

Results of the 2021 EMWA salary and compensation survey

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Abstract

In 2021, EMWA members were asked to participate in a survey about their current salary and compensation. The survey included questions on some of the factors that typically influence earnings, such as education, geographic location, level of experience, and type of employer. Four hundred EMWA members responded. The aim of this article is to provide salary and compensation information for company employees and freelancers who are medical writers and communicators based on the responses of the EMWA members who completed the survey.

Introduction

In 2006, EMWA conducted its first survey of members' salaries targeting both company employees and freelancers.¹ Subsequent salary surveys of EMWA members were fielded in 2012² and 2017.³ Here, we present the results of the 2021 salary and compensation survey. This edition of the survey was largely based on the previous surveys. However,

modifications were made to capture hybrid working modes combining employment by a company and freelance work and to evaluate the impact of the COVID-19 pandemic.

The primary objective of the 2021 survey was to provide up-to-date salary and compensation information for professional medical writers and communicators. We also explored differences in salary and compensation across geographic regions. Finally, we tried to understand whether salaries and compensation varied according to satisfaction with remuneration and job satisfaction, level of experience, and characteristics of work.

Methods

Survey details

The present survey (see Appendix 1) used many questions from the 2017 survey to allow for comparisons between the two surveys. EMWA members were invited to participate in two separate windows: September 29 to October 15, 2021 and November 4 to December 1, 2021. An email reminder was sent shortly before the end of each survey period. The survey was only open to EMWA members. It could be completed only once on a given device (e.g., laptop, mobile phone), but there was no way to check whether multiple devices were used by the same respondent. Moreover, respondents were

Nearly half
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as having to work
from home.



able to submit incomplete survey responses. As the survey was anonymous, it was not possible to query missing or inconsistent data.

Statistical analyses

Summary statistics were calculated for demographics, background, employment type, other job characteristics, and job/salary satisfaction. For salaries and compensation rates, the mean, median, interquartile range, and range were calculated. In analysing salaries and compensation rates, respondents were divided into two full analysis sets (FAS) based on their employment type: the employee FAS and the freelance FAS. Small business owners and participants with “hybrid” employment in which their time was divided between working as a company employee and as a freelancer were not included in the employee FAS or the freelance FAS. Because they were few in number,

data for respondents who chose “small business owner” or “hybrid” as their employment type were not analysed separately. The analyses of salary/compensation by geographic region only included countries where at least five respondents in the given FAS provided analysable data.

When asked to give reasons for dissatisfaction with their current work or salary, employees most frequently cited high workload (26%), low salary (22%), and being undervalued (18%).

Germany),² and 2017 (30% from the UK and 27% from Germany).³ As in previous surveys,^{1–3}

Results and discussion

Characteristics of the overall survey sample

A total of 400 EMWA members (approximately 30% of the membership) responded to the survey, a response rate similar to that of the 2017 survey (31%).³ Just over half of the respondents were from the UK or Germany (25% from the UK and 26% from Germany), consistent with the surveys from 2006 (32% from the UK and 20% from Germany),¹ 2012 (29% from the UK and 27% from Germany),² and 2017 (30% from the UK and 27% from Germany).³ As in previous surveys,^{1–3}

most respondents (80%) were women. Sixty-one percent of respondents were non-native English speakers.

The employee FAS comprised 266 respondents, and the freelance FAS comprised 103 respondents (Table 1). The remaining respondents were either small business owners or had a hybrid employment type.

Employees

Most company employees were female (77%) and most worked 31 to 40 hours per week (57%) (Table 1). Half of the employees had worked as medical writers or communicators for more than 5 years. Two-thirds (67%) of employees reported project management responsibilities. Almost half (48%) of them provided mentoring, and a fifth (21%) had line management responsibilities.

A third of employees (34%) spoke English as their native language. Some 86% of employees had a degree in life sciences and 18% had a degree in a healthcare discipline. Seventy-three percent of employees had an advanced degree (BBS, MD, PhD, PharmD, or equivalent). Thirty-five percent of employees had an EMWA Professional

Table 1. Demographics and work characteristics

Characteristic	Employees (N=266)	Freelancers (N=103)
Gender, n (%)		
Female	204 (77)	88 (85)
Male	60 (23)	15 (15)
Missing	2	0
Hours worked per week, n (%)		
11–20	2 (1)	9 (9)
21–30	26 (10)	34 (35)
31–40	149 (57)	38 (39)
41–50	75 (29)	9 (9)
>50	8 (3)	7 (7)
Missing	6	6
Years worked as a medical writer or communicator, n (%)		
≤5	131 (50)	30 (30)
>5	133 (50)	69 (70)
Missing	2	4
Responsibilities, n (%)		
Project management ^a	178 (67)	47 (46)
Mentoring	128 (48)	21 (20)
Line management	56 (21)	8 (8)

^a No line management



Development Programme (EPDP) certificate, and 13% had other formal training or certification in medical writing (e.g. AMWA or Drug Information Association certificate). Sixty-three percent of employees primarily worked as regulatory writers and 26% mainly worked as medical communications writers.

The overall mean gross annual income of employees was €67,205. The corresponding values from previous surveys were €54,924 in 2006,¹ €61,505 in 2012,² and €62,793 in 2017.³ It is unclear whether the increase in average incomes over time simply reflects inflationary

trends or whether increasing job value or other unknown factors also played a part.

The median income was the same (€49,000) for employees with 2 years or less, 3 to 5 years, or 6 to 10 years of experience as a medical writer or communicator (Table 2). Median incomes were higher for employees with 11 to 15 years (€69,500) or more than 15 years of experience (€90,000). Associate medical writers were at the lower end of the income spectrum, with a median income of €41,500 (Table 3). Directors/owners of medical writing companies were at the opposite end, with a median income of €186,000.

Median incomes were higher for writers with additional responsibilities of project management (€55,000 vs. €43,000 for those without this responsibility), mentoring (€63,000 vs. €46,000), or line management (€98,800 vs. €49,500) (Table 3). Similarly, in the 2017 survey, respondents with supervisory (€69,045 vs. €52,459) or line management responsibilities (€79,224 vs. €58,161) had higher average salaries than those without these responsibilities.³

Median incomes were highest in Switzerland (€138,000, n=26), France (€69,500, n=27), and Sweden (€61,220, n=16), and lowest in Spain

Table 2. Gross annual income (€) of employees by years of experience (n=264)

Years worked as a medical writer or communicator

	n (%)	Median	Range
≤2	54 (20)	49,000	3,600–87,000
3–5	77 (29)	49,000	2,200–126,000
6–10	52 (20)	49,000	5,000–118,000
11–15	36 (14)	69,500	20,000–186,000
>15	45 (17)	90,000	39,000–220,000

Table 3. Gross annual income (€) of employees by job title and responsibilities (n=266)

Job title/responsibility

Job title	n (%)	Median	Range
Junior medical writer	45 (17)	55,000	2,200–91,000
Associate medical writer	21 (8)	41,500	3,600–79,663
Senior medical writer	81 (30)	55,000	3,600–190,000
Principal medical writer	31 (12)	77,000	3,840–145,000
Publishing specialist	2 (1)	47,000	39,000–55,000
Medical writing manager	34 (13)	68,000	5,000–105,000
Communication lead/head of medical writing	19 (7)	84,365	55,000–172,000
Director/owner of medical writing company	7 (3)	186,000	150,000–220,000

Project management

Yes ^a	178 (67)	55,000	3,600–186,000
No	86 (33)	43,000	2,200–220,000
Missing	2	—	—

Mentoring

Yes	128 (48)	63,000	2,200–220,000
No	136 (52)	46,000	3,600–172,000
Missing	2	—	—

Line management

Yes	56 (21)	98,800	44,000–220,000
No	210 (79)	49,500	2,200–172,000

^a No line management

(€31,000, n=16) and Portugal (€33,600, n=12) (Figure 1). In the 2017 survey, median incomes were highest for medical writers and communicators from Switzerland (€120,000), Scandinavia (Denmark, Finland, and Sweden: €72,000), and Germany (€63,250), and lowest for those in Spain (€40,500) and Austria (€41,000).

Employees working for biotech companies (€80,000) and pharmaceutical companies (€76,700) had the highest median incomes. Median incomes were lower for employees of medical communications/advertising agencies/consultancies (€48,000), academic institutions/government agencies/not-for-profit organisations (€52,500), medical device companies (€54,000), and contract research organisations (€55,000).

Office-based employees had the lowest median income (€43,800), and those who were mainly home-based but worked some days in the office had the highest median income (€58,500) (Table 4). Working arrangements were not captured in previous surveys, presumably because it was assumed that most employees would be office-based. The 2021 survey was conducted during the COVID-19 pandemic, and only 4% of employee respondents were solely office-based. When probed on how the pandemic had changed their work, 58% of respondents mentioned the lack of face-to-face interactions at work, conferences, and other occasions. Nearly

Table 4. Gross annual income (€) of employees by working arrangement (n=261)

Working arrangement	n (%)	Median	Range
Home-based	86 (33)	50,000	24,000–101,000
Home-based with some days in the office	68 (26)	58,500	28,000–220,000
Office-based with some days at home	97 (37)	51,500	2,200–126,000
Office-based	10 (4)	43,800	14,000–150,000

Table 5. Gross annual income (€) of employees by hours worked per week (n=260)

Hours worked per week	n (%)	Median	Range
11–20	2 (1)	39,500	24,000–55,000
21–30	26 (10)	46,000	3,840–90,000
31–40	149 (57)	49,000	3,600–120,000
41–50	75 (29)	73,000	2,200–172,000
>50	8 (3)	186,000	101,000–220,000

half (46%) of employees reported COVID-19-related workplace disruptions, such as having to work from home, while 27% reported increased activity. Only 17% of employees felt that COVID-19 had not disrupted their work. It will be interesting to see whether these changes, particularly opportunities to work partly or fully from home, will persist beyond the end of the pandemic.

Median income increased with an increasing number of hours worked per week, from €39,500

for employees who worked 11 to 20 hours per week to €186,000 for those who worked more than 50 hours per week (Table 5). The fact that 11% of employees worked 30 hours or less per week suggests opportunities exist for at least some company-employed medical writers and communicators to reduce their work commitments and achieve a healthier work-life balance.

Most employees were satisfied or very satisfied with their current salary. Employees who were satisfied (€59,000) or very satisfied

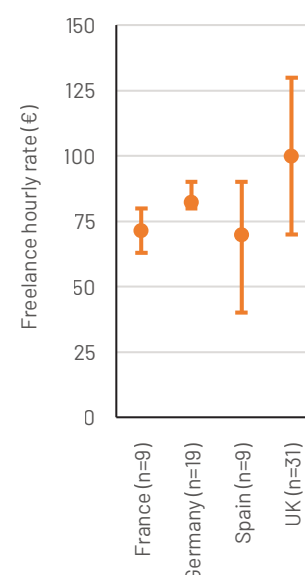
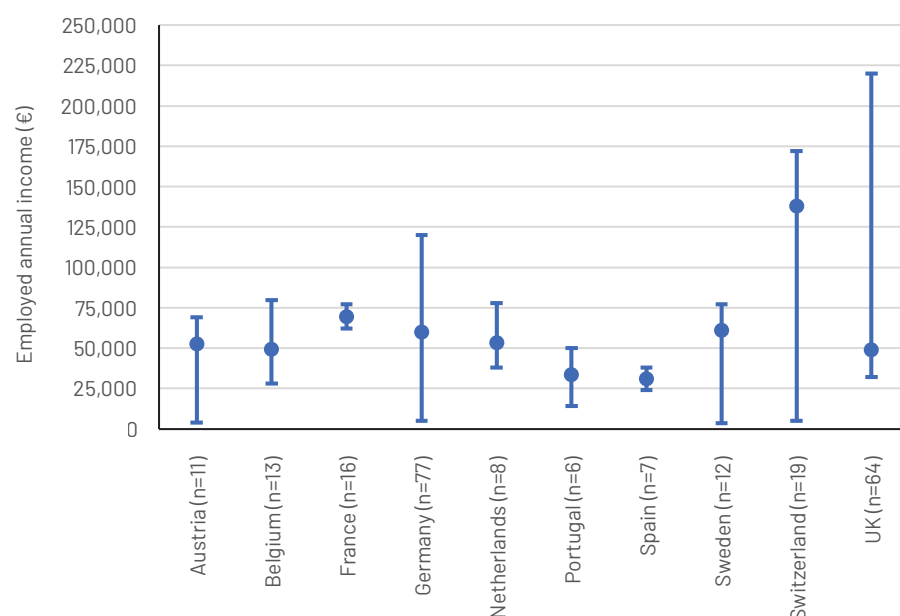


Figure 1. Gross annual income of employees and hourly rates for freelancers by country where they were based for tax purposes (data collected September 29 to October 15, 2021, and November 4 to December 1, 2021)

Data are the median and range. The analyses only included countries where at least five respondents in the given analysis set provided analysable data.

Table 6. Gross annual income (€) of employees by satisfaction with current salary (n=251)

Level of satisfaction	n (%)	Median	Range
Very unsatisfied	5 (2)	44,000	14,000–46,000
Unsatisfied	32 (13)	47,500	24,000–78,000
Neutral	63 (25)	45,900	2,200–150,000
Satisfied	109 (43)	59,000	3,600–220,000
Very satisfied	42 (17)	55,000	33,600–172,000

Table 7. Gross annual income (€) of employees by satisfaction with current work (n=262)

Level of satisfaction	n (%)	Median	Range
Very unsatisfied	3 (1)	74,000	46,000–149,000
Unsatisfied	9 (3)	39,000	22,500–57,000
Neutral	31 (12)	60,000	2,200–155,000
Satisfied	125 (48)	60,000	3,600–200,000
Very satisfied	94 (36)	58,000	3,600–330,000

(€55,000) with their salaries had slightly higher median incomes than those who were neutral (€45,900), unsatisfied (€47,500), or very unsatisfied (€44,000) (Table 6). However, satisfaction with current work was not predictive of employee incomes (Table 7): median salaries were similar for respondents who were neutral about or satisfied/very satisfied with their current work, and the three respondents who were very unsatisfied with their current work had the highest median salary (€74,000). When asked to give reasons for dissatisfaction with their current work or salary, employees most frequently cited high workload (26%), low salary (22%), and being undervalued (18%).

Freelancers

In addition to the 2006,¹ 2012,² and 2017³ salary surveys for employees and freelancers, other EMWA surveys of remuneration rates for freelance medical writers and communicators were held in 2003,⁴ 2007,⁵ 2010,⁶ 2013,⁷ 2015,⁸ and 2018–2019 (unpublished). The 2021 salary survey is, therefore, the tenth EMWA salary/compensation survey to include freelancers.

The proportion of freelancers who were women was 85% (Table 1), an increase from 75% in the 2017 survey.³ Forty-four percent of freelancers worked 30 hours or less per week – a higher proportion than for employees. Over

two thirds (70%) of freelancers had worked as a medical writer or communicator for more than 5 years. While almost half (46%) of freelancers reported project management responsibilities, very few of them (8%) worked as line managers.

Forty-seven percent of freelancers were native English speakers, a higher proportion than for employees. Just under two-thirds of freelancers had a life sciences degree (65%) and just over two-thirds had an advanced degree (69%). A third (33%) of freelancers had an EPDP certificate and 23% had other formal training or certification in medical writing. Considerably more freelancers worked primarily as medical communications writers (59%) than as regulatory writers (27%).

Median hourly rates increased with increasing satisfaction with current earnings and with increasing job satisfaction.

When asked to classify their main type of client, 43% of freelancers reported providing services to medical communications agencies, 26% to pharmaceutical companies, and 13% to contract research organisations. As expected, the overwhelming majority of freelancers (96%) worked exclusively from home.

The overall mean hourly rate of freelancers was €78, slightly down on the €81 reported in the 2017 survey.³ The median hourly rate did not increase steadily with increasing experience as a medical writer or communicator, being higher for freelancers with 3 to 5 years of experience (€90) than for those with 6 to 10 years (€63) or more than 15 years of experience (€80) (Table 8). However, respondents with 2 years or less of experience (€30) had the lowest hourly rate, and the median hourly rate was higher for freelancers with 11 to 15 years of experience (€110) than for those with 10 years or less of experience.

Among countries included in the analysis of freelance compensation by geographic region, freelancers based in the United Kingdom (€100) reported the highest median rate and those in Spain (€70) the lowest (Figure 1).

Eighty-one percent of freelancers were satisfied or very satisfied with their current earnings, and 91% were satisfied or very satisfied with their current work. Similarly, in the 2017 survey, most freelancers were satisfied with their current salary (77%) and work (91%).³ Overall, median hourly rates increased with increasing satisfaction with current earnings (Table 9) and with increasing job satisfaction (Table 10). Again, these findings mirror similar trends in the 2017 survey, which found that the average hourly rate was significantly higher among freelancers who were satisfied (€88) than those who were dissatisfied (€59).³ The most frequently reported reasons for freelancer dissatisfaction with current work

Table 8. Hourly rate (€) of freelancers by years of experience (n=99)

Years worked as a medical writer or communicator	n (%)	Median	Range
≤2	10 (10)	30	15–65
3–5	20 (20)	90	70–100
6–10	28 (28)	63	40–90
11–15	12 (12)	110	40–140
>15	29 (29)	80	70–150

Table 9. Hourly rate (€) of freelancers by satisfaction with current earnings (n=99)

Level of satisfaction	n (%)	Median	Range
Very unsatisfied	1(1)	75	N/A
Unsatisfied	5(5)	40	15–100
Neutral	13(13)	70	60–80
Satisfied	57(58)	80	40–140
Very satisfied	23(23)	95	70–150

Table 10. Hourly rate (€) of freelancers by satisfaction with current work (n=98)

Level of satisfaction	n (%)	Median	Range
Very unsatisfied	1(1)	75	N/A
Unsatisfied	1(1)	40	N/A
Neutral	7(7)	60	23–82
Satisfied	44(45)	80	40–140
Very satisfied	45(46)	90	40–150

or salary were high workload (24%), difficulties finding regular clients (13%), and low salary (11%). Impacts of COVID-19 on freelancers included increased activity (39%), lack of face-to-face interaction with colleagues (29%), and workload fluctuations (17%). Only 4% of freelancers experienced COVID-19-related workplace disruptions, presumably because most of them were already working from home. Compared to employees, almost twice as many freelancers (30%) reported no impact on their work as a result of the pandemic.

Conclusions

In many instances, the results of the 2021 salary and compensation survey are consistent with those of the 2017 survey. However, novel findings are the differences in employee salaries according to working arrangements and respondents' experiences of COVID-19-related work disruptions, which were more frequent for employees than for freelancers. For employees, income levels did not always reflect satisfaction with their current work. The reasons for this apparent disconnect should be explored in future surveys.

The results of the present survey should be interpreted with caution. Because the survey was only open to EMWA members, the findings cannot be generalised to the global or even European medical writing community. Also, the analysis did not consider the cost of living in respondents' countries of residence. Moreover, the fact that respondents participated voluntarily, rather than being randomly selected, may be a source of selection bias. Finally, the way the survey was presented enabled respondents to select multiple response options for certain questions, even when this was illogical.

At the time of the 2021 survey, EMWA decided to establish a dedicated Salary and Compensation Team to conduct surveys every 4 to 6 years and to publish the results in *Medical Writing*. The team will look to improve the way future surveys are designed and conducted to leverage salary and compensation information that is more robust and more useful for medical writers and communicators. To help us in this endeavour, we welcome feedback on the 2021 survey and on this article.

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Disclaimers

The ideas expressed in this article are the authors' own and are not necessarily shared by their employers (as applicable) or EMWA.

Disclosures and conflicts of interest

Sarah Choudhury is an employee of AstraZeneca, Cambridge, UK. She is a Director in Clinical Regulatory Writing. The other authors declare no conflicts of interest.

Data availability statement

The data collected in this survey are the property of EMWA. The original data are available for purposes of further research, upon reasonable request to EMWA Head Office. For inquiries about data and other supplemental information, please contact the corresponding author.

References

1. Goodwin Burri K. Results of the 2006 EMWA salary survey. *The Write Stuff*. 2006;15(4):133–4.
2. Eichele K, Rossi A. Results of the 2012 EMWA salary survey. *Med Writ*. 2013; 22(3):194–8.
3. Dressler A, Klapproth J, Rossi A. Results of the 2017 EMWA salary survey. *Med Writ*. 2018;27(1):43–50.
4. Reeves A, Drees B. EMWA freelance and small business survey 2003. *The Write Stuff*. 2004;13(1):11–13.
5. Reeves A, Hamilton S. EMWA freelance business survey 2007. *The Write Stuff*. 2007;16(3):138–40.
6. Reeves A. Third EMWA freelance business survey 2010. *The Write Stuff*. 2010;19(2):147–9.
7. McDonough A, Billiones R, Hamilton S. The fourth EMWA freelance business survey. *Med Writ*. 2013;22(1):67–72.
8. Edwards J, Reeves A, Jacobs A. Fifth EMWA freelance business survey. *Med Writ*. 2016;25(1):47–51.



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Appendix 1. Survey questions

EMWA Salary and Rates Survey

The aim of this survey is to gather data on the salaries and freelance compensation of medical communicators. EMWA would also like to collate data on additional factors that typically influence income levels, such as education, work experience, location of work, and type of employer.

For the purpose of this survey, a salaried employee is defined as anyone employed by a company, institution, or individual (either full-time, part-time, or fixed-term contract work where taxes are paid on your behalf), and paid a salary or hourly wage. An update summarising the responses to this survey will be prepared for the November 2021 Congress and for a 2022 issue of *Medical Writing*.

This survey is anonymous, and we will not identify names or other sensitive information. If you are concerned that a particular question may compromise confidentiality (e.g., if you know you are the only EMWA member working in a particular country), feel free not to answer it. However, to enable the data to be analysed per country, we would appreciate responses to all questions, if possible. Individual responses to questions will not be reported when the results are published.

Demographics

1. Are you...?

- a. Male
- b. Female
- c. Non-binary
- d. Prefer not to say

2. In which country are you based for tax purposes?

(list of countries, with option
"Prefer not to say" in the end)

3. Is English your native language?

- a. Yes
- b. No
- c. Prefer not to say

Education

4. What is the highest academic degree that you hold?

- a. Associate's degree or below (i.e., an academic degree for a programme of 2 years or less)
- b. Bachelor's degree or equivalent
- c. Master's degree (MSc, MBA) or equivalent
- d. Advanced (MBBS, MD, PhD, PharmD, or equivalent)

5. In what field of study did you obtain your highest academic degree?

- a. Life sciences (Biology, Biochemistry, Chemistry etc.)
- b. Healthcare (Medicine, Pharmacy, Public Health, Epidemiology, Nursing, etc.)
- c. Applied sciences (Mathematics, Physics, Engineering, etc.)
- d. Humanities (English, History, Journalism, Communications, Technical Writing, etc.)
- e. Languages, Translation, etc.
- f. Other (please specify)

6. Have you obtained an EMWA professional development programme (EPDP) certificate?

- a. Yes
- b. No

7. Have you completed any other formal training or certification in medical writing (e.g., AMWA certificate, Drug Information Association, other online courses)?

- a. Yes (please specify)
- b. No

Work Experience

8. How many years of experience do you have as a medical communicator?

- a. ≤2 years
- b. 3–5 years
- c. 6–10 years
- d. 11–15 years
- e. >15 years

9. Did you work in science before working as a medical communicator?

- a. Yes
- b. No

Employment Information

10. How would you classify your employment type? (Tick all that apply)

- a. Employed
- b. Freelance/independent contractor
- c. Hybrid (a mix of employed and freelance)
- d. Small business owner (<10 salaried or subcontracted team members)

11. For employed and hybrid, how would you classify your employer?

- a. Pharmaceutical company
- b. Veterinary company
- c. Medical device company
- d. Biotech company
- e. Medical communications/advertising agency/consultancy company
- f. Contract research organisation (CRO)
- g. Academia/government agency/not-for-profit
- h. Other (please specify)

12. For freelancers, how would you classify your main client?

- a. Pharmaceutical company
- b. Veterinary company
- c. Medical device company
- d. Biotech company
- e. Medical communications/advertising agency/consultancy company
- f. Contract research organisation (CRO)
- g. Academia/government agency/not-for-profit
- h. Other (please specify)

Job information

13. Which of the following best describes your job title? (Tick all that apply)

- a. Associate medical writer
- b. Junior medical writer
- c. Senior medical writer
- d. Principal medical writer
- e. Manager, medical writer
- f. Communication lead/ Head of medical writing
- g. Publishing specialist
- h. Director/owner of medical writing company
- i. Freelance
- j. Other (please specify)

14. Do you have project management responsibilities? (e.g., oversight of a project but not line management)

- a. Yes
- b. No

15. Do you have mentoring responsibilities?

- a. Yes
- b. No

16. Do you have line management responsibilities?

- a. Yes
- b. No

17. On average, approximately how many hours per week do you work? (For freelancers: please enter an average number of hours across all projects in a typical week)

- a. 1–10
- b. 11–20
- c. 21–30
- d. 31–40
- e. 41–50
- f. >50

18. Where is your activity located?

- a. Full office activity
- b. Fully remote (working from home)
- c. Office based with some days working from home
- d. Remotely based with some days in office

19. How would you categorise your primary role?

(Note: if you are a team leader or manager but also work alongside your team, please select the category of your team)

- a. Writing, medical communications
- b. Writing, regulatory
- c. Writing, other (please specify)
- d. Editing
- e. Translation
- f. Manager
- g. Other (please specify)

Salary information

20. For members in employed work only: What is your yearly income before tax deductions?

Please specify to the nearest 1,000 Euros using the valid exchange rate for your local currency

21. For members in freelance work only: What is your hourly rate before tax deductions?

Please specify to the nearest 10 Euros using the valid exchange rate for your local currency

22. For members in hybrid work (a mix of employed plus freelance): What is your yearly income before tax deductions? Please specify to the nearest 1,000 Euros using the valid exchange rate for your local currency

23. Considering your typical weekly workload, what percentage of your time is spent working on the following:

- a. Documents for clinical and nonclinical drug development __%
- b. Documents for clinical and nonclinical development of medical devices __%
- c. Articles for scientific journals and the scientific press __%
- d. Marketing materials, including congress materials and proceedings __%
- e. Educational materials for patients and/or health professionals, including audiovisual media __%
- f. Grant writing __%
- g. Translations __%
- h. Social media/electronic publishing __%
- i. Other (please specify) __%

Job and Salary Satisfaction

24. How satisfied are you with your current work?

- a. Very satisfied
- b. Satisfied
- c. Neutral
- d. Unsatisfied
- e. Very unsatisfied

25. How satisfied are you with your current salary?

- a. Very satisfied
- b. Satisfied
- c. Neutral
- d. Unsatisfied
- e. Very unsatisfied

26. Which of the following best describes your satisfaction level with your current work or salary? (Tick all that apply.)

- a. My workload is too high
- b. The work is not interesting or challenging enough
- c. Unsupportive work environment
- d. I feel discriminated on the basis of gender, nationality, age, or other
- e. My role is undervalued
- f. Salary is too low
- g. I have difficulty finding regular clients
- h. None of the above/Other (please specify)

Impact of COVID-19

27. How has the COVID-19 pandemic changed your work (tick all that apply)?

- a. Workload fluctuations
- b. Tighter deadlines
- c. Workspace disruption (e.g., having to work from home)
- d. Unemployment/fewer clients
- e. Inability to work due to health issues/family assistance, etc.
- g. No disruptions
- h. Increased activity
- i. Lack of face-to-face interaction with colleagues at work, conferences, etc.
- j. Other (please specify)

Thank you for your answers. This survey is anonymous and we will not share any data that could compromise confidentiality.