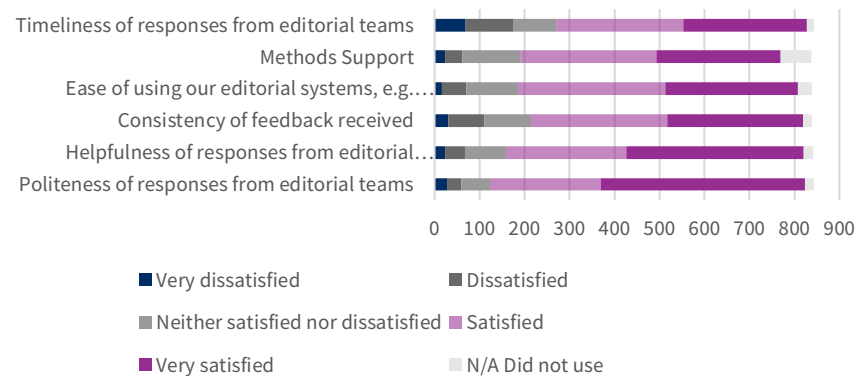
| Answer Choices	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	N/A Did not use	Total
Politeness of responses from editorial teams	28	31	64	247	454	20	844
Helpfulness of responses from editorial teams	24	43	92	268	393	22	842
Consistency of feedback received	30	80	104	303	302	20	839
Ease of using our editorial systems, e.g. Archie	17	53	116	327	295	31	839
Methods Support	23	39	130	301	277	68	838
Timeliness of responses from editorial teams	69	105	97	282	275	15	843

Answered 844

Skipped 73

11.10 Q10. If you have worked with more than one Cochrane Group, do you feel that your editorial experience has been consistent across these Groups?

■ Yes ■ No

221 273
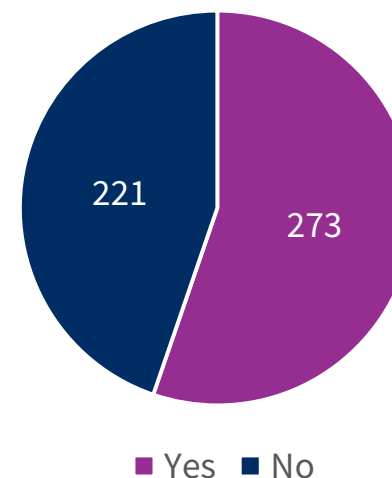
11.11 Q11. Cochrane is exploring different ways for authors to work with Cochrane including a more traditional journal model where authors submit completed reviews for consideration. Would you be interested in submitting future reviews in this way?
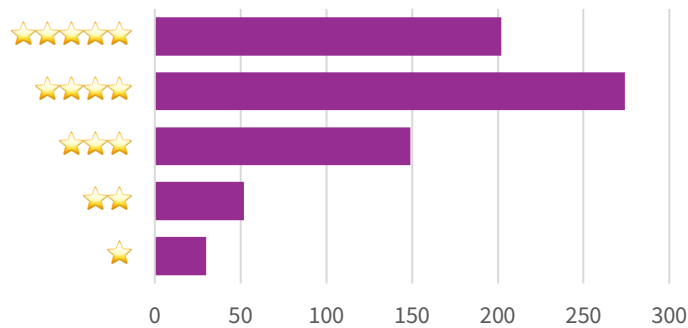

296 520

■ Yes ■ No
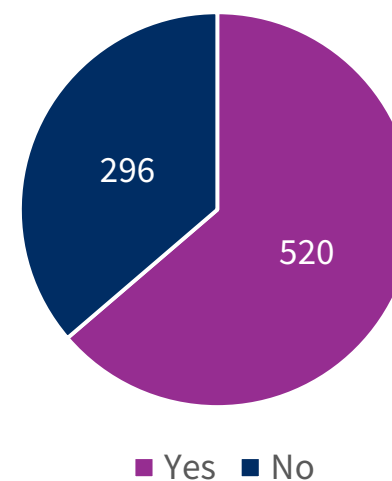
11.12 Q12. What other comments do you have about your experience with the editorial process from title registration through to review sign-off?

Free text response.

Answered	463
Skipped	454

11.13 Q13. Please rate your overall experience of Cochrane's editorial process

Q13. Please rate your overall experience of Cochrane's editorial process	⭐	⭐⭐	⭐⭐⭐	⭐⭐⭐⭐	⭐⭐⭐⭐⭐
	30	52	149	274	202

11.14 Q14. How helpful were the Cochrane learning resources that you used?

■ Not at all helpful   ■ Slightly helpful
■ Helpful   ■ Very helpful
■ I was not aware of this resource   ■ I did not need this resource
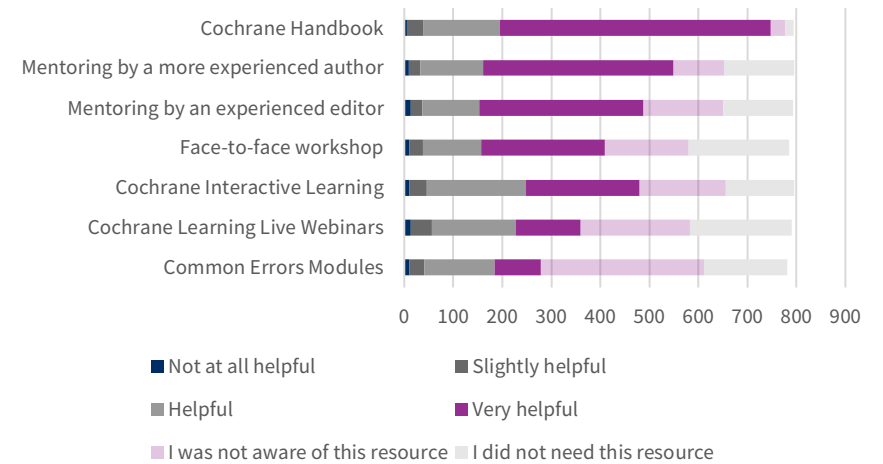
Answer Choices	Not at all helpful	Slightly helpful	Helpful	Very helpful	I was not aware of ...	I did not need this	Total
Cochrane Handbook	5	34	156	553	29	18	795
Mentoring by a more experienced author	9	24	128	388	105	142	796
Mentoring by an experienced editor	13	24	116	335	163	142	793
Face-to-face workshop	11	27	119	252	171	205	785
Cochrane Interactive Learning	11	35	203	230	177	140	796
Cochrane Learning Live Webinars	13	44	170	132	224	208	791
Common Errors Modules	11	30	144	93	334	169	781
Other (please specify and let us know how helpful it was)							57
						Answered	**805**
						Skipped	**112**

11.15 Q15. Please rank the following learning priorities in order of importance for improving the author experience? (1 is the highest priority)

Answer Choices	1st	2nd	3rd	Total
More long term training support through the life of the review	266	260	226	752
More mentorship opportunities	238	253	196	687
Blending face-to-face learning with online courses	207	211	264	682
			Answered	**769**
			Skipped	**148**

11.16 Q16. Do you have any other comments about the learning experience for authors in Cochrane? e.g. gaps in learning that should we address.

Free text response.

Answered	140
Skipped	775

11.17 Q17. Please rate your overall experience of using Cochrane learning resources.
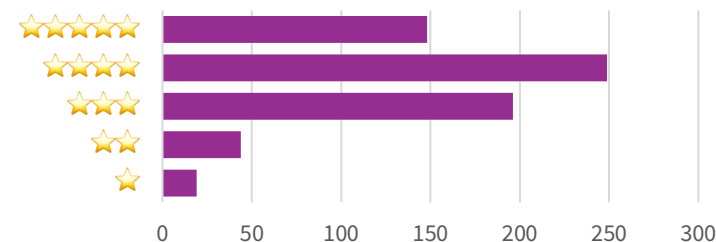
	⭐	⭐⭐	⭐⭐⭐	⭐⭐⭐⭐	⭐⭐⭐⭐⭐
Q17. Please rate your overall experience of using Cochrane learning resources.	19	44	196	249	148

11.18 Q18. Cochrane and our partners have developed tools and software that enable authors to conduct Cochrane Reviews. What is your level of satisfaction with these tools?

	Not satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied	N/A Did not use	Total
EPPI-Reviewer	10	10	51	33	11	627	742

Please let specify any other software used and why: 70

Answered 761
Skipped 156

The other software that people mentioned that they had used is as follows:

Software	Count
R	6
Rayyan	6
Endnote	5
Excel	4
DistillerSR	2
Epistemonikos	2
OpenBUGS	2
RedCap	2
STATA	2
Winbugs	2
abstrackr	1
Collaboratron	1
MAGICapp	1
Mendeley	1
Rattan	1
SPSS	1
SRDR	1
SysReview	1
Web Plot Digitizer	1
Zotero	1

Answer Choices	Not satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied	N/A Did not use	Total
RevMan 5	19	32	176	309	173	52	761
GradePro	15	44	173	192	77	241	742
Covidence	14	40	126	135	74	359	748
RevMan Web	17	21	76	117	51	447	729
TaskExchange	10	20	55	58	26	575	744
CRS	6	11	66	53	22	578	736

11.19 Q19. For the tools you used with which you were not satisfied or only slightly satisfied, please summarise what influenced your rating.

Free text response.

Answered	190
Skipped	727

11.20 Q20. What should we focus on improving in review production technology to improve the author experience?

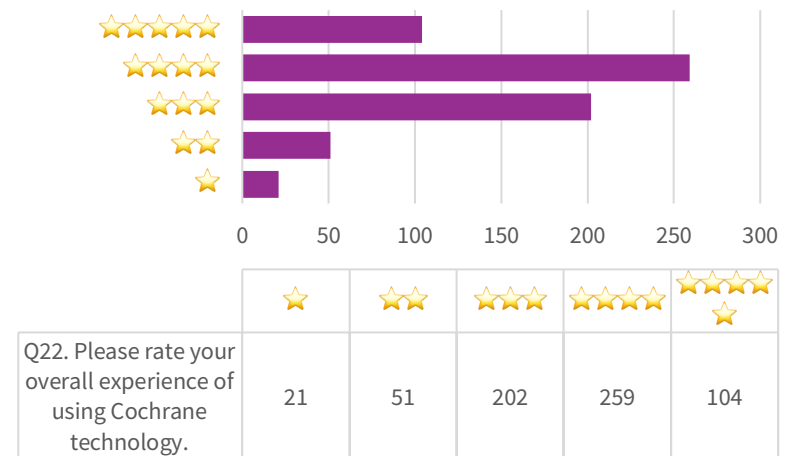|	1st	2nd	3rd	4th	5th
Support collaboration and communication between the people involved in the review e.g. a commenting system	217	94	107	89	96
Simplify updating of reviews and support living systematic reviews e.g. dynamic links to analysis results	155	170	150	92	39
Harmonize the use of several tools in the ecosystem e.g. easy transfer of data from Covidence to RevMan Web with support for updating the review	151	117	95	92	201
Improve the process of setting up analyses e.g. Move to a study-centric data-model	50	156	165	136	90
Introduce and update new methods e.g. support for Network Meta-Analysis	90	95	109	182	145

Answered **694**
Skipped **223**

11.21 Q21. Do you have any other comments about the technology that we provide for Cochrane Authors?

Free text response.

Answered	70
Skipped	847

11.22 Q22. Please rate your overall experience of using Cochrane technology.

	⭐	⭐⭐	⭐⭐⭐	⭐⭐⭐⭐	⭐⭐⭐⭐⭐
Q22. Please rate your overall experience of using Cochrane technology.	21	51	202	259	104

11.23 Q23. Supporting authors whose first language is not English is important to Cochrane. Please rank the following initiatives in this area from 1 (the most important initiative) to 6 (the least important).

|	1st	2nd	3rd	4th	5th	6th	Total
Language editing support	307	79	43	44	37	35	545
Methods support in languages other than English	43	174	117	76	68	33	511
Training resources available in languages other than English	65	109	161	94	56	32	517
Ability to write the review in your own language (and then translate for publication)	86	56	53	115	66	148	524
Mentoring in languages other than English	29	57	84	102	185	55	512
More in-person training in languages other than English	41	62	73	76	98	208	558

Answered   607

Skipped   310

11.24 Q24. Do you have other suggestions for how authors whose first language is not English could be supported?
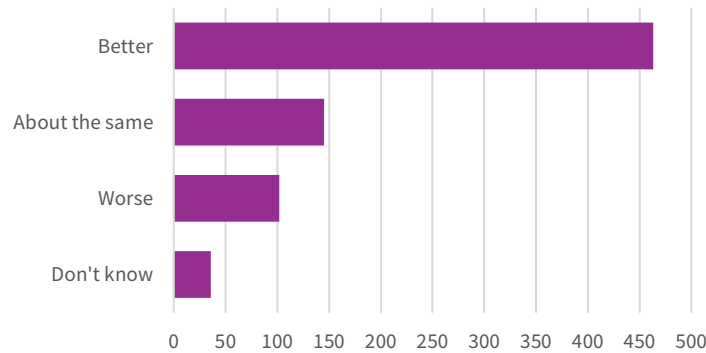
Free text response.

Answered	71
Skipped	846

11.25 Q25. How satisfied are you with your overall experience of being a Cochrane author? (scale of 0 to 5 where 5 is the most satisfied and 0 is the least satisfied)
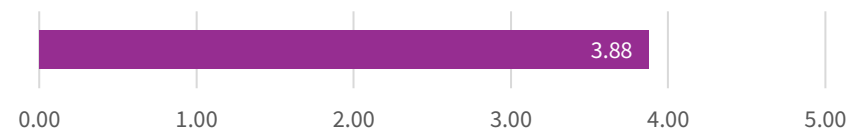
Answered   754
Skipped   163

11.26 Q26. Compared with other journals or organisations you work with, how would you rate the overall author experience in Cochrane?


	Don't know	Worse	About the same	Better
Q26. Compared with other journals or organisations you work with, how would you rate the overall author experience in Cochrane?	36	102	145	463

11.27 Q27. Do you have any other observations or personal reflections about the Cochrane author experience?

Free text response.

Answered	186
Skipped	731

11.28 Q28. Cochrane sends general communications to authors from time to time. This includes key announcements, messages from author representatives on the Cochrane Council and other important organisational messages. What is your preferred way of receiving information relevant to your role as a Cochrane Author? (Select all that apply)
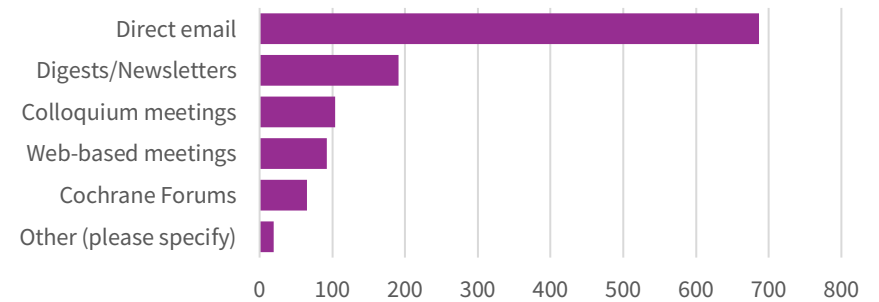
Answer Choices	Response Percent	Responses
Direct email	92.96%	687
Digests/Newsletters	25.85%	191
Cochrane Forums	8.8%	65
Web-based meetings	12.45%	92
Colloquium meetings	14.07%	104
Other (please specify)	2.57%	19
Answered		739
Skipped		178