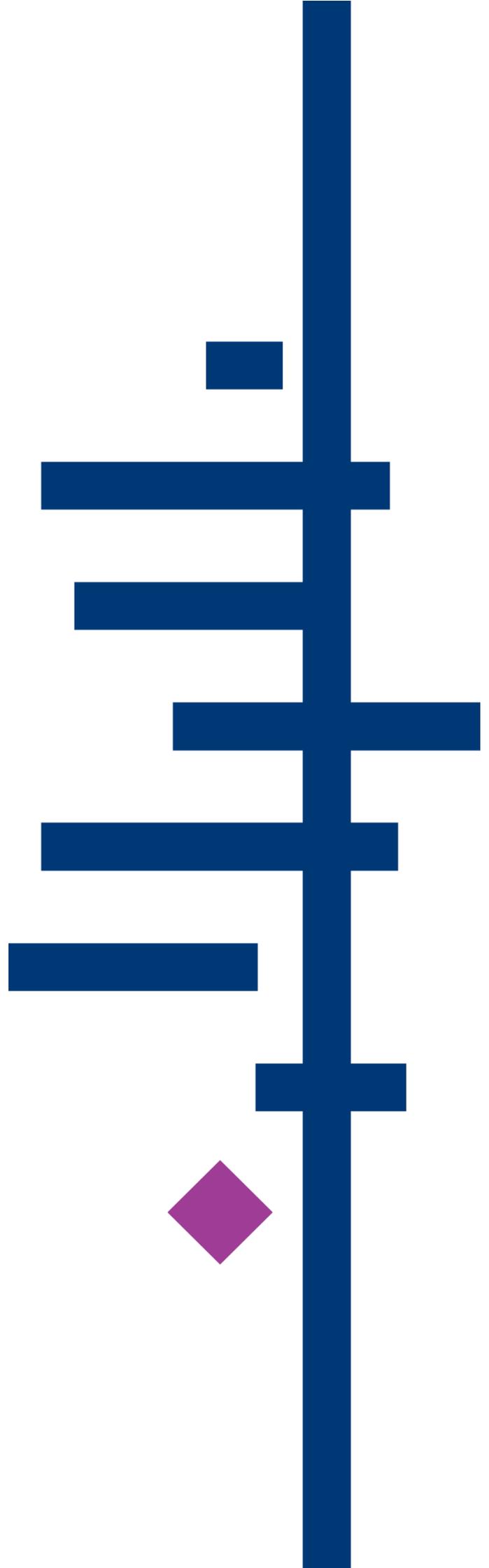




Cochrane
Library

Cochrane Database of Systematic Reviews

2015 CRG Impact Factor and
Usage report



Trusted evidence.
Informed decisions.
Better health.

1. How the Work Group contributes to *Cochrane Database of Systematic Reviews (CDSR)*

Each year in June, Thomson Reuters publish the Impact Factors of all journals indexed in the Journal Citation Report.

The 2015 Impact Factor for *CDSR* is **6.103**, which describes the ratio of the number of reviews published during 2013 and 2014 (1,888) to the number of citations these reviews received in 2015 (11,522).

The 2015 CRG Impact Factor for the Work Group is **2.667** (12 publications cited 32 times).

A review published by the Work Group in 2013 or 2014 was cited, on average, 2.667 times in 2015.

When considering the citation data presented below, please be aware of the following:

- The data used to generate Impact Factors for individual Cochrane Review Groups (CRG) was extracted from Thomson Reuters Web of Science. This is slightly different from the data used to calculate the Impact Factor of the *Cochrane Database of Systematic Reviews (CDSR)*. All journal Impact Factors (including the Impact Factor of the *CDSR*) are published in the Journal Citation Reports (JCR). The data used to calculate journal Impact Factors are not made publically available. Individual CRG Impact Factor data, therefore, should not be quoted as 'official', but can be used within the organisation.
- Cites for individual Cochrane Reviews and individual CRG Impact Factors are allocated by a process of hand-matching. Each year a proportion of cites cannot be matched to citable items because the cited work is not cited correctly. For example, a common error when citing Cochrane Reviews is to omit the version number or suffix from the DOI. The accuracy of the source data provided by Thomson also has an impact on the success rate of the citation matching. The table below shows the percentage of cites that were successfully hand-matched for the past five Impact Factor reports. This report has an 82% success rate which means the majority of Groups will receive a lower CRG Impact Factor than last year.

Impact Factor Year	Cites received*	Cites successfully matched	% of successfully matched cites
2015	11,522	9,397	82%
2014	11,932	11,720	98%
2013	9,859	8,515	86%
2012	8,087	6,411	79%
2011	7,721	6,685	87%

*Source – Journal Citation Reports

- All New and Updated reviews that have a new citation record are included in the *CDSR* Impact Factor calculation.
- The *CDSR* was not included in the June 2016 release of the JCR. This was due to an error in the indexing of *CDSR* content. *CDSR* and full citation data related to the *CDSR* will be included in the JCR update in September 2016.
- Each individual review group faces a variety of challenges in the publication of Cochrane Reviews, and some of these may impact upon the data presented below.

The ten most cited reviews from the Work Group contributing to the 2015 Impact Factor were:

CD Number	Title	Times Cited
CD006237.pub3	Interventions to improve return to work in depressed people	7
CD008742.pub2	Conservative interventions for treating work-related complaints of the arm, neck or shoulder in adults	6
CD010183.pub2	Occupational safety and health enforcement tools for preventing occupational diseases and injuries	5
CD009740.pub2	Devices for preventing percutaneous exposure injuries caused by needles in healthcare personnel	3
CD009943.pub2	Interventions for preventing the spread of infestation in close contacts of people with scabies	3
CD010208.pub2	Non-pharmacological interventions for preventing job loss in workers with inflammatory arthritis	3
CD009776.pub2	Pharmacological interventions for sleepiness and sleep disturbances caused by shift work	2
CD002892.pub3	Preventing occupational stress in healthcare workers	1
CD002892.pub4	Preventing occupational stress in healthcare workers	1
CD009209.pub2	Workplace pedometer interventions for increasing physical activity	1

The full list of Cochrane Reviews contributing to the 2015 Impact Factor for the Work Group is provided in the accompanying Excel file.

The ten most cited reviews published in the *CDSR* (all CRGs) contributing to the 2015 Impact Factor were:

CD Number	Title	Review Group	Times Cited
CD001431.pub4	Decision aids for people facing health treatment or screening decisions	Consumers and Communication Group	146
CD004816.pub5	Statins for the primary prevention of cardiovascular disease	Heart Group	108
CD003311.pub3	Cooling for newborns with hypoxic ischaemic encephalopathy	Neonatal Group	94
CD003543.pub3	Interventions to improve antibiotic prescribing practices for hospital inpatients	Effective Practice and Organisation of Care Group	78
CD004014.pub5	Surgery for women with anterior compartment prolapse	Gynaecology and Fertility Group	69
CD009329.pub2	Pharmacological interventions for smoking cessation: an overview and network meta-analysis	Tobacco Addiction Group	69
CD008965.pub4	Neuraminidase inhibitors for preventing and treating influenza in adults and children	Acute Respiratory Infections Group	61
CD000422.pub3	Vaccines for preventing pneumococcal infection in adults	Acute Respiratory Infections Group	60
CD001877.pub5	Screening for breast cancer with mammography	Breast Cancer Group	60
CD002213.pub3	Interprofessional education: effects on professional practice and healthcare outcomes	Effective Practice and Organisation of Care Group	57

2. How the Work Group Impact Factor compares to that of other Cochrane Review Groups (CRGs):

Figure 1, details the 2015 CRG Impact Factor for each CRG. Figure 2 shows the number of publications and citations contributing to the 2015 Impact Factor for each CRG as a percentage of the *CDSR*. It is important to remember that these figures have been calculated using hand-matched data from Web of Science and are not 'official' Impact Factors.

Figure 1: “Impact Factor” for each CRG (i.e. number of cites in 2015 to reviews published in 2013–2014, divided by the number of reviews published in 2013–2014)

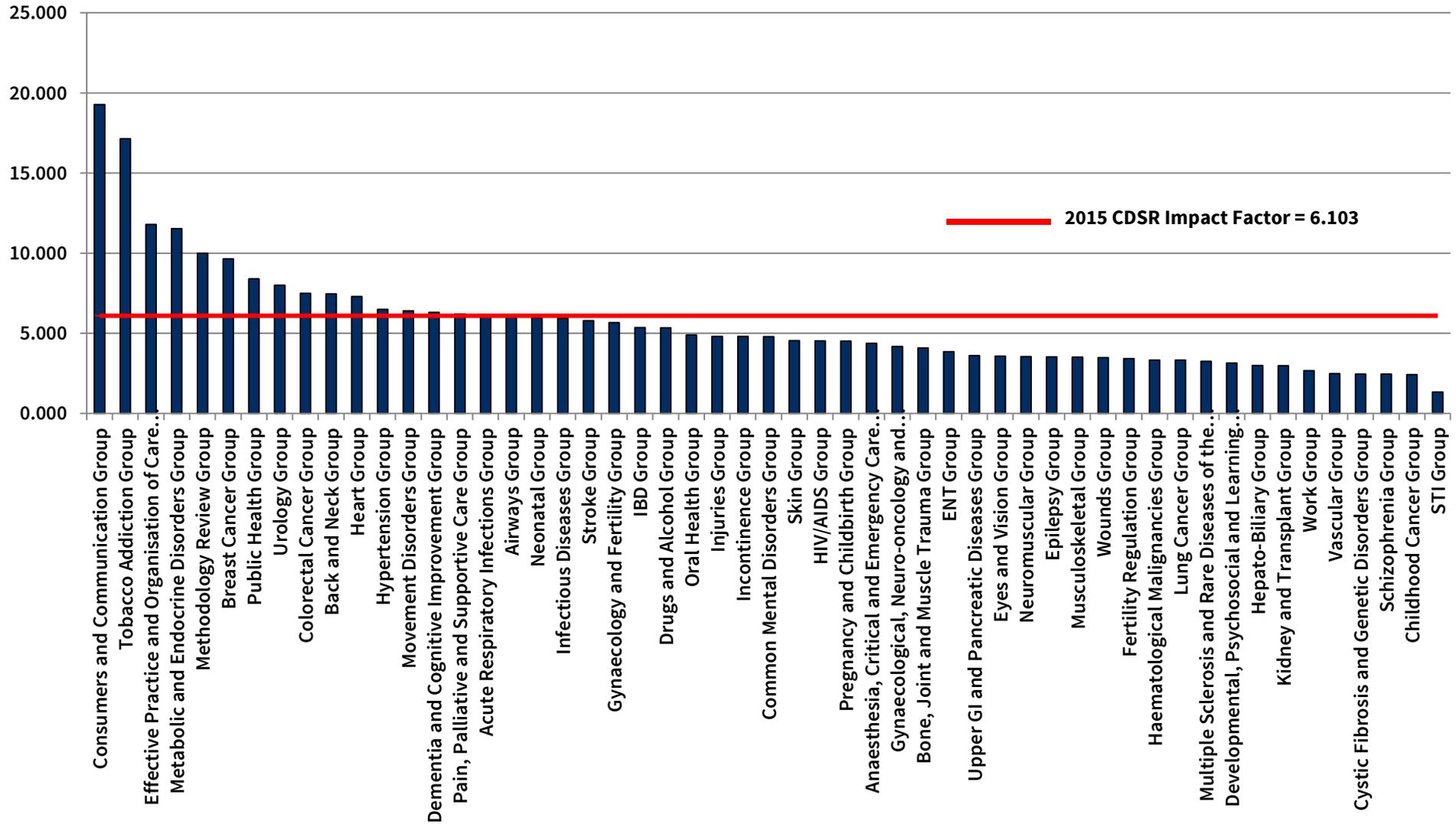
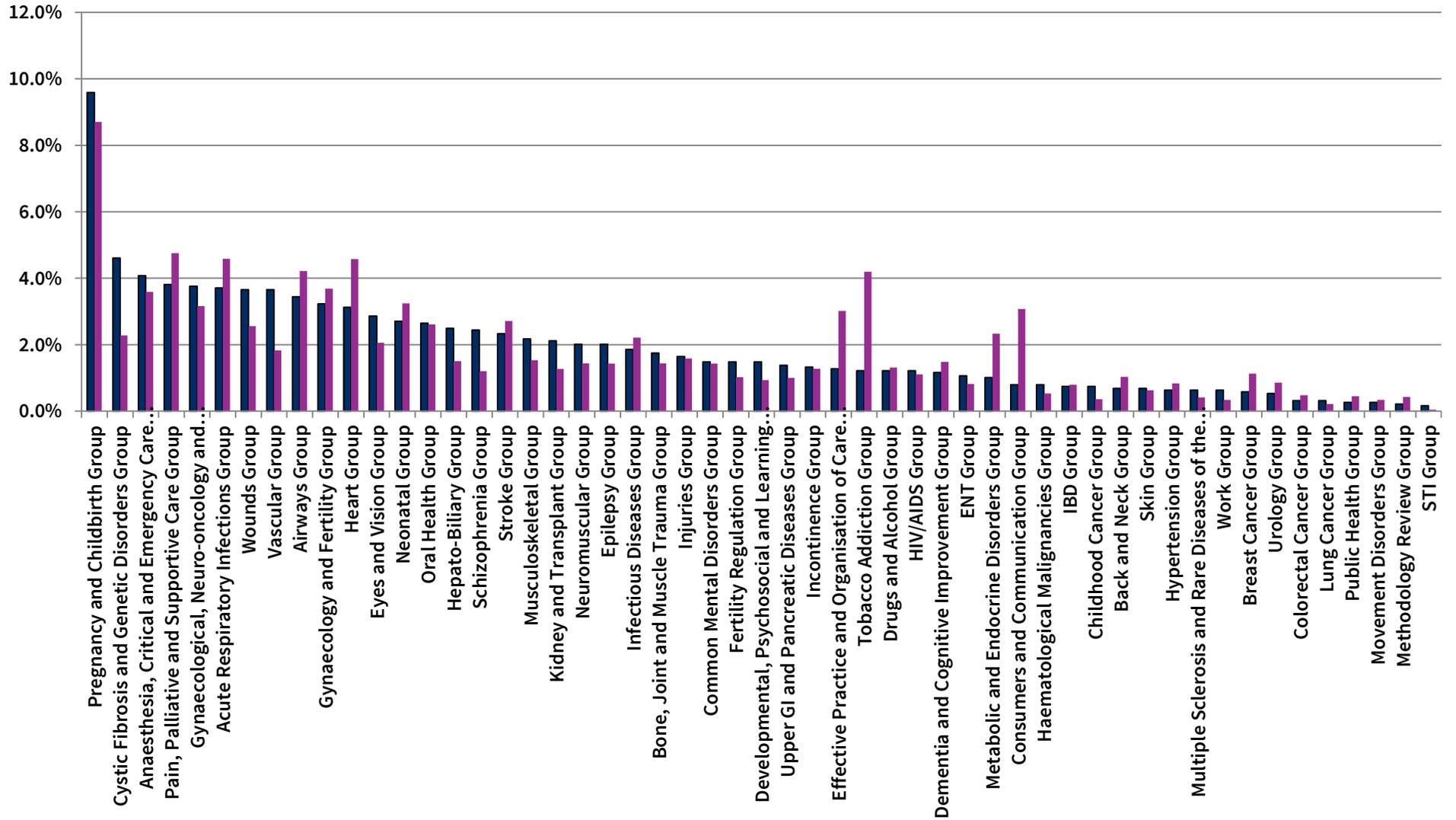


Figure 2: % Publications (blue) and % Citations (purple) of CDSR for each CRG (in order of percentage of publications)



3. How the Work Group Impact Factor compares with that of journals publishing in the same category:

We have compared the CRG data with journals in the relevant Journal Citation Reports subject categories. The journal with the top Impact Factor in the category is not always directly comparable – either because of the scope of the journal, or the number of reviews published. Please contact Gavin Stewart (gstewart@wiley.com), if you would like to compare your groups Impact Factor to journals other than those included in the table below.

CRG	Category (Median IF)	IF of journal ranked 10 th in the category	Highest ranked journal by IF
Work Group	Public, Environmental & Occupational	Journal Of Toxicology and Environmental Health-Part B-Critical Reviews	Lancet Global Health
2.667	1.629	5.552	14.722

4. How the citation data compare to Wiley Online Library usage data:

When considering the usage data presented below, please be aware of the following:

- A proportion of full text downloads cannot be associated with an individual Cochrane Review so the usage data included in this report is an underestimate of overall usage activity.
- Only usage activity related to Cochrane Systematic Reviews hosted on the Wiley Online Library platform is included in this report. The report does not include usage activity related to Cochrane Systematic Reviews hosted on Third Party platforms.

The ten most accessed Cochrane Systematic Reviews from the Work Group in 2015 were:

CD Number	Review Title	Full text downloads
CD002892.pub5	Preventing occupational stress in healthcare workers	3,180
CD010912.pub2	Workplace interventions for reducing sitting at work	1,746
CD006237.pub3	Interventions to improve return to work in depressed people	1,737
CD002892.pub4	Preventing occupational stress in healthcare workers	1,411
CD009209.pub2	Workplace pedometer interventions for increasing physical activity	1,366

CD009740.pub2	Devices for preventing percutaneous exposure injuries caused by needles in healthcare personnel	1,262
CD008742.pub2	Conservative interventions for treating work-related complaints of the arm, neck or shoulder in adults	1,193
CD009776.pub2	Pharmacological interventions for sleepiness and sleep disturbances caused by shift work	1,173
CD009573.pub2	Gloves, extra gloves or special types of gloves for preventing percutaneous exposure injuries in healthcare personnel	1,120
CD008570.pub2	Ergonomic design and training for preventing work-related musculoskeletal disorders of the upper limb and neck among office workers	956

The 2015 access data for all Work Group Reviews is provided in the accompanying Excel file.

5. How the usage of Work Group reviews compares to usage of reviews published by other Cochrane Review Groups:

Figure 3 shows the average number of full text downloads per review as accessed via Wiley Online Library during 2015 (regardless of publication date). Figure 4 shows the number of publications and full text downloads for each CRG as a percentage of the *CDSR*.

Figure 3: Average number of full-text downloads received by Cochrane Review Groups in 2015

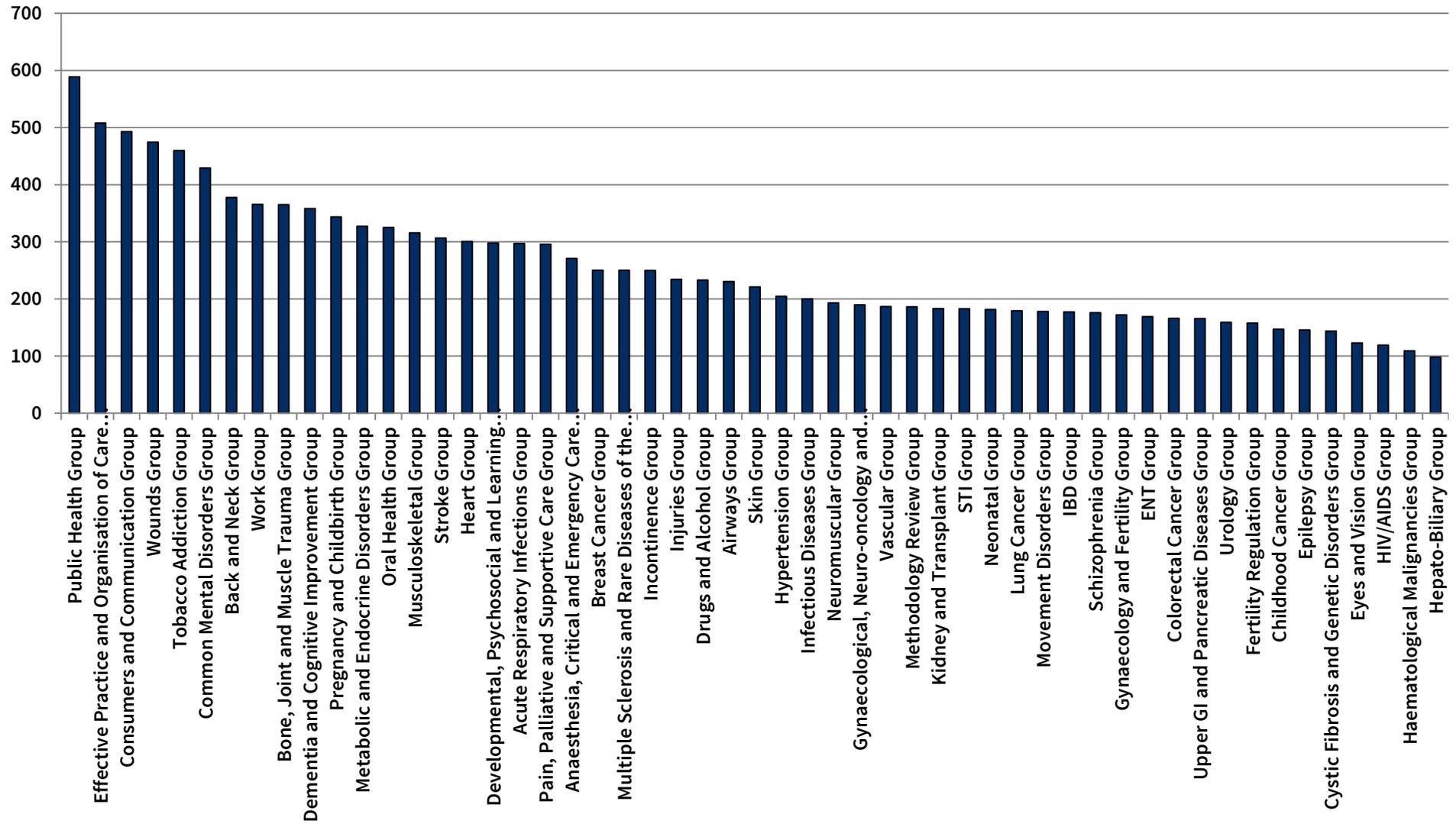
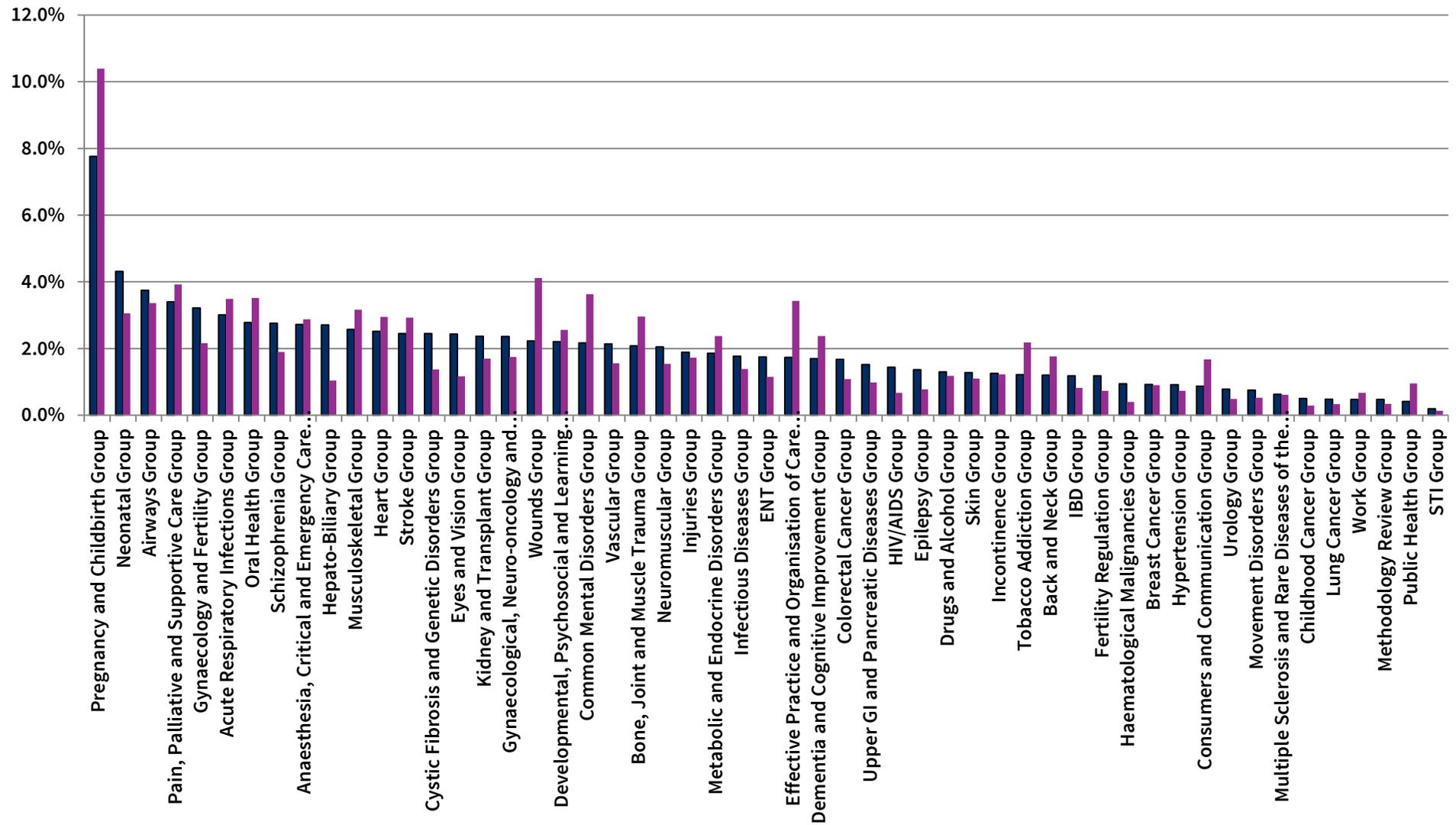


Figure 4: % Publications (blue) and % Full Text Downloads (purple) of CDSR for each CRG (in order of percentage of publications)



6. Alternative Metrics

Using the Altmetric system (<http://www.altmetric.com/>), we are able to report on further measures of the impact of Cochrane Reviews beyond cites and usage. Altmetric have created a cluster of servers that watch social media sites, newspapers, government policy documents and other sources for mentions of scholarly articles.

The Altmetric Attention Score is a quantitative measure of the attention that a scholarly article has received. It is derived from three main Factors:

Volume - The score for an article rises as more people mention it.

Sources - Each category of mention contributes a different base amount to the final score (further information including a breakdown of sources can be found [here](#)).

Authors - How often the author of each mention talks about scholarly articles influences the contribution of the mention.

The unique Altmetric Attention Score is available on the abstract page of every Cochrane Review that has achieved a score of one or above.

Altmetric has tracked mentions of 8,012 articles from the CDSR up to August 2016.

The highest Altmetric Attention Scores from Cochrane Reviews published by the Work Group in 2015 (scores retrieved 27th July 2016) were:

Score	Review Title	B	T	F	N
115	Workplace interventions for reducing sitting at work	1	128	15	1
54	Preventing occupational stress in healthcare workers	5	26	1	1
29	Interventions to increase the reporting of occupational diseases by physicians	0	36	2	0
24	Organisational interventions for improving wellbeing and reducing work-related stress in teachers	1	17	1	0
19	Workplace interventions to prevent work disability in workers on sick leave	0	25	1	0
19	Personal protective equipment for preventing highly infectious diseases due to exposure to contaminated body fluids in healthcare staff	0	26	0	0
17	Interventions for improving employment outcomes for workers with HIV	0	20	2	0
13	Interventions to enhance return-to-work for cancer patients	0	18	0	0
12	Education and training for preventing and minimising workplace aggression directed toward healthcare workers	0	16	0	0

6	Exercise training to improve exercise capacity and quality of life in people with non-malignant dust-related respiratory diseases	0	9	1	0
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B=Bloggers T=Tweeters F=Facebook walls N=News outlets

Altmetric track ‘mentions’ from 16 different sources including references in policy documents, citations in Wikipedia pages and discussions on Peer Review sites.

The Cochrane Review ranked first in 2015; ‘Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco’ has the highest Altmetric Attention Score of all Cochrane Reviews. The article was #97 in ‘[The Altmetric top 100](#)’, a list published by Altmetric to show what academic research caught the public imagination in 2015.

7. Initiatives to enhance usage: *Cochrane Clinical Answers*

Cochrane Clinical Answers (CCA) has been developed to increase accessibility of Cochrane Reviews for the clinical audience and thus increase use of Cochrane content to inform decision-making within the patient journey. We have compared the ten most accessed reviews from your CRG with Clinical Answers published on the CCA website to assess correlation between your most accessed content and CCA coverage. These data are purely informative and aimed to enhance CRG awareness of the CCA project and to start a dialogue between CRGs and the CCA editorial team regarding inclusion of their Reviews within the CCA website.

We do not, to date, have any Cochrane Clinical Answers based on your Reviews. We plan to evaluate your top 10 most accessed Reviews for potential suitability for inclusion as Cochrane Clinical Answers.

Additional resources:

- A Frequently Asked Questions document (FAQ) is available from the Cochrane Library website. You can access this document [here](#).
- For further details of Cochrane Reviews in the press, please contact Jo Anthony, Senior Media and Communications Officer, Cochrane (janthony@cochrane.org).
- If you have any queries regarding the data presented in this report, please contact Gavin Stewart, Cochrane Editor at Wiley (gstewart@wiley.com).