

2022-2023

Users Experience and Satisfaction Survey RESULTS REPORT



BACKGROUND

The Hispanic Alliance for Clinical and Translational Research (Alliance) is dedicated to establishing and supporting an inclusive, comprehensive island-wide program focused on clinical and translational research across Puerto Rico. To support the implementation of strategies to advance the goals of the Alliance, the Tracking and Evaluation Core (TEC) conducted the annual “Users Experience and Satisfaction Survey”. This survey explored the quality and experiences with the Alliance resources and support among its users and gathered their feedback. This assessment was targeted to those investigators and research teams that received at least one Alliance Core service or support from **September 2022 to May 2023**. An anonymous online survey that took around 5 to 7 minutes to complete was administered via REDCap platform.

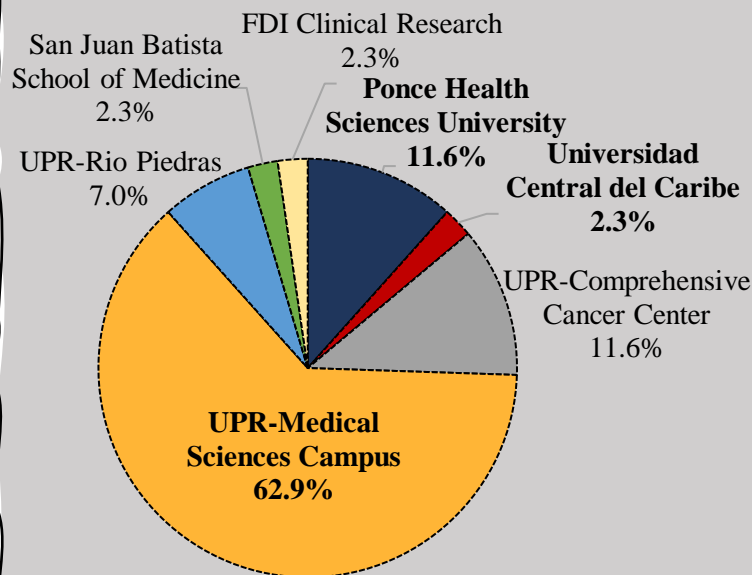
Individuals were invited by email to participate in this survey. Data collection was from **June 15th, 2023 to July 15th, 2023**, including every four days email follow-ups to increase response rate. A total of **271 email invitations** were sent, and **66 (24.4%)** participated of the survey. Of the total that participated, 42 (63.6%) completed it. This report summarizes the findings of those that participated in this assessment by Alliance institutions.

SURVEYED PROFILE

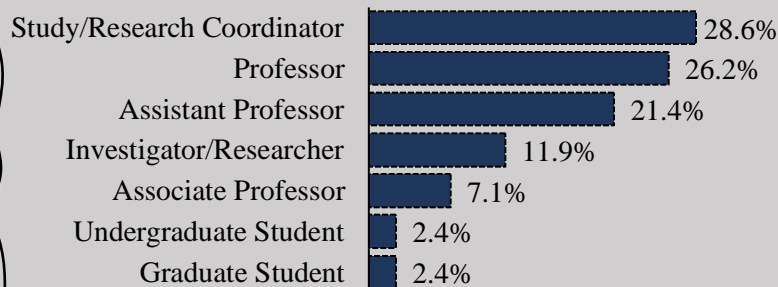
Most respondents were affiliated with the “UPR-MSC” (62.9%, Graph 1). The largest group surveyed had an academic level of “Study/Research Coordinator” (28.6%), followed by “Professor” (26.2%; Graph 2). The majority of respondents hold a “PhD” (37.2%) or “MD” (23.3%; Graph 3).

SURVEYED PROFILE

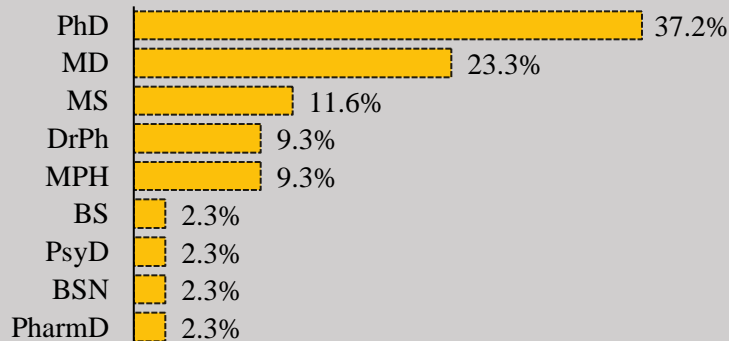
Graph 1. Main Institution Affiliation (n=42)



Graph 2. Academic Level (n=42)



Graph 3. Highest Academic Degree (n=42)



FINDINGS

CORE UTILIZATION



Out of the total respondents, 75.8% (n=50) indicated having received support from the Alliance resources during September 2022 and May 2023 (Table 1). The Biostatistics, Epidemiology, and Research Design Core (BERD) was the most used Alliance unit for overall respondents, representing 46.0% of them (Table 2). For the UPR-MSU users, BERD, the Clinical Research Resources and Facilities Core (CRRF) and the Biomedical Informatics, Bioinformatics, and Cyberinfrastructure Enhancement Core (BiBEC) were the Cores most used representing 48.1%, and 33.3%, respectively, of the respondents from this institution. BERD was used for 80.0% of PHSU respondents. While the Professional Development Core (PDC) and the Administrative Core (AC) were used for the UCC surveyed.

Table 1. Alliance Users by Institution

	n (%)			
	Overall	UPR-MSU	PHSU	UCC
Use of Alliance Support or Resources	(n=66)	(n=37)	(n=6)	(n=1)
Yes	50 (75.8)	27 (73.0)	5 (83.3)	1 (100.0)
No	16 (24.2)	10 (27.0)	1 (16.7)	-

Note: The overall data per row might not be equal to the sum from the three institutions because other institutions are excluded in this table.

Table 2. Alliance Cores Utilization by Institution

Alliance Core	Alliance User n (%)			
	Overall (n=50)	UPR-MSU (n=27)	PHSU (n=5)	UCC (n=1)
BERD: Biostatistics, Epidemiology, and Research Design Core	23 (46.0)	13 (48.1)	4 (80.0)	-
CRRF: Clinical Research Resources and Facilities	16 (32.0)	9 (33.3)	-	-
BiBEC: Biomedical Informatics, Bioinformatics, and Cyberinfrastructure Enhancement	15 (30.0)	9 (33.3)	-	-
PPP: Pilot Projects Program	15 (30.0)	8 (29.6)	1 (20.0)	-
PDC: Professional Development Core	14 (28.0)	8 (29.6)	-	1 (100.0)
AC: Administrative Core	11 (22.0)	6 (22.2)	-	1 (100.0)
TRRCL: Technologies and Resources for Research Core Laboratories	9 (18.8)	4 (14.8)	1 (20.0)	-
CoE: Community Engagement and Outreach Core	6 (12.0)	1 (3.7)	1 (20.0)	-

Note: The overall data per row might not be equal to the sum from the three institutions because other institutions are excluded in this table.

A 5-point scale with scores ranging from 1 = Very Unsatisfied to 5= Very Satisfied was used to evaluate the quality of service and support provided. The mean score for each Core overall was 4.00 or over, which means that Alliance users were satisfied with the quality services and support provided (Table 3). For overall Alliance users, the highest mean score was for the CRRF with $M=4.47$ ($SD=1.25$).

"I would like to express my sincere gratitude to the Alliance for the invaluable support and services they provide to our investigations. They are always in the best disposition to assist me. THANK YOU!"

Surveyed Comment



Table 3. Mean Score: Quality of Alliance Cores Services and Support by Institution

Alliance Core	Mean (SD)			
	Overall (n=50)	UPR-MSC (n=27)	PHSU (n=5)	UCC (n=1)
CRRF: Clinical Research Resources and Facilities	4.47 (1.25)	4.88 (0.35)	-	5.00 (0.00)
AC: Administrative Core	4.45 (1.29)	5.00 (0.00)	-	-
PPP: Pilot Projects Program	4.43 (0.76)	4.56 (0.73)	5.00 (0.00)	-
BERD: Biostatistics, Epidemiology, and Research Design Core	4.35 (1.3)	4.46 (1.20)	5.00 (0.00)	-
CoE: Community Engagement and Outreach Core	4.33 (1.21)	5.00 (0.00)	5.00 (0.00)	-
PDC: Professional Development Core	4.29 (1.27)	4.78 (0.44)	-	5.00 (0.00)
BiBEC: Biomedical Informatics, Bioinformatics, and Cyberinfrastructure Enhancement	4.13 (1.51)	4.25 (1.39)	-	-
TRRCL: Technologies and Resources for Research Core Laboratories	4.00 (1.60)	4.75 (0.50)	5.00 (0.00)	-

Note: The satisfaction level was evaluated by using a 5-point scale with scores ranging from 1 = Very Unsatisfied to 5= Very Satisfied. SD: Standard Deviation.

The experience with the human resources of each Core was also evaluated. The mean score for each Core overall was 4.00 or more, which means that Alliance users were satisfied with human resources of each Core (Table 4). For overall Alliance users, the highest mean score was for the Pilot Projects Program (PPP) with $M=4.50$ ($SD=0.65$).

Table 4. Mean Score: Human Resources of Alliance Cores by Institution

Alliance Core	Mean (SD)			
	Overall (n=50)	UPR-MSC (n=27)	PHSU (n=5)	UCC (n=1)
PPP: Pilot Projects Program	4.50 (0.65)	4.67 (0.50)	5.00 (0.00)	5.00 (0.00)
CRRF: Clinical Research Resources and Facilities	4.47 (1.25)	4.88 (0.35)	5.00 (0.00)	5.00 (0.00)
AC: Administrative Core	4.36 (1.43)	5.00 (0.00)	-	5.00 (0.00)
CoE: Community Engagement and Outreach Core	4.33 (1.21)	5.00 (0.00)	4.00 (0.00)	-
BERD: Biostatistics, Epidemiology, and Research Design Core	4.26 (1.45)	4.38 (1.50)	-	-
BiBEC: Biomedical Informatics, Bioinformatics, and Cyberinfrastructure Enhancement	4.20 (1.52)	4.38 (1.41)	-	5.00 (0.00)
PDC: Professional Development Core	4.14 (1.41)	4.56 (1.01)	-	5.00 (0.00)
TRRCL: Technologies and Resources for Research Core Laboratories	4.00 (1.60)	4.75 (0.50)	5.00 (0.00)	-

Note: The satisfaction level was evaluated by using a 5-point scale with scores ranging from 1 = Very Unsatisfied to 5= Very Satisfied. SD: Standard Deviation.



“We are very grateful to have a space that allows us to carry out our research, we also thank all the staff who support us to make all this possible.”

Surveyed Comment

PROFESSIONAL DEVELOPMENT CORE SUPPORT

For those that reported used PDC support (n=14), we evaluated their experience with services/support provided by this Core. Surveyed indicated being satisfied (means scores of 4.13 or more) with the mentorship support, the manuscript development support, career development opportunities, research proposal development support, the human resources of the Professional Development Core and the access to clinical and translational research resources (Table 5).

Table 5. Mean Score: Professional Development Core Support (n=14)

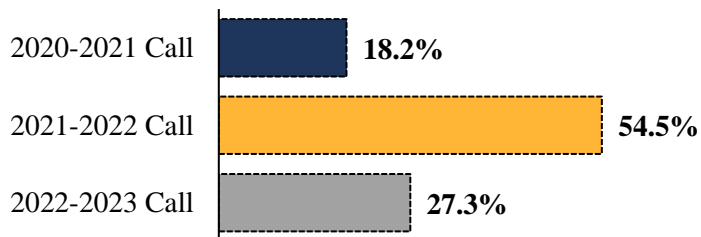
Type of Support	n	Mean	SD
Mentorship support	12	4.42	0.793
Manuscript development support	8	4.38	0.916
Career development opportunities	11	4.36	0.674
Research proposal development support	9	4.33	0.866
Human resources of the Professional Development Core	14	4.14	1.406
Access to clinical and translational research resources (e.g., technologies, facilities, human resources, materials, funding, etc.)	8	4.13	0.835

Note: The satisfaction level was evaluated by using a 5-point scale with scores ranging from 1 = Very Unsatisfied to 5= Very Satisfied. SD: Standard Deviation.

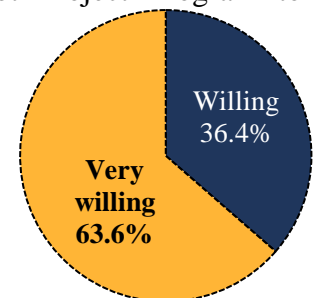
PILOT PROJECT AWARDEES

Of the 15 surveyed that indicated using Pilot Projects Program (PPP) services, 73.3% (n=11) classified themselves as an Alliance Pilot Project Awardee, and most (54.5%) were from the 2021-2022 Call (Graph 4). Additionally, all PPP Awardees (100%) indicated being “very willing” or “willing” to recommend the Alliance Pilot Project Program to others (Graph 5).

Graph 4. Pilot Project Awardee Call (n=11)



Graph 5. Willingness to recommend Alliance Pilot Project Program to others (n=11)



Alliance PPP awardees indicated being satisfied (means scores of 4.00 or more) with the process to apply to the Alliance Call for Pilot Projects, the grant management support for their project, the mock study section workshop, the mentorship support, the career development opportunities, the access to clinical and translational research resources and the research proposal development support for other grant opportunities (Table 6). However, their satisfaction with the research proposal development support for their pilot project and the post-data collection support (i.e., data management, analysis) obtained a mean score of less than 3.9.

Table 6. Mean Score: Alliance Pilot Project Program Support (n=11)

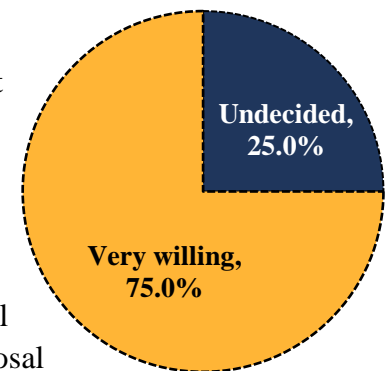
Support Provided	n	Mean	SD
Process to apply to the Alliance Call for Pilot Projects	11	4.45	1.214
Grant management support for pilot project	11	4.27	1.272
Mock study section workshop	8	4.13	1.356
Mentorship support	10	4.10	1.370
Career development opportunities	10	4.10	1.370
Access to clinical and translational research resources (e.g., technologies, facilities, human resources, materials, funding, etc.)	11	4.09	1.300
Research proposal development support for other grant opportunity	8	4.00	1.512
Research proposal development support for pilot project	9	3.89	1.364
Post-data collection support (data management, analysis, etc.)	7	3.71	1.496

Note: The satisfaction level was evaluated by using a 5-point scale with scores ranging from 1 = Very Unsatisfied to 5= Very Satisfied. SD: Standard Deviation.

SUPPLEMENT AWARDEES

Of all surveyed, four (6.5%) classified themselves as an Alliance Supplement Awardee, and half (50.0%) were from 2021-2022 (July 2021 to June 2022) funding period while the other half were from the 2022-2023 (July 2022 to June 2023) funding period. Additionally, most Supplement Awardees (75.0%) indicated being “very willing” to recommend the Alliance Supplement Opportunity to others (Graph 6).

Alliance Supplement Awardees indicated being satisfied (means scores of 4.00 or more) with the overall process to apply to the Alliance Supplement, grant management support, access to clinical and translational research resources, research proposal development support, research proposal development support for other grant opportunity, and post-data collection support (Table 7).

Graph 6. Willingness to recommend Alliance Pilot Project Program to others (n=4)**Table 7.** Mean Score: Alliance Supplement Support (n=4)

Satisfaction with the...	n	Mean	SD
Overall process to apply to the Alliance Supplement	4	5.00	0.000
Grant management support	3	5.00	0.000
Access to clinical and translational research resources (e.g., technologies, facilities, human resources, materials, funding, etc.)	2	5.00	0.000
Research proposal development support	2	5.00	0.000
Post-data collection support (data management, analysis, etc.)	2	5.00	0.000
Research proposal development support for other grant opportunity	2	4.50	0.707

Note: The satisfaction level was evaluated by using a 5-point scale with scores ranging from 1 = Very Unsatisfied to 5= Very Satisfied. SD: Standard Deviation.

REQUEST SERVICE EXPERIENCE

Out of the total respondents, 57.6% (n=38) indicated used the Alliance Online Request Form (Table 8). Most Alliance users were “very satisfied” or “satisfied” with the overall process for requesting Alliance services (86.8%) and with the new online request form (89.5%, Table 8).

Table 8. Alliance Request Service Experience by Institution

	Alliance Participating Institution n (%)			
	Overall	UPR-MSC	PHSU	UCC
Use of the Alliance Online Request Form	(n=66)	(n=37)	(n=6)	(n=1)
Yes	38 (57.6)	20 (54.1)	5 (83.3)	1 (100.0)
No	28 (42.4)	17 (45.9)	1 (16.7)	-
Satisfaction with the Alliance Request Services Process	(n=38)	(n=20)	(n=5)	(n=1)
Very Satisfied	23 (60.5)	10 (50.0)	5 (100.0)	1 (100.0)
Satisfied	10 (26.3)	8 (40.0)	-	-
Neutral	2 (5.3)	1 (5.0)	-	-
Unsatisfied	-	-	-	-
Very Unsatisfied	3 (7.9)	1 (5.0)	-	-
Satisfaction with the new Alliance Online Request Form	(n=38)	(n=20)	(n=5)	(n=1)
Very Satisfied	21 (55.3)	10 (50.0)	5 (100.0)	1 (100.0)
Satisfied	13 (34.2)	9 (45.0)	-	-
Neutral	1 (2.6)	-	-	-
Unsatisfied	-	-	-	-
Very Unsatisfied	3 (7.9)	1 (5.0)	-	-

“Great resource, but sometimes the time to receive support is very long.”

“The process to request support was easy but it took a long time to get a response. And we have not been able to connect yet to get the assistance requested.”

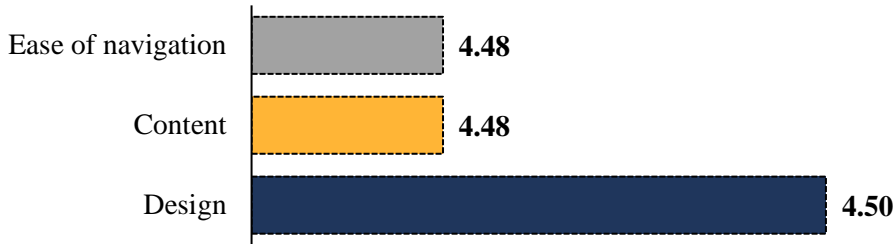
Comments

WEBSITE EXPERIENCE

Among those who reported utilizing Alliance resources, **66.7%** visited the website. Satisfaction with the design, content, and navigation experience of the Alliance website has a mean score of 4.5 or higher, indicating high satisfaction level with the website (Graph 7).



Graph 7. Mean Score: Alliance Website (n=44)

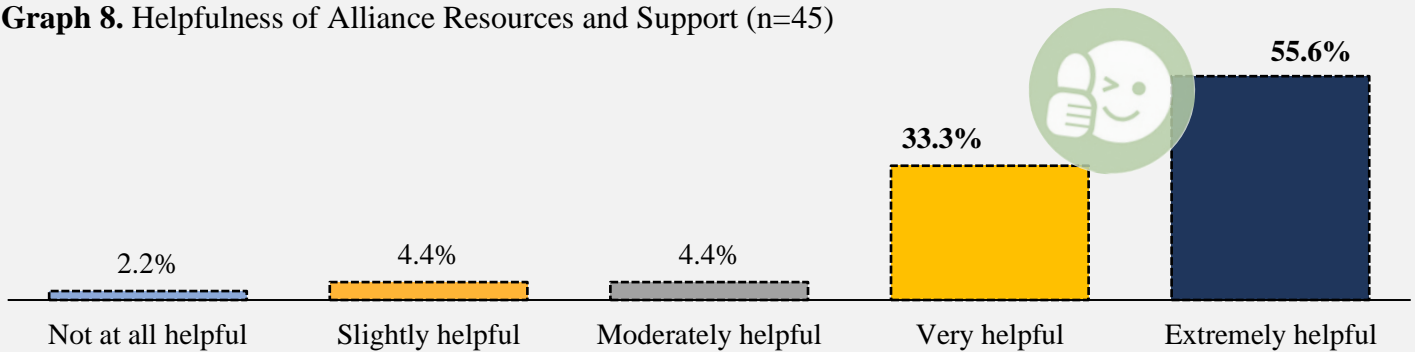


Respondents provided the following recommendations on the Alliance Website:

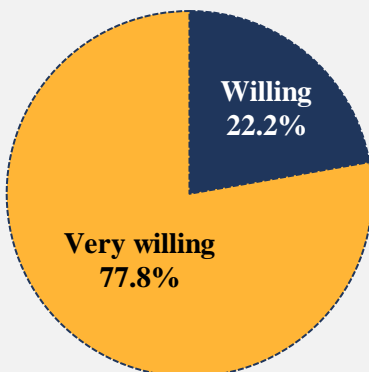
- ✓ *“It looks great! Maybe it could have a controlled (monitored) blog where people talk about their positive experiences and activities in The Alliance.”*
- ✓ *“Make it more engaging.”*
- ✓ *“The information is there, although some of it seems outdated and we still haven't received the requested assistance.”*

The surveyed provided additional feedback about their experience with Alliance resources and support. Most users (88.9%) of Alliance resources and support found their experience “extremely helpful” or “very helpful” (Graph 8). In addition, most users (97.8% or more) were willing to seek future support and to recommend the Alliance resources and services to others (Graphs 9-10).

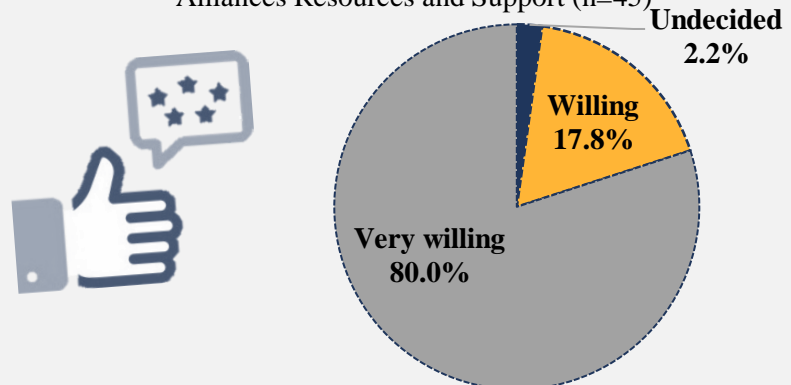
Graph 8. Helpfulness of Alliance Resources and Support (n=45)



Graph 9. Willingness to seek future support from the Alliance Resources and Support (n=45)



Graph 10. Willingness to recommend to others the Alliances Resources and Support (n=45)



Note: A 5-point scale was used with scores ranging from 1 = Not Willing to 5= Very Willing.

QUALITATIVE FEEDBACK

Respondents identified the supportive personnel, commitment and follow-up approach, resources available, prompt assistance, among others as the Alliance strengths. While the service hours and time limitations, enhance the call for pilot project submission, and resources constraints as the main areas for improvements (Figure 2).



Figure 2. Strengths and Barriers of Alliance Resources and Support

Strengths of the Alliance Resources and Support

Supportive Personnel (n=14)

- *“Administrative personnel”*
- *“Antonia Ortiz”*
- *“Dr. Wojna”*
- *“Adelma Rivera”*
- *“Extremely excellent personnel”*
- *“Friendly and respectful staff”*
- *“The human resources are always available for me.”*
- *“Human Resources are likable.”*
- *“Kindness in dealing with both the participants and the team staff.”*
- *“The strongest strength for Alliance is the staff. I have the opportunity to work with the Nurse staff, Lab techs, Research Subject Advocate and Biostatistics, Epidemiology, and Research Design Core.”*

Commitment and Follow-up (n=13)

- *“Great disposition and commitment.”*
- *“Great team willing to help.”*
- *“Responsive”*
- *“Very willing to help.”*
- *“Support from staff to answer questions or concerns.”*
- *“Help feels authentic”*
- *“They follow up on their sponsored researchers and support them even after their pilot project periods are done. I like that they always care, and it is not only for the funding period.”*
- *“Commitment”*
- *“Continued follow-up”*

Resources Available (n=12)

- *“Variety of support”*
- *“Excellent assets”*
- *“Location. The location of Alliance is ideal, you have access to other services that could be.”*
- *“The space. Have a safety environment space designed to have all the importance attention required to practice research is important for the development of the protocol.”*
- *“Services according to the requirements of each project”*
- *“Excellent choice of workshops activities”*
- *“Accessibility of biostatisticians”*
- *“External resources”*
- *“Variety of services; offers a wide range of services to support research.”*
- *“REDCap availability and support is excellent.”*

Prompt Assistance (n=9)

- *“Fast to receive support.”*
- *“Fast response to our service request.”*
- *“Personnel responds quickly to email messages and requests for meetings.”*

Accessibility & Availability (n=8)

- *“Availability to help”*
- *“Easy to communicate and process requests”*
- *“Ease of support”*

Cont. Strengths of Alliance Resources and Support

Efficiency and Organization (n=5)

- "Easy to find information."
- "Efficient when handling applications"
-
- "Well-organized" "Excellent handling of protocols and unexpected situations"

Expertise and Knowledge (n=4)

- "Clinical Research Expertise: It has a team of experts who are highly trained in conducting research and have a strong understanding of research methods and best practices in the area."
- "Knowledgeable professionals that can help you with your research."
- "Knowledge in quantitative research design"
- "Unique expertise"

Collaboration and Teamwork (n=3)

- "Collaborative work"
- "Excellent communication with the core leadership"
- "They always help channel services other than those requested in order to successfully complete the request."

Reliability (n=3)

- "Reliable"
- "Responsible"

Other (n=5)

- "Communication"
- "Networking gained through BERD Core"
- "Professionalism."
- "Flexibility"
- "The ability to adapt to the specific needs of researchers and adjust services according to the requirements of each project."

Barriers and Limitations of the Alliance Resources and Support

Service Hours and Time Limitation (n=6)

- "Limited hours of service"
- "Hours of operation for participants, limits in number of participants to be evaluated"
- "It follows a schedule that is not reasonable for research."

Enhance the Call for Pilot Project Submission (n=6)

- "Before submission would be imperative to meet in person or zoom with new investigators. That way increasing chances of acceptance."
- "Should provide applicants with a list of ALL the documents required to be submitted beforehand."
- "Additional mentoring and guidance prior to submission."
- "Examples for the development of pilot projects would be helpful when writing and submitting my proposal."
- "Pilot award responses from reviewers are slow."
- "The [distribution of] funds take too long to arrive."

Resource Constraints (n=4)

- "Biostatistics support"
- "There is no pharmacist."
- "We know that there are so many projects running at the same time and few staff, as this partly limits the number of samples that can be worked on in the same day."
- "Storage room is very limited."

Expand the Research Method Expertise (n=3)

- "Should have more personnel that is knowledgeable and has ample background in mixed methods research, especially in including qualitative research designs."
- "Should have personnel with a more ample background working with researchers that mix social science with natural and clinical science".
- "The strong quantitative expertise among the biostatistics team probably made it hard to understand and communicate with researchers from a more qualitative scientific background."

Cont. Barriers and Limitations of the Alliance Resources and Support

Other (n=3)

- “Internet. The Alliance have the WIFI service, but some equipment can use WIFI and require the use of line and not all the rooms have the option.”
- “Period of time to process the request for services.”
- “No information package when new integrant of research use the facilities.”



Below are summarized the surveyed recommendations:

➔ Support and Outreach:

- ✓ More outreach to early and junior investigators.
- ✓ Promote grant seeking and writing support.

➔ Mentoring and Expertise:

- ✓ More mentoring before submission.
- ✓ To hire at least two biostatisticians with PhD and experience in Epidemiological studies (not only pharmaceutical studies) and with a teaching attitude.

➔ Extended Hours:

- ✓ Expand working hours until 7 PM. Some research participants are workers and extended hours would be very helpful.

➔ Bureaucracy and Funding:

- ✓ Disengage from the UPR bureaucracy.
- ✓ Increase funding sources and grants.



Alliance Surveyed Users Comments

“Alliance is a great consortium and I fully support its mission.”

“I hope this program continues for a long period!”

“Thank you for all the support for early-stage investigators.”