

## CJS Readership Survey 2009: summary and call for action

In a quest to improve delivery of a high-quality journal that contributes to effective continuing professional development for Canadian surgical specialists, the editorial staff sought feedback from its readership in 2009. This editorial summarizes the findings of the survey, details qualitative changes since a previous survey and discusses some opportunities for improvement of the journal.

In February 2009, survey questions were devised by the journal's editorial staff and distributed to 1877 subscribers by directly linking to email lists of members of the Canadian Association of General Surgeons, Canadian Orthopaedic Association, Canadian Society for Vascular Surgery and the Canadian Association of Thoracic Surgeons. The Canadian Society for Surgical Oncologists and Canadian Spine Society distributed the survey directly to their members. The survey was initially sent in February 2009 and after 2 reminders, it was closed on Mar. 31, 2009.

In total, we received 257 responses for a 13.7% response rate. Demographics of the respondents showed that 96% were full-time surgeons primarily practising orthopaedic (40.8%) and general surgery (40.4%); 72.7% of the respondents indicated that they read or looked through 4 or more of the 6 issues distributed in the previous year. Among the sections read frequently, very frequently or always, the results were as follows: Table of Contents (86.1%), Evidence-Based Reviews in Surgery (66.3%), Continuing Medical Education (CME, 48.4%), Editorial (47.2%), Research (46%), Quill on Scalpel (39.2%), Meeting Abstracts (33%), Surgical Biology for the Clinician (25.9%), Letters (24.4%), Career/Classified Advertising (23.2%), Brief Communication (13.9%), and Service Information (9.4%). Most readers (69.7%) preferred a print version of the journal, whereas 6.7% preferred an online version and 23.6% prefer access to both; 42% of respondents stated that they would not continue to read the journal if it was provided online only.

Compared with an earlier survey in 2006, a number of findings were noteworthy. First, the response rate this year was improved. Also, respondents identified greater value this year for a number of the sections in the journal. For example, 86.4% of respondents identified the Evidence-Based Reviews section as valuable compared with 68.0% in 2006. The value ascribed to the following sections was also greater this year than in 2006: Research (78.6% v. 46.0%), CME (71.0% v. 30.0%), Editorial (63.6% v. 38.0%), Quill on Scalpel (54.0% v. 34.0%), Meeting Abstracts (50.8% v.

34.0%) and Surgical Biology for the Clinician (46.5% v. 26.0%). The Case Notes section declined in perceived value from 36.0% to 31.0% more recently.

Particular feedback was sought this year regarding the attractiveness of *CJS* as a journal to which to submit original contributions for peer review. During the past 3 years, 57.6% of the respondents had published works in a peer-reviewed journal. Those who made a submission to *CJS* rated their experiences from submission to publication as good (26.0%), very good (25.0%) or excellent (5.0%). Among the remainder, 28.0% identified the experience as satisfactory, whereas 16.0% found it poor. Sample comments about this experience generally referred to a discouraging delay from submission to print. Some identified an excessive length of time for the manuscript to be reviewed as the reason for the delay, but others identified a good review process but an extremely slow turnaround time from date of acceptance to publication. Clearly, the delays in publication threaten *CJS* by eroding interest from prospective authors.

The delays from submission of articles to print have received strong scrutiny from the coeditors, the editorial board and the managing editorial staff. The first target was the review process, which has greatly improved through Manuscript Central thus reducing the turnaround time from submission to acceptance. Furthermore, a new editorial board populated with surgical specialists of varying expertise across Canada was identified this year and has responded well to the challenge of expediting the review process. Despite this expedited review process, the journal has struggled to shorten the greater delay incurred from acceptance to publication. This second source of delay has been tackled with a number of strategies. Case Notes are no longer accepted and those already accepted have been published only in the online version of the journal thus preserving greater numbers of editorial pages for original research and CME, which are much more valuable to readers. The editorial staff has also offered online publication of research papers to help clear the backlog of those already accepted. This has attracted interest from most contributing authors. With these strategies, the number of papers published per issue has increased, but the challenge is to further increase the quantity of printed pages per issue. These strategies require financial solutions. Advertising revenues have declined for *CJS*, as for many other journals, and dialogue with 2 of the major sponsoring societies

to increase the journal subscription rate was not successful this past year. For the benefit of readers and authors aspiring to publish in *CJS* and to increase the journal impact factor, these practical issues must continue to be addressed by strong dialogue with the sponsoring specialty societies.

Among the feedback provided to improve *CJS* in print or online, considerable interest was expressed by the readers for 3 top priorities: the establishment of a review article series (66.2%), the development of a section on "hot topics" (63.5%) and the publication of a section on highlights from national meetings (50.6%). In addition, responders expressed an interest in more articles on patient safety, published pro/con debates and solicitation of video case reports. To enhance continuing professional development, responders suggested combining CME cases into DVD or Web-based programs similar to those observed in the Surgical Education and Self-Assessment Program. This would allow readers to identify use of the journal in their documentation for Royal College Maintenance of Certification

and Continuing Professional Development programs.

In summary, this limited 2009 readership survey of Canadian surgical specialists suggests that the journal remains an effective medium for continuing professional development in surgery and that the quality of a number of its sections remains strong if not improved. As the journal enters its 53rd year of publication, the review process has improved but the turnaround time remains slow from date of acceptance to publication. To enhance the value of the journal for Canadian surgical specialists and their trainees and to increase the journal impact factor, a number of strategies are suggested to expedite the time to publication for accepted articles. As stated by one of the respondents, "we have only 1 national journal of surgery and we must all strive to improve it."

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## Enquête de 2009 auprès des lecteurs du *JCC* : sommaire et appel à l'action

L'équipe de rédaction du *Journal canadien de chirurgie (JCC)* cherche constamment à améliorer ce journal de haute qualité qui contribue au perfectionnement professionnel continu des spécialistes en chirurgie du Canada. À cette fin, elle a sollicité, en 2009, les commentaires de ses lecteurs. Cet éditorial résume les conclusions de l'enquête, fait état des changements qualitatifs depuis l'enquête de 2006 et examine les stratégies d'amélioration du journal.

En février 2009, la rédaction du journal a préparé les questions de l'enquête, qui a été distribuée à 1877 abonnés, par le biais des listes de courriel des membres de l'Association canadienne des chirurgiens généraux, de l'Association canadienne d'orthopédie, de la Société canadienne de chirurgie vasculaire et de l'Association canadienne des chirurgiens thoraciques. La Société canadienne de chirurgiens oncologues et la Société canadienne du rachis ont distribué le questionnaire directement à leurs membres. L'enquête a d'abord été envoyée en février 2009 et, après deux rappels, a pris fin le 31 mars 2009.

Au total, 257 abonnés y ont répondu, soit un taux de réponse de 13,7 %. Les données démographiques des répondants révèlent que 96 % d'entre eux sont chirurgiens à temps plein et pratiquent principalement la chirurgie orthopédique (40,8 %) et la chirurgie générale (40,4 %);

72,7 % des répondants ont déclaré qu'ils avaient lu ou regardé au moins 4 des 6 numéros de l'année précédente. Voici comment se répartissaient les résultats concernant les rubriques lues souvent, très souvent ou toujours: Table des matières (86,1 %); Études fondées sur des données probantes en chirurgie (66,3 %); Éducation médicale continue (EMC) (48,4 %); Éditorial (47,2 %); Recherche (46 %); Plume et scalpel (39,2 %); Comptes rendus de réunions (33 %); Biologie chirurgicale pour le clinicien (25,9 %); Lettres (24,4 %); Petites annonces et carrières (23,2 %); Communication abrégée (13,9 %); Information sur les services (9,4 %). La plupart des lecteurs (69,7 %) préfèrent lire la version imprimée du journal, par rapport à 6,7 % qui aiment mieux la version électronique et 23,6 % qui préfèrent avoir accès aux deux versions; 42 % des répondants ont déclaré qu'ils cesseraient de lire le journal s'il n'était offert qu'en ligne.

Si l'on compare cette enquête à celle de 2006, un certain nombre de résultats sont dignes de mention. Premièrement, le taux de réponse est plus élevé cette année. Deuxièmement, les répondants accordent, cette année, une plus grande valeur à un certain nombre de rubriques du journal. Par exemple, 86,4 % des répondants ont déclaré que la rubrique sur les études factuelles était utile alors qu'ils étaient 68,0 % à penser ainsi en 2006. Les répondants