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ORIGINAL ARTICLE

# The value of surveys in obstetric anaesthesia

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## ABSTRACT

**Background:** The Obstetric Anaesthetists' Association (OAA) has facilitated national surveys in obstetric anaesthesia since 1998. We wanted to examine trends in OAA-approved surveys since this time.

**Methods:** OAA-approved surveys performed between January 1998 and December 2012 were examined for the year they were carried out, the format (postal or electronic), the target group and the response rate. We determined whether each survey was presented or published. For each survey published as a substantive paper, we identified the number of times the publication had been cited. We also surveyed lead obstetric anaesthetists and expert witnesses practising in obstetric anaesthesia on the perceived usefulness of OAA-approved surveys.

**Results:** One hundred and thirty-five surveys approved by the OAA were carried out between 1998 and 2012. Response rates have fallen over the years, reaching a current plateau of 65%. Response rates varied with the target group. Seventy-eight percent of surveys were presented and 83% were published in some form. For surveys published as substantive papers ( $n=34$ , 25%), the median [IQR (range)] number of citations was 6 [3–11 (0–36)] per publication. Our survey of lead obstetric anaesthetists had a response rate of 62%. Those who replied rated OAA surveys a median [IQR (range)] of 6 [5–7 (1–9)] on a 0–10 scale of usefulness to their clinical practice.

**Conclusions:** Response rates to OAA-approved surveys have declined but remain acceptable despite an increase in the number of surveys performed. Most surveys were presented or published in some form.

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**Keywords:** Obstetric anaesthesia; Surveys; Response rate; Publication

## Introduction

Surveys provide an objective means of collecting information about people's knowledge, beliefs, attitudes and behaviour,<sup>1,2</sup> and they are widely used in healthcare research.<sup>3</sup> They are easy to administer and cost-effective, and can provide useful information in areas where it is difficult to establish an evidence base.

Surveys are regularly conducted on current topics in obstetric analgesia/anaesthesia, although the value of some departmental, regional and national surveys has been questioned.<sup>4</sup> In an attempt to improve quality, and regulate the frequency, of surveys in obstetric anaesthesia, the Obstetric Anaesthetists' Association (OAA) introduced an approval process for national surveys in 1998. For a small charge (currently £150), OAA members wishing to carry out a survey under the auspices of the OAA must submit a proposal to the Surveys (previously

Audit) Subcommittee. The Subcommittee reviews the proposed survey to ensure that it considers an appropriate topic, does not unnecessarily duplicate previous surveys and does not contain any commercial advertising. The survey questions are examined to ensure they are concise and unambiguous, and comments and suggestions for improvement are fed back to the investigators. Once approval has been granted, the investigators are given a registration number and the survey is circulated by the OAA. In order to avoid overlap and to encourage a good response rate, surveys are sent out at no more than three-weekly intervals.<sup>5</sup> Initially paper-based, the OAA introduced an electronic-only (e-survey) system in 2009. The expectation is that approved surveys will be presented at a national level or published on completion. A £50 refund is offered once the OAA receives a full report on the completed survey.

The OAA's approval process is intended to improve the value of surveys in obstetric anaesthesia. But how can the value of surveys be measured? One method is to examine response rates over time; another is to investigate the proportion of surveys that are presented or published in some form, and another is to ask obstetric anaesthetists themselves. The aim of our study was to examine the trends in surveys approved by the OAA carried out in

Accepted August 2014

Presented in part at the Obstetric Anaesthetists' Association Annual Meetings in Liverpool May 2012 and Dublin May 2014.

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the UK since 1998. We also conducted a survey of our own to investigate the usefulness of OAA-approved surveys to obstetric anaesthetists in the UK.

## Methods

We identified all surveys approved by the OAA Audit/Surveys Subcommittee between January 1998 and December 2012 from the OAA website ([www.oaa-anaes.ac.uk](http://www.oaa-anaes.ac.uk)). For each survey, the year it was carried out, the format (postal or electronic), the target group and the response rate were recorded. Individual investigators were contacted if any data were missing. It was also determined whether each survey was presented as an oral presentation or poster at an OAA or national or international meeting, and whether it was published as an abstract or substantive paper or correspondence. PubMed and Embase databases were searched for relevant publications using authors and title keywords as search terms. If a survey had been published as a substantive paper, Web of Science® ([www.thomsonreuters.com/web-of-science](http://www.thomsonreuters.com/web-of-science)) was used to determine the number of times the publication had been cited.

After approval by the OAA's Surveys Subcommittee, the survey was sent via email to OAA members who were lead obstetric anaesthetists at their institution in August 2013. Non-responders received up to two reminders at monthly intervals. Responses were collected using the OAA's electronic survey system. The survey asked respondents to rate the usefulness of OAA-approved surveys in informing their own clinical practice, and to consider whether the number of OAA-approved surveys they received was appropriate or not. The response rate was calculated by subtracting the number of rejected emails from the number of invited participants.

We were also interested in whether obstetric anaesthetists who wrote medicolegal reports on obstetric anaesthesia found surveys of practice particularly useful. We attempted to identify as many as possible within the UK before the main OAA survey was sent out by contacting those known to the authors, and asking each of them to identify others who wrote legal reports until no further names were obtained. This group was asked not to complete the survey sent to lead anaesthetists if they received one because not all were lead obstetric anaesthetists. Each expert witness was sent the same survey separately to determine the usefulness of OAA surveys in informing their medicolegal practice after the main survey had been sent.

## Statistical analysis

For statistical comparison, the periods 1998–2005 and 2006–2012 inclusive were compared using the chi-squared test, with a value for  $P < 0.05$  taken as denoting statistical significance, using StatsDirect v2.8.0 (StatsDirect Ltd., Altrincham, Cheshire, UK). Data

are presented as mean  $\pm$  standard deviation (SD), median [interquartile range (IQR) (range)] and number (percentage).

## Results

One hundred and thirty-five surveys approved by the OAA were carried out between 1998 and 2012. The year of survey could not be ascertained for three surveys; the remaining 132 were analysed for changes over time. Fig. 1 shows the number of surveys carried out each year and the response rates. For surveys carried out up to and including 2005, the mean response rate was  $72 \pm 14\%$ ; for surveys carried out since 2006, it was  $67 \pm 13\%$  ( $P = 0.017$ ). One survey in 2009, and all surveys from 2010 onwards, used the e-survey system; the rest were postal apart from four ad-hoc email or web-based surveys (2003–08). Response rates varied with the target group (Table 1). The numbers of surveys in each group were too small for meaningful statistical comparison of response rates between different target groups.

Seventy-eight percent of surveys were presented at an OAA or other national or international meeting (Fig. 2) and 83% were published in some form (Fig. 3). For surveys published as substantive papers ( $n = 34$ , 25%), the median [IQR, (range)] number of citations was 6 [3–11 (0–36)] per publication (Fig. 4; Appendix A). Twenty two of 53 (42%) surveys performed up to and including 2005 were published as full papers compared with 12 of 82 (15%) surveys performed since 2006 ( $P = 0.0004$ ).

The survey of the usefulness of OAA-approved surveys was sent to 200 UK lead obstetric anaesthetists. One hundred and twenty-four completed responses were received, giving a response rate of 62%. We excluded three respondents who wrote expert witness reports, leaving a denominator of 121. Of these, 64 (53%) searched for the results of OAA-approved surveys 1–4 times per year, 11 (9%) did so  $>4$  times per year and 46 (38%) never did. Lead obstetric anaesthetists rated OAA surveys a median [IQR, (range)] of 6 [5–7 (1–9)] on a 0–10 scale of usefulness to their clinical practice

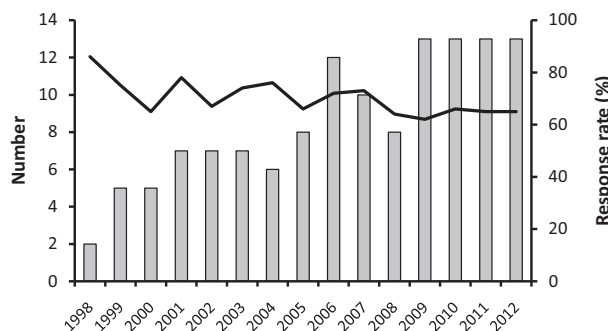


Fig. 1 Number (columns) and response rates (solid line) of OAA-approved surveys, conducted 1998–2012.

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