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THE USE OF SELF-COMPLETION MEDIA QUESTIONNAIRES AMONG THE SPECIAL AUDIENCE OF THE MEDICAL PROFESSION

INTRODUCTION

Once a year the 'Readership Analysis of Medical Journals' (LA-MED) conducts about 1,800 face-to-face interviews in order to provide basic information on coverage values for approximately 40 general medical journals and newspapers, and about 50 specialist journals for dermatologists, surgeons, etc.

The last group of titles continues to increase as more and more titles come into the market. For financial reasons, the sample sizes of the specialist groups in the readership study are sometimes very small. In order to get more interviews at a lower price, LA-MED has mailed tests of a self-completion media questionnaire to the doctors. Certainly, the doctors have no difficulty understanding or filling out written questionnaires. The main problem is to motivate the doctors actually to complete them. With its non-inviting character, a standard media questionnaire is not suitable for this task at all. And it has to be taken into consideration that physicians are often worried with questionnaires.

DESCRIPTION OF THE SELF-COMPLETION QUESTIONNAIRE

Unlike in oral interviews, we must align ourselves more strongly with the thoughts and desires of the respondent in self-completion interviews, and because of the low motivation of the doctors the first three of the following

requirements for questionnaires are very important. They should:

- be easy to understand without a lot of explanations
- not look like a lot of work, and yet provide all the important information
- be of an inviting character
- identification of the titles must be guaranteed.

Figure 1 shows the answer scheme.

The written questionnaire is structured by titles (the horizontal approach), with one page for each title.

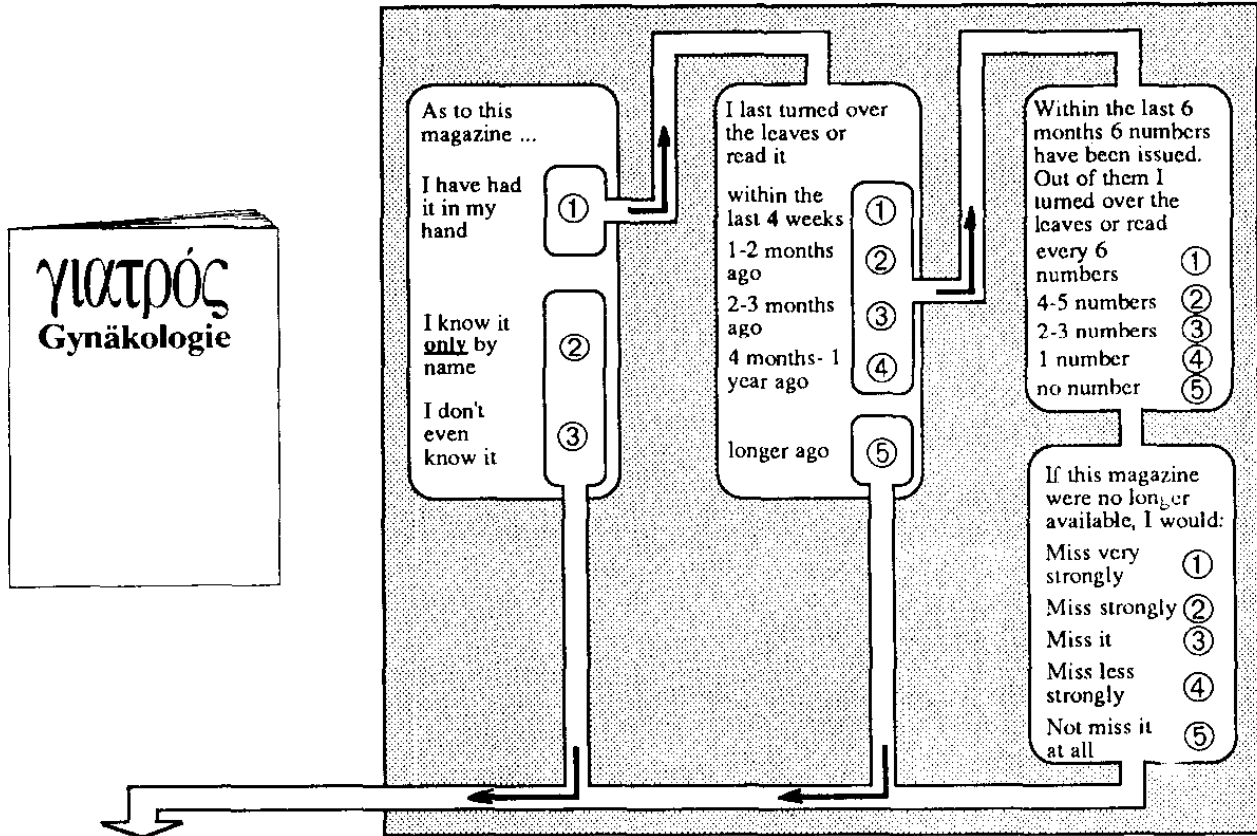
The guidelines for getting through the questionnaire are expressed in terms of symbols and arrows. The questionnaire is completely without questions because questions cease to be an information aid after the second or third title page.

The answers relating to the non-nil readership in the longest period and to the readership per issue are given together. The interview provides the following media data for 13 titles:

- knowledge
- widest readership
- K1 (frequency estimation)
- AIR (average issue readership)
- reader-loyalty.

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Figure 1



The questionnaire contains 16 pages, including one page for statistical data and one page for assessment of the questionnaire.

METHOD

The aim of the test was to check the following areas:

- response rate in relation to certain factors (incentive, follow-up letter, group of doctors)
- acceptance and assessment of the questionnaire

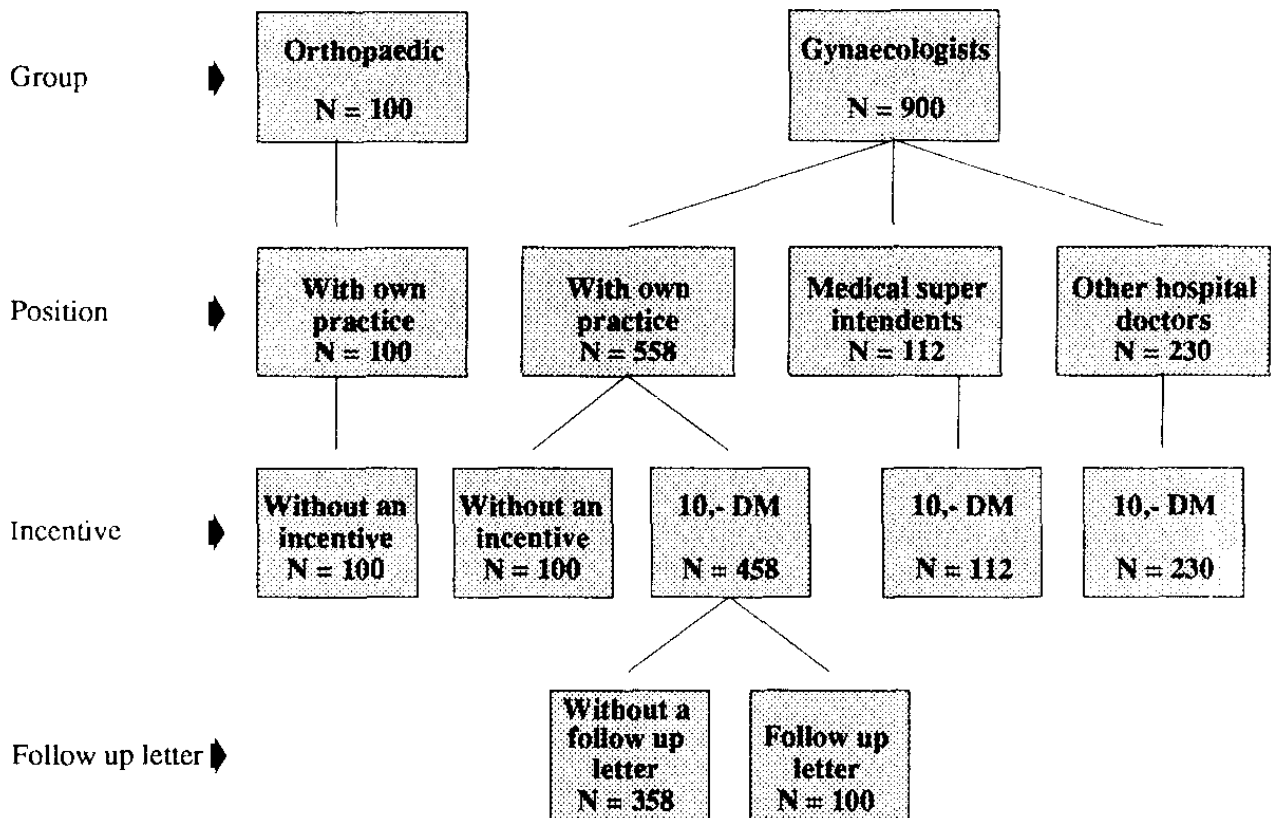
- failure rate in completing the questionnaire
- coverage values (for gynaecologists compared with the results of the face-to-face interview).

The test design is shown in Figure 2.

Two groups of specialists were included: orthopaedists and gynaecologists. The addresses were chosen from the universe at random. With this test design it was possible to check the influence of an incentive of 10 DM, and in one case the effect of a follow-up letter. The incentive of 10 DM was sent *with* the questionnaire to the sample.

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Figure 2



FINDINGS

Response rate

The response rate of the face-to-face interview in the main survey of the LA-MED is about 70%. The experiences with postal surveys among physicians are worse.

A rate of return of 35% – half of the above number – with a normal incentive (not more than 20 DM) and without a second or third mailing of the questionnaire would be a good result. In this

study the average response rate of the test groups with an incentive of 10 DM and *one* mailing comes up to 64%.

The response rate of the test groups without an incentive was lower than the rate of the other groups, but 38% is not a disappointing result (Table 1).

The test was totally anonymous. There was no difference in the reaction to the questionnaire of the group of gynaecologists and orthopaedists, and the follow-up letter without a second questionnaire had no significant effect either.

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Table 1

Response rate

	Face-to-face interviews	Self-completion questionnaire	
	Incentive: books to the value of DM 40 (All doctors in the basic study)	Incentive of DM 10 (Gynaecologists)	No incentive (Gynaecologists/orthopaedists)
N =	1,750	800	200
Response rate	70%	64%	38%

It is interesting to note that, of all questionnaires we received, 70% were filled in within the first four days.

Acceptance and assessment of the self-completion questionnaire

At the end of the booklet the respondents were asked whether the questionnaire had been easy to understand and whether it had been an effort or maybe even fun. The answers appear below:

	N = 564 %
The questionnaire was	
- easy to understand	96
- neither very easy nor very difficult to understand	3
- difficult to understand	1
Completing it	
- was even fun	35
- was neither an effort nor fun	59
- was more of an effort	2
- not answered	4

As is mentioned earlier, it has to be taken into consideration that physicians are very often worried with questionnaires. A percentage of 35 for 'was even fun' is encouraging.

Failure rate

The rate of failure to complete the questionnaire accurately was very low.

The only instructions which were given were written on the front page of the questionnaire:

"The questionnaire is very easy to fill out. You only mark a number in the question and follow the next arrow \Rightarrow That's all."

Most of the mistakes came about because the respondents ticked more than was necessary according to the filter guide. Altogether only 5% of 6,838 title pages (13 titles x 526 respondents) had any mistake at all. This is comparable with the results of the face-to-face interview and cannot be lowered any further.

Coverage result in comparison with the face-to-face interview

This comparison was only possible for the group of gynaecologists with their own practices. The sample size for this group was, however very small in the case of the face-to-face interviews (Table 2).

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Table 2

Gynaecologists with own practice

	Average for 8 titles in %	
	Face-to-face N = 80	Self-completion N = 325
Knowledge	91	97
Non-nil readership	75	85
AIR	53	50

A tendency can be seen for the level of the widest readership of the written questionnaire to seem to be a little higher and the level of the AIR a little lower compared with the levels of the face-to-face interview. This may be caused by pooling together the widest readership and AIR in the questionnaire.

The comparison for each of the 8 titles for the AIR is shown in Table 3.

The rank orders of the two methods are very similar but greater differences occur with

Table 3

	Face-to-face N = 80	Self-completion N = 325
Deutsches Ärzteblatt	72	78
Gyne	71	72
Sexualmedizin	65	63
Medical Tribune	54	48
Geburtshilfe und Frauenheilkunde	49	39
Arzt und Wirtschaft	41	58
Extracta Gynaecologica	42	29
Zeitschrift für Geburtshilfe	25	10

journals which have the longest intervals of publication, two months. We mailed all interviews at once and received most of the questionnaires back within one week. In future we will mail or distribute the questionnaires at least over the whole period of the longest interval of publication, comparable with the face-to-face interviews in the basic study which ran over 10 months.