

move to the nursing home or consider other work in the provider unit. However, this may not be sufficient as the nurses perceived that their livelihood was threatened. Unless policy-makers, purchasers and providers give serious consideration to the impact of such organisation changes on provider unit staff, not only will staff experience stress but they may leave the NHS. Recruitment of staff is already a problem and such careful consideration may help retain staff.

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# Influence of mailing strategies on response to questionnaires

Kate Newton, Samuel M. Stein and Clare Lucey

**Aims and method** A prospective study was undertaken to evaluate the effect of a stamped addressed envelope, as compared to a non-stamped but addressed envelope or no envelope, on response to a mailed questionnaire. The correlation between questionnaire response and subsequent attendance at the first appointment was also studied.

**Results** The overall response rate was 26% of 176 families offered first appointments at a local child psychiatry service. Families provided with a stamped addressed envelope were more likely to return their questionnaire and those families who returned the questionnaire were more likely to attend their first appointment.

**Clinical implications** The return of patient questionnaires has significant clinical and resource implications. Only essential questionnaires should be sent out to referred families as nearly three-quarters will not be returned. The return rate can be enhanced by providing a stamped addressed envelope but, if questionnaires are not returned within 10 days, the likelihood of

return is minimal. As more than half of the families who failed to return the questionnaire also failed to attend their first appointment, questionnaires can be used as a measure of motivation and likelihood of attendance as well as a source of clinical information.

Questionnaires are routinely sent to all families prior to their first attendance at the Child and Family Consultation service in Ealing, West London. Previous studies have demonstrated an increased response rate to postal surveys if a stamped addressed envelope was included (Erds, 1957; Veiga, 1974; Leitner *et al*, 1979; Choi *et al*, 1990). Mathai & Markantonakis (1990), found that sending a questionnaire might ensure better attendance of a family to a child psychiatric unit.

The hypothesis tested was that the enclosure of a stamped addressed envelope would improve both the response to a preliminary questionnaire and subsequent attendance at the first appointment.

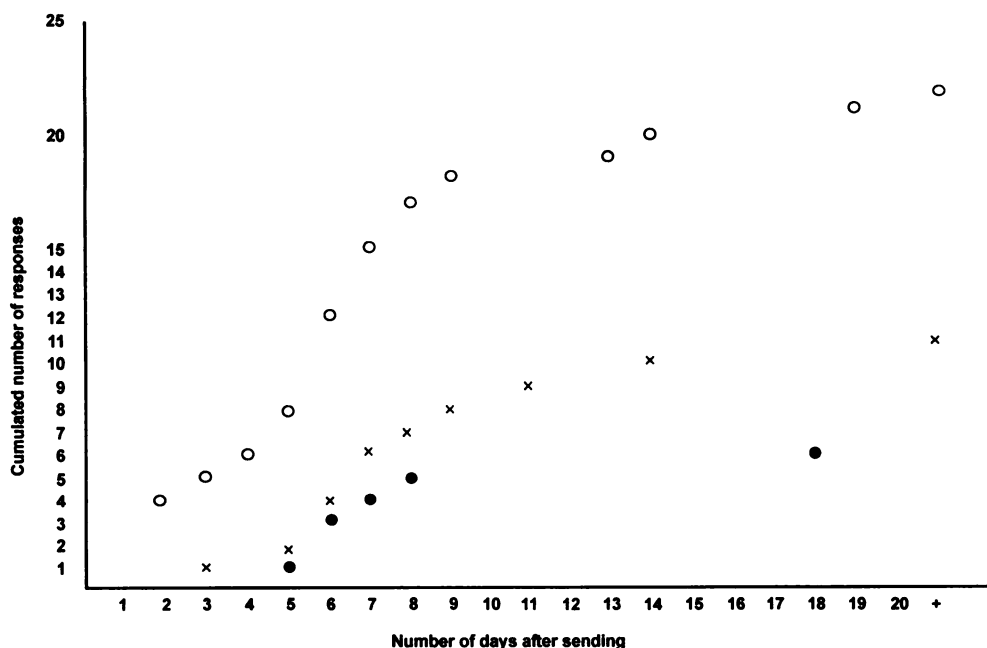


Fig. 1. Distribution of the cumulative number of responses received over time for each group. ●, no envelope; x, envelope; ○, stamped addressed envelope.

### The study

The study was conducted at the local child psychiatry service based at Ealing Hospital between November 1995 and February 1996. One hundred and seventy-six families were sent a questionnaire and first appointment. An accompanying letter requested the completion and return of the questionnaire before attending. In addition either (a) a stamped addressed envelope, (b) a non-stamped addressed envelope, or (c) no envelope was included.

The response rate for each of the three groups was calculated by dividing the number of questionnaires returned by the number sent. Response times in calendar days were recorded, and mean and median response times were calculated for each group. In order to examine a correlation between questionnaire response and subsequent attendance, 33 families who returned the questionnaire were compared with the same number of non-responders. These families were selected randomly from each of the three groups. Attendance relative to their postal response was determined. The results were subjected to statistical analysis using the chi-squared test.

### Findings

The total study sample comprised 176 families. A total of 46 families returned the questionnaire, representing an overall response rate of 26%.

After five weeks the group who had received a stamped addressed envelope had returned the most questionnaires (39.7%, 25/63). The group who had been sent no envelope returned the least number of questionnaires (13.2%, 7/53). The group sent envelopes only were intermediate in response rate (23.3%, 14/60). The differences in response were significant at  $P < 0.01$ .

The distribution of the cumulative number of responses received over time for each group is shown (Fig. 1). The number of responses in each group increased steadily within the first 10 days then levelled off.

The group sent a stamped addressed envelope had a mean response time of eight days (median seven). The group sent envelopes only had a mean response time of nine days (median seven). The group sent no envelope had a mean response time of eight days (median six). There was no significant difference in response time between the groups. Attendance at the first appointment was 90.9% (30/33) among families who had returned the questionnaire, compared to 45.5% (15/33) for those who had not. The difference in attendance rates was significantly different ( $P < 0.001$ ).

### Comment

The most noticeable aspect of the study is that only 26% of families returned the questionnaire.

This poor response rate may represent the ambivalence of families to attend psychiatric services, or reflect the chaotic functioning of families who are referred to such a service. It may also reflect an underestimation of the value of preliminary questionnaires in the evaluation of complicated problems.

Within the small group who responded, the return of the questionnaire provided significant statistical patterns. As hypothesised, families provided with a stamped addressed envelope were three times more likely to return their questionnaire than those who received neither stamp nor envelope, and nearly twice as likely as the group who received only an envelope. Hence, the provision of a stamped addressed envelope will significantly enhance the return of information.

Those families who returned a questionnaire were significantly more likely to attend their first appointment. Nearly twice as many families who returned the information as requested attended their first appointment. In contrast, more than half the families who failed to return the questionnaire also failed to attend the first appointment. It is possible that preliminary written communication lessens the family's ambivalence about attendance, or facilitates their expectation of being understood or listened to.

The study also demonstrated that families who are going to return the questionnaire will do so within 10 days of initial posting. Thereafter the likelihood of receiving information from the family is small. There was no significant difference in response times between those sent stamped addressed envelopes or not.

It is not possible from this study to establish the impact that questionnaires have on attendance rates since their use is seen as an essential component to clinical practice within the unit and all families are routinely sent a questionnaire.

The lessons to be learnt are:

- (a) Do not send families questionnaires unless they are essential to the work as nearly three-quarters will not be returned.
- (b) Stamped addressed envelopes improve questionnaire return rate significantly more than unstamped addressed envelopes or no envelopes.
- (c) If questionnaires are not returned within 10 days the likelihood of later returns is minimal.
- (d) Return of questionnaires demonstrates the family's commitment to attending the first appointment. Families who do not respond in 10 days should be contacted to verify whether they wish to attend or not.

Child psychiatry units are an expensive and much needed resource. Non-attendance limits the efficacy of available resources, escalates service costs and deprives another needy family. The return of questionnaires or other information can be used as an effective screening of motivation to attend. Together with personal follow-up to exclude other causes for non-response (such as limited use of the English language, postal service failure, etc.), this may help to identify families who are unlikely to attend and rechannel resources more appropriately. As a stamped addressed envelope facilitates this process at a cost of 26 p compared with 90 minutes of defaulted time for two members of staff, we believe that notable clinical information can be gained, not only from the content of the questionnaire but also the manner in which it is used.

As the current overall rate of attendance at our unit is high (90–93%), it could be argued that measures aimed at alerting staff to potential defaulters are unnecessary. While questionnaires are routinely sent for clinical purposes we propose that the information obtained be utilised to maximise available resources.

We recommend that return correspondence within the first appointment letter be utilised to gauge families' willingness to cooperate and their commitment to allowing professionals to help to create change.

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