

## Correspondence

*Irish Journal of Psychological Medicine*, 32 (2014).  
doi:10.1017/ipm.2014.34

### Letter to the Editor

Dear Editor,

We write in response to the recent short report on the 'Attitudes and practices in the management of ADHD among healthcare professionals who responded to a European study' (Fitzgerald & McNicholas 2014). The objective of the report and the clearly exhaustive collaborative process are both commendable. It is difficult, however, to agree with the finding that 'intriguing country- and profession-specific differences emerged', due primarily to a lack of generalisability of their results.

Web-based surveys have a number of attractions; large number of subjects can be contacted, they are inexpensive and they reduce the time needed for data collection (Heiervang & Goodman 2011). Caveats include that the subjects are self-selecting rather than random or necessarily representative (Braithwaite *et al.* 2003). In Fitzgerald and McNicholas' study, the authors acknowledge that their decision to issue the survey in only one language led to potential for further bias.

While we acknowledge that it is well-recognised that response rates are lower for online surveys (Manfreda *et al.* 2008), the response rate here was extraordinarily low at 0.6%. That this was reported is in some ways to be applauded, as the non-reporting of response rates is occurring. It clearly, however, falls short of the widely accepted 50%–60% response rate for meaningful conclusions to be drawn (Fincham *et al.* 2008). Means of increasing response rates, with modest evidence, include personalising the contact details on the emails (Cook *et al.* 2000) or telling the respondent that they have been selected as part of a small group to participate (Porter *et al.* 2003), but one could not expect for

any intervention to increase a response rate from 0.6% to 60%.

Absolute numbers are important, and little could be drawn from a survey of a non-self-selected group of 134 clinicians across Europe. We disagree with the authors that any meaning can be inferred from the fact that four health professionals in France expressed a different view from 11 health professionals in Italy. We would be of the same view were these to be 15 non-self-selected participants.

### References

- Braithwaite D, Emery J, de Lusignan S, Sutton S** (2003). Using the internet to conduct surveys of health professionals; a valid alternative? *Family Practice* **20**, 545–551.
- Cook C, Heath F, Thompson RL** (2000). A meta-analysis of response rates in web or internet based surveys. *Educational and Psychological Measurement* **60**, 821–836.
- Fincham JE** (2008). Response rates and responsiveness for surveys, standards, and the journal. *American Journal of Pharmaceutical Education* **72**, 43.
- Fitzgerald M, McNicholas F** (2014). Attitudes and practices in the management of ADHD among healthcare professionals who responded to a European survey. *Irish Journal of Psychological Medicine* **31**, 31–37.
- Heiervang E, Goodman R** (2011). Advantages and limitations of web-based surveys: evidence from a child mental health survey. *Social Psychiatry and Psychiatric Epidemiology* **46**, 69–76.
- Manfreda KL, Bosnjak M, Berzelak J, Haas I, Vehovar V** (2008). Web surveys versus other survey modes. *International Journal of Market Research* **50**, 79–104.
- Porter SR, Whitcomb ME** (2003). The impact of contact type on web survey response rates. *Public Opinion Quarterly* **67**, 579–588.

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First published online 21 October 2014