Just the fax, please: Updating electronic/hybrid methods for surveying pharmacists

To the Editor:

International research and evaluation work increasingly has recognized the need for pharmacists to be part of comprehensive healthcare teams and be involved in responding to emergent healthcare issues.1,2 Surveys of pharmacists continue to be a primary source used to inform directions for such research and practice, both in the U.S. and internationally.3 Our research team's own work surveying pharmacists, which we described in Research in Social and Administrative Pharmacy in January, 2017 and later in studies derived from the survey,4,5 relied heavily on established literature and best practices for surveying pharmacists.6,7 In preparing our 2016 hybrid survey, which used mailed paper invitations to an electronic instrument designed in Qualtrics, we carefully sought to avoid issues identified in previous cautionary literature.8,9 We expected that an enclosed pre-incentive would improve the response rate10 (a procedure recently supported for physicians12) and leveraged the modern ubiquity of U.S. smartphone access with a QR code. We also noted the lack of data transcription error as a meaningful benefit of the hybrid method. After completing our 2016 census of managing pharmacists in Indiana (n = 993), we reported a 32.9% fully completed response rate at a cost of $24.67 per completed response, and provided two additional recommendations for future surveys: inclusion of a QR code and noting directly in the study information sheet that pharmacists unable to accept the pre-incentive should donate it to charity.

Recently, in preparation for a multi-site cluster randomized trial of a preventive pharmacy intervention, our team conducted a feasibility census of Indiana managing pharmacists from July to October, 2018. We incorporated our prior lessons learned as well as emergent research indicating that a tan envelope likely improves response rate in a hybrid (mailed/telephone) survey relative to a white envelope.13 We also addressed letters to ‘Dear Managing Pharmacist’ rather than individual names, as, unlike in 2016, we were unable to obtain a current list of managing pharmacists working at each community pharmacy. This may have adversely affected our overall response rate. We sent two staggered invitation letters in tan envelopes (the first containing a $5 pre-incentive), each with a unique identifier, QR code, and study information. Then, we conducted telephonic follow-up with non-respondent pharmacies (n = 753, attempting no more than two calls per pharmacy). After eliminating pharmacies we identified as closed, our census included 1018 Indiana community managing pharmacists. We obtained a base response rate of 37.6% and a final response rate of 31.4% (n = 320 fully complete surveys by managing pharmacists or others,16 we hypothesize that they do not. If each of these findings is validated experimentally, it might be concluded that a 2-wave mail-and-fax survey invitation using a QR code and pre-incentive is the most cost-effective method of recruiting pharmacists for an electronic survey. At the same time, this recommendation, even if validated, may be limited to certain populations (e.g., U.S. pharmacists). For example, one study of pharmacists in Qatar used fax as a survey collection tool, and only 6

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of 126 collected surveys were obtained in that way, with the majority being submitted online.\textsuperscript{17} Given the increasing recognition of pharmacists as key members of the healthcare system, continued exploration of these topics is warranted.

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**Declaration of interests**

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**References**


