

# Survey Says

By Philip A. Baer, MDCM, FRCPC, FACR

*“Opinion is the medium between knowledge and ignorance.”*  
- Plato, *Republic* (original Πολιτεία), ~380 BC

Everyone knows that catch-phrase from the TV game show *Family Feud*. And, as another saying goes, “time is money.” Lately I find an increasing number of people willing to pay money for my time. Not patients, not government ministries of health, but market researchers. Invitations appear in my email on a regular basis, both from real people and imaginary ones. Laura Malett at Medefield is not a real person, nor is Victoria at Lead Physician (now retired, it seems). Apparently, providing a fictional female correspondent makes one more likely to complete a survey. Just as donating to one charity leads to solicitations from others, I find that completing one survey leads to more survey invitations from around the globe. Despite my preference to receive these invitations exclusively by email, I continue to receive phone calls from recruiters, and repeatedly stating that online contact is the only form acceptable has little effect, as is true for most telemarketers.

Recruitment for some surveys depends on completing a screener. Usually one is in the dark about what qualifies you to do the actual survey. However, occasionally, recruiters will email the screening questions in a document which also indicates what answers would exclude you from being considered a candidate. From what I have seen, devoting less than 75% of your time to clinical practice, and having been in practice for under three or more than 35 years are typical exclusion criteria. One recruiter told me they were having trouble recruiting for a particular survey. It turned out they were looking for people who cycle through three or more anti-TNF agents in RA patients before switching mechanism of action. I told her I did not practice that way, and I certainly thought she would have difficulty finding anyone who did.

Another relatively common situation these days is to receive invitations to the very same survey from multiple sources: Medefield, PSL Group, Glocalmind, M-panels, OMR Globus, MPI Research, MD Analytics, 42 Market

Research, Innomar, HAB Community, SERMO, Consumer Vision, CRC Research, MNOW, MedePanel, and Tandler Group are all familiar names in my email inbox.

Usually, one of these is the actual originator of the survey. Others are recruiters who are clearly taking their cut from the survey honoraria offered. Some are greedier than others. For instance, I have received offers to do a survey for \$150, and then an invitation from a recruiter to do the same survey for \$75. Usually, jumping at the first offer to complete a survey is a mistake as, over time, when a recruitment deadline nears, the survey incentive will be increased. As in purchasing airline or concert tickets, once you do survey Y at price X, you cannot ask for the higher incentive thereafter. Buyer's remorse ensues. On the other hand, a mispriced survey with a rich incentive should be completed immediately: The rare offer of \$150 for 15 minutes work will not last.

Given the above, it is no surprise that some surveys now conclude by asking whether you believe you have done the survey once or more than once recently. I do not have the patience to do the same survey twice. I have often wondered what would happen if someone admitted that they thought they might have done the survey more than once. Would that disqualify them from payment despite having fully completed the survey?

Surveys can be interesting. One learns which new agents are actually closest to market, and what their messaging will be. Critiquing concepts for advertisements can be challenging and also humorous. In-person surveys require travel away from the office, but avoid checking multiple mind-numbing little boxes on a computer screen, as is frequently required for web surveys.

I have certain likes and dislikes regarding online surveys. I want a realistic status bar to give me some idea of what progress I am making. It can be disheartening to work away

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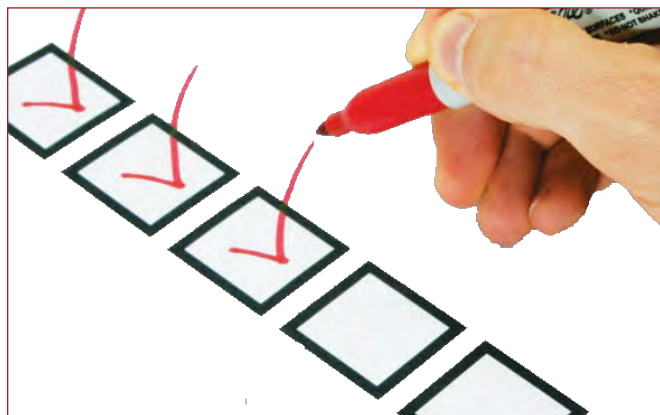
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for 20 minutes and find that one has covered only 20% of a survey that is supposed to take 30 minutes. Often in this situation, at some point one magically jumps from 30% to 90% completion. I also like to see a survey that shows signs of intelligent construction by the IT department. If I am asked to divide my use of agents among nine choices adding up to 100, and my first four choices total 100, please do not have me manually enter zeros in the other boxes. Some survey design teams master that; for others it seems to be impossible.

Some survey designs are quite impressive. If one races through too quickly, a pop-up will appear indicating that you may not have thought about your answers thoroughly. “Would you like to reconsider?” Sometimes there are simple arithmetic questions interspersed. I gather this ensures that it is a real rheumatologist, not a rheum-bot, completing the survey. The same question may be asked with the scale of answers reversed, to be sure you are paying attention.

Surveys that reflect the real world of rheumatology are preferable. For instance, I categorize my patients with RA based on being in remission, or showing low, moderate, or high disease activity. However, every survey ever written asks me how many RA patients I have who are mild, moderate, or severe. Surveys on PsA often have a category for DMARD therapy and another category for “conventional therapy;” I still am not sure what the latter means.

Other common questions that I really do not know how to answer include how many patients I actually have in my practice with each of the common rheumatic conditions, or how many I have seen within the last week, month, or three-month period.



A recent insight occurred when I was asked to do a survey in pilot form, providing my comments to the survey designers who were listening in. This one turned out to be one of the worst designed surveys I had ever seen, with screen after screen of drop-down menus and clickable boxes requiring, by my calculation, over 500 mouse clicks to get through the core of the survey. I told the designers I was using a 25 inch monitor and still could not fit the entire survey spreadsheet on my screen. A few weeks later, I was offered the chance to complete the survey for \$90 over 30 minutes. As soon as I launched it, I realized that none of my comments had been taken into account, and that the survey would certainly take longer than 30 minutes. Fortunately I had been paid more handsomely for critiquing the pilot, and felt quite comfortable closing the actual survey without completing it.

In-person surveys have their own challenges. I have no trouble with the audiotaping and videotaping, or having people watching me from behind a one-way mirror. However, please don't ask me what model of car each biologic reminds me of. Or what personality a given biologic would have if they were people walking into a room. The usefulness of this line of questioning escapes me. However it seems to be a staple of marketers everywhere.

Getting paid for surveys done by email is the subject for another editorial in and of itself. Since Laura and Victoria are fictional, writing to them usually does not produce any results. Often the cheques one eventually receives have no information linking them to a particular survey, so keeping a list of surveys one has completed is futile.

Finally, I have to touch on surveys done for free. Of course, if you receive any survey from the CRA, the CRAJ, or a provincial rheumatology association, you should complete it on a priority basis. However, there is a limit to my willingness to complete every survey sent by aspiring Masters and PhD candidates that will “only take 30 minutes” and will lead to “invaluable leaps in human knowledge.” Behavioural psychology lesson: Offer something, whether a chance to win a coffee shop gift card, or a \$2 donation to The Arthritis Society, and your completion rate will improve. Time is money, and the competition for my time is fierce these days.

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