Unexpected Mailed Survey Response Rates

To the Editor:
In 1998, the Accreditation Council for Graduate Medical Education (ACGME) added the stipulation that each institution providing graduate medical education (GME) have a Designated Institutional Official (DIO). A 97-item survey designed to provide demographics, identify roles and responsibilities, describe the development of the DIO position, and provide descriptive data on the beliefs held by DIOs regarding required competencies, training, and experience was mailed to all DIOs between January and May 2004.1 The study was reviewed and approved by the University of Nebraska-Lincoln Institutional Review Board. Completed surveys were received from 243 of 363 DIOs (66.9%).

The delivery strategy included a hand-signed, prenotice letter sent by US Postal Service to all DIOs, followed 7 days later by the survey with a self-addressed, stamped return envelope and explanatory cover letter. A thank you/reminder postcard was mailed 7 days later (after the first survey packet), and a replacement survey accompanied by a revised cover letter was mailed to nonrespondents 2 weeks after the postcard.

Approximately half of the replacement surveys (100) were randomly selected to include self-addressed return envelopes with priority stamps ($3.85 each) and the other half (105) first-class stamps ($0.60 each). The priority stamps were at least three times the size of the first-class stamps and had $3.85 clearly printed across the face of the stamp.

Sending an envelope with an actual stamp represents a goodwill gesture and has been shown to produce a sense of reciprocal obligation.2 In addition to feeling a sense of obligation, respondents also may be reluctant to throw away something of monetary value. Dillman has documented increased response rates when priority stamps are used on the return envelope.2

Using the much larger and more expensive priority stamps should have resulted in participants having a greater reluctance to ignore and discard the survey and stamped envelope. However, the opposite was observed. The response rate showed a 2:1 ratio of first-class stamps (62/105, 50.1%) to priority stamps (27/100, 27.0%) being returned. This finding is difficult to explain.

It appears that the more-expensive stamps had a negative effect on participants’ willingness to respond. Perhaps DIOs perceived the more-expensive stamps as a ploy similar to pharmaceutical marketing tactics and were irritated at being subjected to a marketing technique. Whatever the reason for the lower response rate, the results are relevant to future survey researchers mailing to similar audiences. Spending more money on return stamps and/or other mailing devices may not be worth the investment.

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References

Neo-Pagan Patients’ Preferences Regarding Physician Discussion of Spirituality

To the Editor:
The degree to which physicians should discuss matters of spirituality and religion with their patients has been a controversial topic. Studies have documented patient interest in addressing these issues with physicians and physicians’ concerns regarding these discussions. Physicians who expect that patients will welcome such inquiry are more likely to ask about religion and spirituality. Thus, better understanding patient preferences may change physician behavior.

Previous research, conducted in the general medical population, does not address the attitudes of members of minority religions. The authors looked for a religious group different enough from Abrahamic faiths (Christianity, Judaism, and Islam) that adherents might be expected to have distinct preferences and concerns and widespread enough that family physicians might encounter patients with these beliefs. Based on these considerations, it was decided to direct a survey toward Neo-Pagans. Neo-Pagan religions, including Wicca (sometimes called Witchcraft), Druidry, and Asatru, are among the fastest-growing religions in the United States. As a group, these religions have grown more than 3700% between 1990 and 2001.1 Members of these religions are often concerned about public disclosure of their beliefs and may be reluctant to “come out of the broom closet”;2 thus, they may be reasonably expected to be reticent to discuss religious or spiritual matters in a health care setting.

Methods
The questionnaire, derived from that used by Ehman et al in 1999, included questions on whether participants have spiritual or religious beliefs that would affect their medical decision making and to what extent they would want their physician to inquire about those beliefs. The survey was targeted to those who attend Neo-Pagan religious services or visit Neo-Pagan-themed Web sites. Clergy members contacted through Neo-Pagan interfaith groups distributed surveys to their congregations. To find Neo-Pagans not affiliated with such organizations, the survey was also available on the Web; a request for participation in the survey was made through the site www.witchvox.com. The questionnaire was available from March 3 through April 15, 2004.

Results
Using this dual distribution convenience sample, 68% of 673 surveys were completed. Eighty-nine percent of those who entered their religion listed some form of Neo-Paganism. The largest single religion specified was Wicca, with 188 respondents; 162 participants described themselves as Pagan or Neo-Pagan. Responses were received from 42 US states and five Canadian provinces.

Seventy-three percent of respondents stated that they have religious/spiritual beliefs that would influence their medical decisions; 84% agreed that it would be important to have their physician ask about religious beliefs, even if the physician might not agree with those beliefs; and 81% reported that it would strengthen their trust in their doctor if she/he asked about beliefs that would influence medical decisions.

Eighty percent of those surveyed reported seeing a physician within the past 12 months.

Discussion
Surveyed Neo-Pagans, who might be expected to be reticent to discuss issues of spirituality and religion with their (presumably non-Neo-Pagan) physicians, looked for physician discussion of these topics at rates comparable to those reported by the general population in earlier studies. Because this study dealt specifically with Neo-Pagans, the results of this survey cannot be generalized to members of all minority religions. Further, readers of the Witchvox Web site and members of targeted congregations may not be representative of Neo-Pagans overall. Despite these limitations, the findings of this study may reassure physicians who are hesitant to discuss matters of religion and spirituality because of concerns that their inquiries will be unwelcome.

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REFERENCES