

What factors facilitate a GP survey high response rate?



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General practitioners are inundated with surveys seeking information about their beliefs and practices by a range of health researchers, policy makers and marketers. Their time for these surveys is often unpaid, or under-rewarded, or impinges on other responsibilities. If response rates are too low – something all too common – results are impossible or difficult to interpret.

The Cochrane Collaboration has published a systematic review on methods of increasing response rates to postal questionnaires.¹ There was no separate subgroup analysis of GPs. The review found that the response rate was more than double in surveys of special interest to potential respondents. Other variables associated with high response rates were: short questionnaires; including an incentive with the questionnaire (rather than on response); re-sending the survey to nonresponders; and making the survey personal.

Several studies specifically examining response rates for GP surveys have identified other factors associated with lower response rates. These include: GP location and the originating institution;² being too busy to complete research questionnaires;^{3,4} being older; more

experienced; and less well qualified.⁵ An English study found that practising in London was a predictor of nonresponse,² although a study in Victoria, Australia found no difference between urban and rural GPs.⁶ However, the findings from these studies were based on responses to surveys about specific subjects. A study of English GPs found that those who routinely do not return postal questionnaires (defined as GPs who failed to respond to all, or all but one of 5 different questionnaires) were likely to be older, not to possess a postgraduate medical qualification, or belong to a practice that was not involved with postgraduate or undergraduate training.⁷

In Australia, a quantitative and qualitative analysis about attitudes and involvement of Queensland GPs in general practice research found GPs, particularly those who were younger and more recent graduates, had positive attitudes to research.⁸ General practitioners identified insufficient rewards as a barrier to participating in general practice research, while enabling factors included administration by a reputable third party and relevance to their practice.

We conducted a GP survey about the Australian Sentinel Practice Research

Network (ASPREN),⁹ a surveillance system that comprises a group of GPs reporting weekly on 12–14 selected conditions to The Royal Australian College of General Practitioners (RACGP).

Methods

In January 2005, we surveyed 98 GPs, 50 who were participating in ASPREN in 2005, and 48 who had previously, asking why they chose to participate (or to quit) and their perceptions on the timeliness, content and frequency of feedback of the system. To maximise the response rate we: included a personalised explanatory letter of endorsement (by the ASPREN Director and an RACGP manager); kept the questionnaire short, (either single sided for the previous participants, or fitting on one double-sided page for current participants); used mainly quick 'tick-box' responses;¹⁰ used bright green paper for visibility;¹¹ and included a \$20 book voucher in recognition of their time.¹² They were asked to return the survey by fax. After 3 weeks we sent a reminder letter, survey and postage paid return envelope (but no additional book voucher) to GPs who had not responded.¹³

Results

Three surveys were returned because the GP was no longer at the address. After excluding these, 96% of all recipients returned the survey. There was no difference in the response rates for current and former ASPREN participating GPs (98% and 93% respectively, $p=0.13$).

Discussion

Although multiple factors, some identified in the Cochrane review, may have contributed to the extremely high response rate for our survey, the most important was probably the interest of the subject to all respondents, which suggests it will be unrealistic to expect such high response rates for future GP surveys.

Implications of this study for general practice

What we already knew:

- Surveys targeted at GPs with an interest in the research topic are more effective in achieving very high response rates.
- Other important factors include short questionnaires, incentives accompanying the questionnaire, re-sending the questionnaire with a follow up mailout, and personalising the survey.

What this study shows:

- A questionnaire to GPs interested in the subject, with the above incentives, and others (including brightly coloured paper, pre-paid reply envelope, signing the survey by a respected GP researcher) yielded a 96% response rate.

Conflict of interest: none declared.

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