

Conducting a national survey

Sir,

Went through with interest article entitled "Stress levels of critical care doctors in India: A national survey" published in Indian J Crit Care Med (2015; 19:257-64).^[1] The authors deserve credit for their effort. However, I have a query, which I want to address to the authors of this study. The query primarily concerns the title of this study. The authors have defined this study as a national survey, which does not appear to be correct. The authors in their material and methods state that a questionnaire-based cross-sectional study was designed to depict the prevalence of stress levels and associated risk factors among doctors working in the critical care settings in India and administered in two modes.^[1] The authors state that in the manual mode, a voluntary paper-based survey was conducted during one of the annual congresses of Indian Society of Critical Care Medicine (ISCCM) while in the electronic mode; the same questionnaires were E-mailed to professionals working in critical care units across the country based on the database available with ISCCM. The methodology used appears very comprehensive. However, the point of concern is the response rate to the questionnaire. A total of 200 randomly selected cross-sectional delegates were requested to fill the questionnaire and 110 delegates voluntarily participated in the survey giving a response rate of 55% only. Similarly, a total of 500 randomly selected ISCCM members were sent the questionnaire by E-mail, of

which only 291 members responded, a response rate of around 58%.

The ethical principles for medical research involving human subjects state that to achieve high data quality one of the most critical points is the response rate of the survey.^[2] It recommends that the response rate should be at least 70% for all population sub-groups of interest, which is not the case in this study. Hence, it raises a query on the qualification of study as the national survey. Further, the recommendation is that the target population (critical care specialists, in this case) in a geographically defined population (entire country) should have an equally probability of inclusion in this study.

In view of making this study into a national survey, several contacts to nonparticipants should have been made to achieve a high participation rate. Contacts could have been made both by mail and telephone. Some special methods to attract participants into the survey could also have been considered. It is important to note that increasing the sample size has no effect on nonresponse bias, and, therefore, cannot be used as a method to compensate for nonresponse. Instead, every reasonable effort should be made to achieve a high response rate.

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Conflicts of interest

There are no conflicts of interest.

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