

Securing Respondent Cooperation by Circulating Consent Forms in a Society Newsletter

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This study examines the effect on the response rate to a mail survey of an attempt to gain participant cooperation through prior commitment, using consent forms circulated in a society newsletter. The topic (asthma) was directly relevant to the people who received the newsletter (members of the Asthma Society). The response rate for completed consent forms, as a proportion of the number circulated (430 from 4000, or 10.8%) is surprisingly low. Thus the methodology used in this study is unlikely to be an effective market research strategy: First, it only delivers a relatively small percentage of the subject pool. Moreover, after initially using the procedure there is no latitude for subsequent followup, to secure further participation. Second, the procedure does not generate a representative sample, and market researchers are nearly always interested in this. It is suggested that market researchers should consider variations on these procedures if they require higher response rates, and a representative sample.

Keywords: mail survey, response rates, consent forms

Introduction

It is widely accepted that postal surveys are an inexpensive way of collecting large amounts of information (Blumberg, Fuller & Hare 1973). However, a well-known disadvantage of this method is that return rates can be low if appropriate steps are not taken. Much research has addressed the issue of how to enhance response rates in postal surveys (see Fox, Crask & Kim 1988 and Brennan 1991 for a meta-analysis; Linsky 1975 for a review). One feature of postal survey design which has attracted research attention is gaining participant cooperation through prior commitment.

Linsky (1975) reviewed 12 studies involving pre-contacting respondents before they receive a questionnaire, and concluded that response rate was increased in each of these studies. This precontact took the form of identifying the researchers, discussing the study's purpose, and requesting cooperation. Linsky concluded that precontact by letter, postcard, telephone, or personal contact all increase response rate, especially precontact by telephone. Seeking prior commitment (e.g. by attempting to secure informed consent) to participate in a survey has received less research attention than pre-contact (Childers & Skinner 1979), but would appear to have similar advantages (see Heaton 1965). Hinrichs (1975) investigated prior commitment and concluded that it increases response rate. According to Cannell, Oskenberg and Converse (1977) the effect of prior commitment is to obligate the respondent to fill out the questionnaire. They comment further that prior commitment procedures generally lead to good quality data being returned.

In this paper, the prior commitment procedure of seeking informed consent, before posting out questionnaires, was employed in a major study on adult asthma, and we report the resulting response rates.

Method

Subjects

Members of the Auckland and Canterbury Asthma Societies formed the subject pool for the study. The Auckland Society has approximately 3000 members and the Canterbury Society approximately 1000 members. Eligibility to take part in the study was determined by three inclusion criteria: a respondent must be diagnosed as having asthma; be 18 years of age or over; and not be experiencing substantial symptoms other than those that relate to asthma.

Materials

The Information Sheet used in the study was organised under four headings (What is the study about? Am I eligible to take part? What would I have to do? What can I expect from the researchers?). It contained statements on the salience of the survey topic to the respondent and the social utility of the research. It also included statements advising that the research was University sponsored, assuring confidentiality, and offering debriefing at the conclusion of the study.

Procedure

The Asthma Foundation of New Zealand was contacted for assistance in securing a sample of asthmatics. Provincial Asthma Societies in New Zealand are affiliated to this organisation. Approval to circulate the study information in the newsletter postings of the Auckland and Canterbury Societies was granted.

In the first instance, the Auckland and Canterbury Societies distributed Information Sheets/Consent Forms to all their members. A reply-paid return-addressed envelope was included in the newsletter postings so that respondents could return Consent Forms without incurring cost.

On receipt of the Consent Forms, the first questionnaire was posted to participants. Six months later, those who had completed the first questionnaire received the second questionnaire. A covering letter and a reply-paid return-addressed envelope (to return the questionnaire) were included as part of both postings. A reminder letter procedure was employed in both waves of the data collection.

Results and Discussion

The percentage of Consent Forms returned from the total number circulated was 10.8% (430 from 4000). This figure is surprisingly low. Given there is no control in the study, explanation for this result is speculative. It seems clear, though, that the inclusion criteria operating in the study cannot explain it. Of the first wave questionnaires that were sent out, 97.9% (412 from 421) were returned completed. For the second wave questionnaire, sent six months later, a total of 92.7% (382 from 412) were returned completed. These high rates of returned questionnaires are partly explained by the effectiveness of the reminder letter procedure. Data quality for both waves was high. Only four questionnaires were eliminated (due to a high level of missing data) from the first wave, and three were eliminated from the second wave. The findings therefore support the assertions of Cannell et al. (1977) that prior

commitment obligates response and ensures good quality data. Moreover, the findings indicate that this obligation extends for a period of at least six months.

The underlying focus of the present investigation was to test a model of some variables pertinent to asthma, and not to estimate population parameters. Sample representativeness was, therefore, not an issue. The sample obtained in this study is clearly not representative of adults who suffer from asthma in New Zealand. Given the low rate of return of Consent Forms, it follows that the sample obtained may not even be representative of asthmatics who are members of the two Asthma Societies involved (see DeMaio 1980). The effectiveness of the prior commitment procedure in delivering a representative sample must therefore be questioned.

In conclusion, the methodology used in this study is unlikely to be an effective market research strategy: First, it only delivers a relatively small percentage of the subject pool. Moreover, after initially using the procedure there is no latitude for subsequent followup, to secure further participation. Second, the procedure does not generate a representative sample, and market researchers are nearly always interested in this. It is suggested that market researchers should consider variations on these procedures if they require higher response rates, and a representative sample.

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