

'So much post, so busy with practice — so, no time!': A telephone survey of general practitioners' reasons for not participating in postal questionnaire surveys

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SUMMARY

Background. Response rates by general practitioners (GPs) to postal surveys have consistently fallen, compromising the validity of this type of research. If postal survey work is to continue we need to understand GPs' reasons for not participating and respond appropriately.

Aim. To investigate GPs' reasons for not responding to postal surveys.

Method. A qualitative study was carried out to determine GPs' reasons for not participating in postal surveys, which were drawn from a telephone survey of 276 non-responders to a postal questionnaire survey. Practitioners' comments were recorded and reasons for their non-response quantified using content analysis.

Results. Primary reasons for GPs not replying to the postal survey were that questionnaires had got lost in paperwork (34%), that GPs were too busy for the extra work involved (21%), and that questionnaires were routinely 'binned' (16%). Higher practice workloads, including increased administration, meant that participation in research had become a low priority. GPs provided some suggestions for researchers that would increase their chances of questionnaires being returned.

Conclusions. Researchers need to be aware of the pressures of service general practice and to rationalize the amount of research material sent to GPs. GPs were most likely to respond to postal surveys that had a high interest factor, that involved localized research relevant to general practice, and that incorporated a personalized approach by researchers, including good-quality explanatory information.

Keywords: general practice; postal surveys; response rates.

Introduction

It was reported by Cartwright¹ that response rates by health professionals to postal surveys consistently fell between 1961 and 1977. She also reported that the most worrying finding in her study was the drop in response rates from doctors, mainly GPs. This trend has persisted and GPs continue to be poor responders to postal surveys.²⁻⁵ Consistently poor response rates in postal

surveys undermine the validity of this type of research,⁶⁻⁷ since findings may not yield generalizations. Indeed, one university department in Northern England temporarily suspended all postal surveys of GPs owing to poor response rates. Moreover, since non-responding GPs tend to be older,⁵ more experienced, less well qualified, and often single-handed practitioners¹ (who are possibly under more stress),³ a valuable viewpoint and body of expertise is being missed in many reported surveys.⁴ Several studies have described characteristics of non-responding GPs^{1,3,5} and the inducements that encourage them to respond to postal surveys.^{8,9} However, there has been less empirical study of GPs' reasons for not responding (MacPherson and Bisset¹⁰ being a notable exception). If the postal survey is to continue as a viable general practice research tool, we need to understand GPs' reasons for not participating and respond appropriately. This study investigates GPs' reasons for not responding to postal surveys and elicits their suggestions on maximizing response rates.

Method

This study arose from a postal survey of GPs' attitudes to preventive medicine and early alcohol intervention conducted in 1995-96. That survey was part of a World Health Organization (WHO) Collaborative study on strategies to enhance the capacity of primary health care to respond to persons with hazardous alcohol consumption. One GP was randomly sampled from each practice on the current family health service authority lists in three health districts in the Midlands ($n = 430$), and was posted a questionnaire plus a covering letter and a pre-paid envelope. Subjects were also informed that the study had been granted ethical approval by the local research ethics committee. The questionnaire, which comprised 32 items, was produced to a high standard, having been developed by collaborators in the WHO study from eight international centres and piloted on 117 GPs.

The survey was carried out on subjects who were outside the authors' local area because the survey formed part of a larger WHO study and it was necessary to avoid using GPs who would be involved in the main study. The purpose and relevance of the study to GPs was outlined in the covering letter, as was the fact that they were representing the UK in an important multinational study. All covering letters were personalized to the GP who was being recruited into the survey and each one was personally signed by the professor of primary health care at Newcastle University, who was also a practising GP. The covering letter also explained that the project manager (EFSK) would telephone non-responders after two weeks to ensure that they had received the correspondence and to enquire if they required any further information concerning the survey. Lastly, a summary report of study findings was offered to all GPs who participated in the survey.

After two weeks, the survey produced a response rate of 32% ($n = 136$). At this point, the 294 non-responders were followed up by telephone to ascertain their reasons for not replying to the survey and to encourage them to participate. Seventeen non-responders (5.7%) had either retired or had left the practice

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for other reasons and so were not eligible for the survey. Of the remaining 277 GPs, 269 were contacted directly by telephone, producing a 97% response rate to the telephone survey. Semi-structured telephone interviews were carried out by two researchers, and the majority of these interviews were less than 10 minutes in duration.

General practitioners' responses were recorded in writing during and immediately after the telephone conversation. Subsequently, all responses were entered verbatim onto a computer word processing package. Data were analysed using content analysis, in which two of the authors (EFSK and CAH) read the transcripts independently and extracted general themes. These themes were compared and clear coding categories were defined. Lastly, GPs' primary reasons for not responding to the postal survey were identified and quantified according to the coding frame.

Results

Of the 269 GPs contacted in this telephone survey, 143 (53%) ultimately went on to respond to the original postal survey, boosting the response rate from 32% to 68%. The GPs who responded after further follow-up were not significantly different from the initial responders in terms of sex, age, years in practice, workload (numbers of patients seen each week), or nature of practice (single-handed versus group, or urban versus rural).

The most common reason for not responding to the survey was that GPs had not remembered the questionnaire or had lost it under a pile of paperwork (Table 1). This reason was reported by just over one-third of GPs (34%, $n = 91$), with typical comments including:

I've just not come across it yet.
It's possibly still under a pile of post.
I've a massive pile of paperwork — I'm swamped under it.

Of the 91 GPs who had lost the questionnaire, 82 (90%) asked for another one.

The second most common reason (21%, $n = 56$) for not responding to the postal survey was that GPs were too busy and had no time for extra work. Such comments included:

I'm overworked and in no way will I participate in research.
I feel that this kind of research results in more work impinging on GPs and enough is enough!

Occasionally, the workload increase was for recent or temporary reasons as one GP outlined:

Very sorry I'm not able to participate. I'm up to my nose in work and my partner is off sick.

Table 1: GPs' primary reasons for not responding to the postal survey ($n = 269$).

Reason given	n (%)
Questionnaire lost in a pile of paperwork	91 (34%)
Too busy / no time for extra work	56 (21%)
Don't do / bin questionnaires	44 (16%)
Too many surveys	18 (7%)
On a pile / pending	15 (6%)
May do it / will try and return it	15 (6%)
Not interested in research	14 (5%)
Questionnaire too long	7 (3%)
Sent it back already	6 (2%)
No reason given	3 (1%)

However, more commonly GPs felt that the increased workload was a central feature of practice:

Don't have the time, I'm snowed under. The workload is too high. Did them in the past but the pressures of work now are far too great with all that the Government expects GPs to do.

A further 44 GPs (16%) did not complete questionnaires at all, making comments such as:

I probably threw it in the bin, that's where I file questionnaires.
I file them in the round thing in the corner.

Other GPs were venting frustration resulting from other sources:

I binned it. I was feeling angry at the Government and the Inland Revenue at the time!

These comments illustrated that 'binning' questionnaires was most likely to be a product of GPs feeling over-worked and possibly stressed, as outlined by the GP who explained:

Practice in crisis, I try to do these things but there is no time. I'm so very pressed these days, I'm not doing questionnaires unless essential.

One consequence of an increased workload and its attendant stress was that GPs had begun to prioritize tasks and many had decided that participating in research was a lower priority than dealing with more pressing practice issues, as outlined by the following comments:

All questionnaires are at the bottom of the 'to do' pile, I'm not sure if this one is there or not.
Got it here to fill out later but I leave questionnaires for after urgent and pressing matters.
Frankly, I prioritize local matters and practice matters.

Just 7% of GPs ($n = 18$) in the telephone survey specifically reported receiving too many questionnaires. However, research questionnaires may have contributed to general complaints about the glut of paperwork in general practice; for example:

I get so many questionnaires. I probably put it to one side for later and then threw it out. We get so much mail in general practice and this one arrived when we were inundated by the 'flu epidemic.

Research questionnaires were certainly responsible for the irritation felt by some GPs who reported being 'bombarded' or 'swamped' by them. This bombardment had led some GPs to decide to fill out only a quota of surveys; for example:

I get inundated by surveys, three or four per week, I'm just not able to do them. Maybe once a month I'll do questionnaires.
I fill out 50% of questionnaires, so it is left to fate which ones are done or not.
I get around 50 a week, occasionally do some, but I'm getting bored of them. It seems like survey mania at the moment.

Only 5% of the GPs ($n = 14$) in this study reported being uninterested in research. Overall, only three GPs (1%) made specific reference to payment for completing questionnaires. However, in each case, non-payment was not their primary reason for not responding to the survey.

On a more positive note, 36 GPs (14%) said that the questionnaire was either on a 'to do' pile, or that they would try to do it.

Comments included:

Haven't put it in the bin, but not got to it yet.
Awfully sorry, not really done anything about it yet. I'll try and fish it out.
It's on my pending list of things to do.

Some GPs offered suggestions as to what would increase their chances of returning postal questionnaires:

If I'm interested, I complete and send it back.
I'm not prepared to do surveys that identify me, even by code.
I'm more keen to do it if it is being done just in the local area.
Researchers should give a better explanation of their research if they expect GPs to do this work.

Finally, the personal approach was seen as being important; for example:

I'm very impressed that you have followed up and that you will be sending a feedback report — I'll really try to do this one.
Since you made a personal plea, I'll try and do it.

Discussion

Many factors, both positive and negative, affect GPs' response rates to questionnaire surveys, and these have recently been reviewed.^{4,11-12} Lydeard¹¹ outlined that the single, most important factor in all surveys is the perceived value or general applicability of the research project to responders, and this view was reinforced by Springer and van Marwijk¹² who wrote that the most important factors that determine response rate to a questionnaire in any country are its subject, length, and quality, together with the 'face' it presents. Interestingly, in our survey, no GPs questioned the perceived value or general applicability of the study, and only seven GPs (3%) gave the length of the questionnaire as a reason for not participating. Only one GP (0.4%) complained about the quality of information provided about the survey. The fact that the eventual response rate, after the telephone call and two written reminders, rose to 68% suggests that there were few philosophical or methodological objections to the survey.

Recently, concerns have been expressed about job satisfaction, morale, autonomy, workload, bureaucracy, recruitment, and retention in general practice.¹³ Of the 269 GPs contacted by telephone, 118 (44%) reported not responding to the postal survey because they were too busy, they routinely did not do surveys, or they received too many questionnaires. A further 91 GPs (34%) did not return the survey because it was 'lost in the system', most usually being buried under a pile of other paperwork. These figures reflect the realities of British general practice in the 1990s, and pose a real challenge to the research community.

In the postal survey that was the genesis for this study, 48% of GPs saw more than 150 patients per week and 87% saw more than 100 patients per week; these figures are consistent with those described nationally.¹⁴ In 1985-86, the average time spent by a GP on general medical services in a working week (excluding time spent on-call) was 38 hours. In 1989-90, this had risen to 41 hours, and by 1992-93 to 43.5 hours.¹⁴

With increasing demands on their time, GPs have had to prioritize their activities and, not surprisingly, research gets nudged down the list. GPs' main remuneration is directly linked to their contract with the health authority to provide general medical services, and this does not currently include teaching or research, unlike that of hospital consultants. The Review Body on

Doctors' and Dentists' Remuneration¹⁵ found that National Health Service consultants, on average, undertook 3.13 hours per week on teaching, 1.36 hours per week on research, and 1.32 hours per week on audit: a total of 5.81 hours per week in 1994 on academic activities.¹⁶ Moreover, the General Medical Services Committee's¹⁷ proposals on core services specifically cite research and academic general practice as non-core activities. Perhaps the 'more flexible employment opportunities', described in the White Paper *Choice and Opportunity*,¹⁸ will enable appropriate acknowledgement and remuneration for research activities.

Finally, if researchers wish to have the continued involvement of GPs in postal surveys, they will need to be sensitive to the constraints under which GPs work, to develop studies that are perceived to be relevant to service general practice and that are locally supported, and to adopt personalized approaches with more a focused follow-up of non-responders.

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