

## 3.5 A medical experiment with readership diaries

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The experiment of the title has nothing to do with clinical tests on patients but is concerned with doctors' reading habits.

The commercial background to the research is that the publishers of *Modern Medicine* wished to increase its frequency from monthly to fortnightly in order to be able to carry more advertising in total, while keeping issue sizes down to handleable levels. At the same time the publisher feared that the change could cause a drop in average issue readership as measured by JICMARS or reading intensity or both.

One particular fear was that some doctors stockpile medical journals on their desk and then, when they have a free moment, they work their way through the stockpile. This behaviour could lead to lower readership claims for more frequently published titles. Thus if this hypothesis were true, increasing publishing frequency might be moving into the stockpiling trap.

While most medical journals fit into the normal pattern of magazine publishing frequency, being either weeklies or monthlies, there are three important medical fortnightlies. However, because fortnightly publication is still a 'bastard' frequency there were fears that respondents in readership surveys might have conceptual difficulties in remembering behaviour in the last fortnight and that readership surveys might understate the readership of fortnightlies while overstating that of monthlies.

Both the understatement of fortnightlies and the overstatement of monthlies were entirely hypothetical; at that stage there was no evidence to support either, and it would have been equally possible to hypothesise the diametric opposite.

Nevertheless, a change of frequency might turn out to be falling into the fortnightly trap as well as the stockpiling trap.

The publishers of *Modern Medicine* decided to test out these hypothetical pitfalls by changing frequency for an experimental three months – April, May, June 1979 – from monthly to fortnightly and to carry out research over the period of the change with the objectives of measuring changes in average issue readership and reading intensity; of finding out more about the incidence of stockpiling; and of trying to validate the JICMARS measures, especially as they related to fortnightlies and monthlies.

General practitioners are not a typical section of the adult population. They are above average in their educational attainments and they have a scientific

training. In a sampling sense they are a very easy universe to research, in that they are all listed, but they are heavily researched and in Britain are accustomed to receiving financial incentives to participate in research.

In a media sense, too, they are unusual. They receive a plethora of medical journals, mainly sent to them free. In fact most journals are sent out to all GPs. The battle is for attention and readership. Circulation is no guide to readership. Moreover with so many titles, title confusion must be expected.

The research plan was for a diary panel comprising a sample of doctors reporting in each of two four-week periods – March, before the change to fortnightly and June before the change back to monthly. The sample was of JICMARS informants who at the time of their original interview had been 'ever readers' of *Modern Medicine*. The targets were to obtain an initial sample of 240 doctors who agreed to participate which we anticipated coming down as a result of drop-outs to 100 who would have completed both four-weekly periods.

The research contractor was Medical Surveys Ltd, a part of RSGB, who are also JICMARS contractors.

The diary was in the form of a series of weekly cards recording down the side the dates of a Friday Thursday week and across the top, ten major medical journals – three weeklies, three fortnightlies and four monthlies. Each week the doctor sent in his old card and received a new one. Doctors who didn't send their cards in were chased up by telephone and failing that by personal visit.

The doctor was instructed to fill in for every reading occasion the date of reading, the date of the issue read, the time spent reading and a letter (A–E) indicating the proportion of the issue read on that occasion.

Apart from our main concern, which was to examine the effect on reading habits of the frequency change, there were a number of anticipated spin-offs. We would be able to compare average issue readership levels as obtained by the diary and by JICMARS for the identical informants; we would be able to shed some light on the hypothesised fortnightly versus monthly bias. We might find out something about the extent of title confusion by seeing how many impossible reading claims were made for issues that had not yet been published. The diary could be expected to give an accurate picture of stockpiling and the extent of reading old issues.

As well as anticipating spin-offs, we also anticipated problems. Would MSL have difficulty in signing up doctors? Would those doctors who were signed up actually complete and send in their diaries? Would they do

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so punctiliously, and would they keep up the standard all through both four-week periods? Would they send in their diary cards promptly?

In the event MSL signed up 241 doctors and reported no refusals – I actually find that claim rather difficult to believe, but these were doctors who had already given a JICMARS interview. 199 completed the first four weeks, an 83% response.

The quality of record keeping was satisfactory – only a few diaries had to be discarded – and they were punctual.

Analysis of the reading of weeklies during each of the first four weeks does show a noticeable fall off in the fourth week. This is all the more significant because the pattern of readership of weeklies by day of week was consistent, suggesting regular delivery and well-established reading habits, and each of the three weeklies exhibits a decline in the fourth week. Reading of the fortnightlies also shows a decline between the first fortnight and the second of the first four-weekly period. This is less significant evidence because each of the three fortnightlies exhibits a disparate pattern and postal schedules appeared to have been disrupted.

Despite this fourth week fall off in diary readership claims, the diary's average issue readership measurements look remarkably similar to the JICMARS figures. Gross readership figures for the weeklies are about 1% lower on the diary than on JICMARS, with each of the three titles pretty similar.

The difference on fortnightlies is slightly greater (6%) and in the opposite direction – diary higher than JICMARS. The individual titles are again fairly similar on the two methods, though this time the rank order is different.

The gross readership of the four monthlies is even closer than that of the fortnightlies – diary 4% higher than JICMARS – but this conceals some wide divergence on individual titles. There is no immediately obvious cause of these divergences. The decline in the *BMA News Review* between JICMARS and the diary might be caused by disruptions in production and despatch schedules – which were not prevalent at that time, but such causes do not so easily explain the rise in *Modern Medicine*.

Taking the three sets of results together gives very marginal support to the hypothesis that the JICMARS technique, as it was in 1978, understated fortnightlies relative to weeklies and monthlies.

In the JICMARS printed report doctors are analysed into three groups by weight of reading – heavy readers, medium readers and light readers; and in this, JICMARS merely imitates work done, on other surveys like the NRS in which adult population is analysed by weight of viewing TV, weight of listening to radio and, in more recent work, weight of reading magazines.

There is a natural temptation to regard such breakdowns as stable both at the aggregate level and at the individual level. The doctors' diary work indicates that at least as far as doctors are concerned the light-heavy reading classification, though stable at aggregate level is unstable at the individual level. While it remained true that JICMARS light reading doctors still read less on the diary

**TABLE 1**  
Gross readership of weeklies

Gross readership of weeklies %	
Week 1	183.9
Week 2	183.9
Week 3	179.4
Week 4	167.8
Gross readership of fortnightlies %	
Fortnight 1	155.8
Fortnight 2	144.7

**TABLE 2**

	JICMARS (Base = 199) %	Diary (Base = 199) %
<b>Weeklies</b>		
BMJ	57.4	59.6
Doctor	56.3	52.8
Pulse	67.0	66.4
	180.7	178.7
<b>Fortnightlies</b>		
MIMS Magazine	49.7	45.8
Update	46.7	54.3
World Medicine	45.7	50.3
	142.1	150.4
<b>Monthlies</b>		
BMA News Review	60.9	47.2
Medicine	43.1	45.2
Modern Geriatrics	47.7	52.3
Modern Medicine	54.8	69.3
	206.5	214.0

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survey than did JCMARS heavy reading doctors, the gap had reduced. Some light readers must have migrated to being heavy readers and vice versa.

As I mentioned earlier the period of the research coincided with disruption to printing and postal schedules. Irregularity of delivery was immediately apparent when one analysed the sample as first claimed reading of a particular issue.

Analysis of the diary provided little evidence of title confusion, stockpiling or reading of old issues. Some obvious false readership claims were made but these were few in number. Likewise some clear cases of stockpiling could be identified but these too were very few in number. Older issues do get read from time to time but

not in sufficient numbers as to cause gross distortion to readership figures due to replication.

To sum up, this experiment indicated that readership diaries can be completed by professional people who are educated and methodical, provided the diary is simple and the period not extended. This experiment should not be used to infer anything about very different universes or more elaborate diaries, but it does suggest that such extensions of the technique would be worth trying.

The relatively simple diaries used yielded fairly similar average issue readership figures to conventional personal interview readership research.

Finally, at the individual level, weight of reading classifications are unstable.