EDITORIAL Report on the 2013 Readers Survey

The purpose of this Editorial is to summarise the findings of the Readers Survey conducted this year. A detailed report with tables/charts is available on the *Hong Kong Medical Journal* (HKMJ) website <www.hkmj.org>.

In June and July 2013, a survey was carried out to gauge readers' opinions of the HKMJ by way of an online questionnaire using SurveyMonkey. A total of 18 questions were developed by the working group consisting of Prof Ignatius TS Yu, Drs Albert KK Chui, Danny WH Lee, Martin Pak, and TW Wong. One hundred lucky respondents were drawn using computer-generated random numbers, and each received the prize of an 8 GB USB.

The survey link was sent to the readers via eNews of the Hong Kong Academy of Medicine and Hong Kong Medical Association. Individual emails were sent to the authors and reviewers of the Journal during the past 3 years. Readers could also access the survey via the hyperlink in the web banner of the HKMJ website and the QR code using their smart phones.

The overall response rate was better than in the last survey; approximately 7.7% (n=545) of the readership responded, compared with 6.8% in 2007. Of the 545 questionnaires received, 491 (6.9% of the readership) were completed. Such a low response rate may imply that the opinions received do not necessarily represent all of our readers. Nevertheless, the results of this survey helped us to pulse our readership and provided us with new insights into the journal's future direction. The percentages reported below were based on the number of completed responses for each question. Whenever possible,

results were compared with those of the last survey conducted in 2007.

Of the respondents, 87% were Academy Fellows; this is higher than 76% which was the percentage in the last survey in 2007. Only 7% of the respondents were aged 60 years or more, 27% were 50-59 years, 41% were 40-49 years, 20% were 30-39 years, and 3% were below 30 years. The practice profiles also changed slightly, in that in 2007, 53% came from the Hospital Authority (HA) or Department of Health (DH), 33% from private practice, and 11% from the universities. In the latest survey, 63% worked for the HA or DH, 20% in the private sector, and 16% from the universities. Does this indicate more interest being generated in the academic sector over these years?

The first few questions targeted the reading habits of the respondents. Over one third (38%) read every issue of HKMJ, and on average a majority (59%) spent 11-60 minutes reading each issue. In spite of the growing popularity of using handheld devices to access information, it is intriguing to discover that the majority of readers (71%) read the print journal, compared with only 11% who read the online version (Table 1).On further analysis of the data, across all age-groups, hardcopy was the most popular way of reading HKMJ papers and the online versions were chosen least often, except in the agegroup of <30 years where 35% chose hardcopy, 35% online version, and 29% chose both hardcopy/online versions. As age increased, the percentage choosing to read hardcopies also increased. These results show that there is still a continuing demand for hardcopy, although we are tempted to speculate that the print

TABLE 1. Summary of the demographics of the respondents

Question No.	Questions	% Of respondents
1	How often do you read HKMJ? 1-2 issues per year 3-4 issues per year >4 issues per year Every issue per year	26 21 16 38
2a	What is the average time you spend on reading each issue of the HKMJ? 0 Mins 1-10 Mins 11-60 Mins 1-2 Hours >2 Hours	1 25 59 10 5
2b	In which form do you read it? Hardcopy Online (www.hkmj.org) Both	71 11 18

version of the journal has a finite lifespan. The value of print journals depends, to certain degree, on the age and reading habits of their readers as well as on financial considerations. For the time being, HKMJ is accessible via print pages and online, which can serve the readership at large. Having said that, we are paying close attention to content trends and modes of delivery, and shall try our best to keep pace with the delivery systems that other journals offer their readers.

The survey respondents evaluated the HKMJ positively. In terms of quality of scientific content, the majority (61%) found the Journal to be good to excellent. This compared favourably with results of the last survey, in which only 55% of respondents gave the same comment. Regarding editorial quality, a majority (75%) found the HKMJ to be good to excellent, compared with 71% in the 2007 survey (Table 2). Respondents also found the journal content helpful in their clinical practice and as a means of updating their knowledge, for which the rating was 3.2 on a scale of 1-5. They also gave good ratings (exceeding 3.5 on a scale of 1-5) for various attributes of the articles, such as appropriate length of articles, clear presentation, keeping readers up-to-date, and providing practical information (Table 3).

Respondents found review articles and original articles to be the most interesting and most useful; both categories being rated over 3.7 on a scale of 1-5 (Table 4). Such findings echoed those in the last

survey, when the respondents also ranked these two types of articles to be of most interest.

Regarding the website, it was disappointing that nearly one third (32%) of the respondents did not visit the HKMJ website in the past 6 months, although this was an improvement on the 2007 survey findings in which the figure was 43%. Of those who visited the website, 66% found it to be good to excellent and 33% described it as average. Again this compared favourably with the 2007 figures, in which only 53% found it to be good to excellent and 45% rated it as average. Video clips have been made available on the HKMJ website since 2010. To our surprise, only 17% of respondents watched these clips, although a vast majority (98%) of those who did found them useful (Table 5).

The 'Online First' feature on the website enables original and review articles accepted for publication to be published online once editing is completed; 58% of respondents indicated that this innovation encouraged them to submit papers to the HKMJ.

Most of the respondents (94%) accessed medical information using desktop computers. Only 39% did so using tablets/laptops, 31% used smart phones (eg iPhone, Samsung, Blackberry), and 3% used e-Book readers (eg Kindle, Sony device).

The CME activity was not active as reflected by the low frequency of participation; 76% did not take part in this activity, 15% just once or twice, 6% 3-5

TABLE 2. The scientific content and editorial quality perceived by the respondents

Question No.	Questions	% Of respondents
3a	What do you think of the scientific content of papers in the HKMJ? Excellent Good Average Below average	7 54 37 2
3b	What do you think of the editorial quality of papers in the HKMJ? Excellent Good Average Below average	11 64 24 1

TABLE 3. Usefulness of quality of articles perceived by respondents

Question No.	Questions	% Of respondents
6	Does the content help in your clinical practice or updating your medical knowledge? (1 = strongly disagree, 5 = strongly agree) (a) Help improve your clinical practice (b) Form a basis for discussion with colleagues (c) Learn from opinion leaders (d) Know the innovative devices and technologies	3.52 3.28 3.43 3.32
7	How do you rate the following qualities of the HKMJ articles? (1 = strongly disagree, 5 = strongly agree) (a) The length of articles is appropriate (b) Clear presentation (c) Able to keep readers up-to-date of information (d) Able to provide practical and relevant information	3.80 3.70 3.51 3.56

TABLE 4. Sections that interest and are useful to respondents

Section	Mean rating		
	Q4. Are the following sections of interest to you? (1 = not at all, 5 = very much interested in)	Q5. How do you rate the usefulness of the following sections? (1 = very poor, 5 = excellent)	
Editorial	3.35	3.30	
Original article	3.80	3.70	
Clinical epidemiology workshop	3.20	3.37	
Review article	3.82	3.82	
Medical practice paper	3.51	3.51	
Case report	3.33	3.26	
Pictorial medicine	3.42	3.31	
Commentary	3.05	3.06	
Letter to the Editor	2.87	2.92	
Doctor for Society	2.79	2.82	

TABLE 5. Questions about the website and its video clips

Question No.	Questions	% Of respondents
8	How often do you visit the HKMJ website in the last six months?	
	None	32
	Once or twice	39
	3-5 times	20
	>5 times	9
	How do you rate the website?	
	Excellent	6
	Good	60
	Average	33
	Below average	1
9	Video clips are shown in the VIDEO Room on the HKMJ website. Have you watched the video clips before?	
	Yes	17
	No	83
	How do you rate the video clips?	
	Very useful	26
	Quite useful	72
	Not useful	2

times, and just 3% over 5 times.

In this survey, we asked if the respondents were interested in workshops on clinical research methodology and scientific paper writing. One third (34%) of the respondents showed interest, another third (37%) showed no interest.

Among the respondents, 68% had submitted a paper (as author or co-author) to the HKMJ, and 62% have reviewed paper(s) for the journal. As in most questionnaires, the narrative comments were particularly informative, so we asked these authors and reviewers for their opinions on the peer review process of the HKMJ. As summarised below, we have tried to paraphrase and combine their responses.

Of the 333 authors who responded, 248 (74%) commented on the peer review process. Overall, 70% considered it to be satisfactory, while 23% reckoned the process has room for improvement

in terms of efficiency and comments given by reviewers.

Of the 305 reviewers who responded, 231 (76%) also commented on the peer review process. Overall, 88% considered it to be satisfactory, while 6% opined that the process could be improved by various means, eg by informing them about the final result of the peer review via email, rather than by letters sent by post. In response to this comment, we have started sending emails to reviewers informing them about the final result, together with 'blinded' comments given by other reviewers of the same paper (if any).

One takeaway from comments of the authors and reviewers is that there seems to be a call for an online manuscript system that allows around-the-clock tracking for authors and reviewers. The HKMJ is developing such system and hopefully this can be tested and launched in 2014.

To the question asking whether there is anything the HKMJ could do to make it a better journal, many provided detailed responses on subjects such as impact factor, peer review, suggestions for future content, frequency of publication, and journal appearance. These are summarised below.

- Several respondents suggested "acquiring an impact factor", which should be as high as possible as a means of attracting better submissions. In fact, the HKMJ is already indexed in the Science Citation Index Expanded in February 2012, and it is anticipated that the journal's impact factor will be known next year (2014). We are aware that a journal should have a high impact factor to attract high-quality submissions. Conversely, it also takes high-quality submissions to achieve a high impact factor. Many other journals are struggling with this 'chicken-and-egg' problem, and we are doing our utmost to improve the journal in all possible ways.
- "Speedy turnaround time" of peer review was raised to improve the journal. A particular reinforcing comment is to "reduce inordinate delay in the peer review process and let the author know the first decision within a month". Our data in 2012 showed that on average the HKMJ took less than 4 months from submission to decision (acceptance or rejection). We consider such a time frame satisfactory for a bimonthly journal, although there is still room for improvement. Reviewing papers for publication is performed as a professional service; finding two reviewers for each submitted paper is definitely not easy. We encourage those who are interested in serving as reviewers to submit their names to us, together with areas of expertise, and citations for a few of their relevant publications.
- Many respondents wanted the journal to invite more critical reviews on topics of interest, timely papers on local medical hot topics, as well as

- papers from well-known overseas institutions. The journal is currently striving to achieve this. Our Senior Editors are actively inviting experts to write on timely topics of interest to local readers as well as topics of critical importance to their work. Readers are most welcome to provide us with suggestions on specific review topics.
- A few respondents proposed "facilitating publications from trainees". Our general criteria for accepting a paper include: being of high quality, of interest to a large portion of the readership, and potential to make a significant contribution to the literature on the given topic. Where do the authors come from and in what position or post they hold is the least of our concerns. In fact, we had quite a number of papers published by trainees, which may even help them fulfil their specialty training requirements.
- Some opined that increasing the frequency to monthly issues can speed publication, as a means of attracting more (quality) submissions. We consider the 'Online first' feature on our website serves the same purpose, although at this stage this only applies to original papers and review articles.
- One respondent suggested changing the "cover design to make it more attractive" and another commented that the "present layout has been in use for nearly 8 years" and it is time to give it a new look. We agree with the respondents and shall look into this soon.

We thank respondents for taking time to complete the survey. The invaluable comments have given us a direction to improve. We welcome continuous communication with the readers to make the HKMJ better meet your professional needs.

HKMJ Editorial Board