Whither survey research?
The challenges of undertaking postal surveys within the UK research governance framework

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Abstract In April 2004 new requirements for research governance were introduced in England. In order to safeguard the interests of research participants, research involving NHS patients, their tissues or NHS staff has to be registered with each organisation from where data will be collected and authorisation obtained before the study can commence. NHS Trusts/Primary Care Trusts (PCTs) have set up individual mechanisms for research governance approval with the result that there are no standardised procedures or documentation.

Drawing upon data derived from making research governance applications for a postal survey involving nurses in 90 NHS Trusts/PCTs in seven strategic health authorities in England, this paper examines the implications of introducing research governance for this research method. An analysis of the application process, and the time and resources required suggests that undertaking survey research is increasingly problematic. Moreover, implications arising from the Data Protection Act and the need to complete commissioned research within contractual arrangements led to methodological compromises being made. Recommendations for changes in research governance policy are proposed, most notably the need to standardise procedures, provide greater clarification for R&D managers on the interpretation of research governance procedures and apportion the level of scrutiny according to risk.

Key words survey, questionnaire, research governance

Introduction
In April 2004 new requirements for research governance were introduced in England with the laudable intention of ensuring that research undertaken in the National Health Service (NHS) is conducted in a manner which safeguards the health and well-being of participants and complies with high ethical and scientific standards (Department of Health, 2001, 2003). The research governance framework sets out
the roles of the research sponsor, the funding organisation, the host organisation where data will be collected and the investigators in relation to five standards:

- Ethics
- Science
- Information
- Health, safety and employment
- Finance and intellectual property.

The framework does not, however, specify how these standards should be implemented. NHS Trusts and Primary Care Trusts (PCTs) have established individual mechanisms for granting research governance approval with the result that there are no standardised procedures or documentation.

In the wake of the Alder Hey inquiry into the retention of children’s organs for research purposes without parental consent (Redfern et al., 2001), and the unauthorised use of patient information for epidemiological research (Caldicott Committee, 1997), there is clearly a need to ensure that a robust ethical framework for research is in place to secure public confidence. Moreover the recent serious adverse drug reaction in six healthy volunteers involved in a clinical trial (BBC, 2006) has heightened the public’s concern for the need to pay due attention to health and safety in research. In response to these concerns, there has been widespread acknowledgement from the research community as well as research commissioners and funders of the importance of establishing mechanisms to promote high-quality research and reduce adverse events and poor performance. However, although the need for a robust framework of research governance is accepted, there is growing concern regarding the implementation of the framework.

A position statement from the nursing professional bodies (CPHVA, RCM and RCN, 2005) and numerous commentaries in journals attest to the detrimental effects on the conduct of research arising from the implementation of research governance (Caan, 2004; Elliott, 2004; Jones and Bamford, 2004; Leese and Burt, 2005). The issue is not that the concept is flawed but, rather, it is the increased bureaucracy arising from the process, and consequent time delays, that are the problem. Although researchers have protested vociferously about the increased bureaucracy, there has been little consideration of the effects of research governance for particular research methodologies. In this paper we examine the implications arising from the introduction of research governance for multi-site survey research using postal questionnaires with reference to the data collection strategy.

**Survey research**

Surveys by postal questionnaire are frequently used to collect data in nursing research and are often the only financially viable option when collecting information from large, geographically dispersed populations (Edwards et al., 2002). The data-collection strategy is an important consideration in survey design: attention needs to be given to negotiating access to the sample, the method of distributing questionnaires, and the strategy for low response rates (Bourque and Fielder, 2003; Fink, 2003).

**Negotiating access to the sample**

Whereas there may be information in the public domain through which a sample can be identified (e.g. the electoral register), access to NHS patients and staff tends to
be through a ‘gatekeeper’, i.e. someone who provides a link between researcher and potential participant. In the case of patients, this is often a medical practitioner, and for NHS staff it is usually a manager. The Data Protection Act (1998) prohibits personal information on individuals being passed on to a third party without their consent, unless such disclosure is in the public interest (Parliamentary Office of Science and Technology, 2005). While the Act legislates for the control and protection of personal data generally, the research governance framework (Department of Health, 2001) incorporates stipulations from the Act and requires that, in the research setting, the appropriate use and protection of personal data is paramount. Thus in the case of survey research, the name and contact details of potential research participants held by an organisation will not normally be forwarded to researchers without the individual’s permission. In situations where patients or staff have not given permission in advance, the ‘gatekeeper’ must either gain the potential participants’ permission to forward contact details or facilitate access themselves, for example by distributing the questionnaire on behalf of the researcher. Where some gatekeepers facilitate researchers, others may actively obstruct the researcher’s access to the sample, or employ strategies that, although not necessarily intended to do so, effectively block access, for example delaying responses to researchers’ requests (Reed et al., 2004). The research governance framework introduces another gatekeeping role: the requirement for managerial support for the project to take place. Thus a manager can effectively prevent a researcher from accessing potential participants thereby denying them the opportunity to take part. Such action has implications for the representativeness of samples.

**Questionnaire distribution**

Traditionally, postal questionnaires were sent out by researchers at a single point in time with a date specified for return. Follow-up reminders and repeat questionnaires may then be circulated with a revised return date (Bourque and Fielder, 2003). However, the restrictions within the Data Protection Act to disclose information mean that researchers may be dependent on NHS organisations to distribute the questionnaire on their behalf. The loss of control over this crucial aspect of survey research inevitably carries implications for the validity of the study.

**Response rates**

Non-response to questionnaires reduces the effective sample size and can introduce bias (Edwards et al., 2002). Response rates to postal questionnaires are an inevitable cause for concern and are reported to be declining (Morrison et al., 2003). Although textbooks frequently cite 60–70% as an appropriate response rate, published reports of self-completed postal surveys are often much lower (Punch, 2003). Response rates of 30–40% are not uncommon and may be due to research fatigue, lack of interest in the research topic, poor questionnaire design and, in the case of surveys of NHS staff, the heavy workload of those invited to take part (Robson, 2002; Bryar et al., 2003). Various strategies have been demonstrated to be effective in increasing response rates (Edwards et al., 2002). While some of these factors are clearly within the control of the researcher (e.g. questionnaire design), others, such as personalised letters and follow-up, will be influenced by whoever distributes the questionnaire, and are thus dependent on the goodwill of gatekeepers.

Notwithstanding the need to develop a valid and reliable questionnaire, if researchers address the above issues, they can do much to improve response rates and
thereby the rigour of their study. However, as this paper illustrates, the introduction of research governance requirements has implications for the conduct and quality of survey research by postal questionnaire, most notably relating to determining the sample, the data-collection strategy, time and resource requirements.

**Overview of the study**

The survey by postal questionnaire was the first stage of a larger study commissioned by the Department of Health. The study sought to examine the ways in which nurses in advanced clinical roles, (e.g. nurse consultants, clinical nurse specialists) supported and enabled front-line staff to provide evidence-based care. The survey was intended to serve two purposes. First, the questionnaire was designed to measure a number of variables relating to the role of advanced clinical nurses in promoting evidence-based practice amongst front-line staff. Second, data collected through the survey were to be used to develop the sampling frame for the second stage of the study, a case study investigation.

The research proposal had undergone independent scientific review as part of the commissioning process. The anticipated sample of 2,000 was to be derived from surveying advanced clinical nurses working in all hospital trusts and PCTs (excluding children, mental health and learning disabilities services) in each of seven strategic health authorities in England. At the time of commencing the survey, this resulted in a total of 94 hospital Trusts/PCTs. It was hoped that a 40% response rate would be achieved, providing approximately 800 questionnaires for analysis. The proposal, drawn up before research governance requirements became mandatory, estimated that the survey stage would take six months to complete.

**Research governance approval process**

Ethical approval was obtained from the West Midlands MREC and included confirmation that, as no local investigator was required, it was not necessary to obtain approval from individual local research ethics committees in the locations where the research would be undertaken. Ethical approval took 21 working days from initial submission to confirmation of a favourable ethical opinion, and was well within the 60 days set by the Central Office for Research Ethics Committees (COREC). The process of applying for research governance approval in the 94 organisations commenced in July 2004. Letters were initially written to the nurse director in each organisation in order to seek managerial support for the project with regard to identifying the sample of advanced clinical nurses and seeking research governance approval. A response was requested within two weeks of receipt of the letter. Although 36 responded within this time frame, several took considerably longer to reply (range: 2–84 days), necessitating follow-up letters, emails and telephone calls. Four organisations were withdrawn at this stage; two because they did not employ any advanced clinical nurses and two because the nurse director felt unable to support the study.

Whereas research governance approval was required from each of the 90 participating organisations, 64 were grouped into consortia for managing research governance applications. PCTs were most likely to be grouped together, although in some instances a hospital and adjacent PCT were linked to a single process. As a result, applications were made to 41 organisations, 26 of which were individual Trust/PCTs and 15 consortia involving two to 11 separate Trusts and/or PCTs (see Table 1).
Although, in theory, fewer organisations might facilitate the research governance application process, consortia arrangements varied considerably and did not always work to the researcher’s advantage. For some consortia, a single application sufficed, whereas in others separate documentation was required for each Trust/PCT in the consortium. In several consortia, the researchers had to liaise with research leads to obtain approval from each Trust/PCT and negotiate different arrangements for honorary contracts and intellectual property with each organisation. Confirmation of research governance approval also varied across consortia. Six consortia confirmed research governance approval separately for each organisation, whereas the remaining nine waited until research governance approval had been granted from each separate organisation before notifying the researchers of the outcome. The latter approach could result in considerable delays in gaining approval; for example, approval relating to five PCTs in one consortium took 178 days because of protracted negotiations relating to intellectual property associated with the issue of honorary contracts in one PCT. The largest consortium, comprising 11 PCTs, had one of the shortest times (eight days) and the longest time (256 days) for granting approval in the individual PCTs.

Identifying research governance procedures in each institution was the first hurdle to negotiate. The R&D Forum website had some information regarding research governance leads, although this was incomplete and contained inaccuracies. A few Trust/PCTs provided information on their websites. Individual contact via telephone and email was required for the majority of the 90 organisations.

The application process varied across organisations. Documentation was not standardised although several organisations used the Form D section of the COREC application form which has since been further developed for this purpose. Requests for accompanying information varied considerably, with some just requiring a copy of the study protocol, confirmation of ethical approval, scientific review, sponsorship and indemnity, and others required, in addition, all documentation and correspondence relating to ethical approval, CVs and personalised character references for each member of the research team, data protection declarations, and occupational health screening. Despite evidence of independent scientific review as part of the commissioning process, several organisations undertook their own scientific review of the proposal.

Estimated financial costs
It was estimated that each of the 41 applications took, on average, three days of researcher time including securing managerial permissions, identifying research governance contacts and procedures in each organisation, completing documentation, responding to queries and chasing up delays. This equated to a WTE equivalent Research Assistant appointment for approximately 25 weeks. In addition, an average of two hours per application of Principal Investigator (PI) time was required to sign off applications and deal with queries addressed specifically to the PI.

All organisations required a paper submission and several also required documents

| Table 1 Characteristics of organisations administering research governance approval |
|---------------------------------|-----------------|-----------------|-----------------|-------------|
|                                | Hospital        | PCT             | Combined hospital/PCT | Total |
| Single organisation            | 23              | 3               | —                | 26         |
| Consortium                     | 2               | 9               | 4                | 15         |
to be sent electronically. The estimated direct financial cost of the application process to the research team, based on the costing mechanism employed by the university at the time, is shown in Table 2 and equates to £170 per organisation excluding standard university overheads. It is not possible to calculate the cost to the NHS organisations, but this must be considerable.

**Time taken to gain approval**
The time taken to gain approval varied considerably across organisations, ranging from one to 256 days. It should be noted that this time was just for the administration of research governance procedures as ethical approval and independent scientific review had been obtained prior to the application for research governance approval being submitted. The range, mean and median time taken in days for hospital Trusts and PCTs to grant approval are shown in Table 3 and Figure 1. PCTs took significantly longer than hospital trusts ($p = 0.017$) to grant approval. Comparisons between the time taken for single organisations and consortia organisations are shown in Table 4 and Figure 2. Consortia were found to take significantly longer to grant approval than single organisations ($p = 0.001$).

**Honorary contracts**
Although the survey did not involve face-to-face contact with participants or entry into NHS premises, 21 organisations required honorary contracts to be issued. In ten this was just for the PI, and in the remainder all the research team required contracts. In six organisations, the PI already held an honorary contract associated with another

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### Table 2 Estimated direct costs of gaining research governance approval

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researcher time (including on-costs)</td>
<td></td>
</tr>
<tr>
<td>RA 1A 6/12 WTE</td>
<td>12,781.00</td>
</tr>
<tr>
<td>PI two hours per application ($n=41$)</td>
<td>2,263.00</td>
</tr>
<tr>
<td>Postage</td>
<td>152.15</td>
</tr>
<tr>
<td>Stationery — applications plus copies for site file</td>
<td>75.50</td>
</tr>
<tr>
<td>Telephone</td>
<td>78.00</td>
</tr>
<tr>
<td>Total</td>
<td>15,348.65</td>
</tr>
<tr>
<td>Cost per application ($n = 41$)</td>
<td>374.36</td>
</tr>
<tr>
<td>Cost per organisation ($n = 90$)</td>
<td>170.54</td>
</tr>
</tbody>
</table>

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### Table 3 Time taken for research governance approval in hospital trusts and PCTs

<table>
<thead>
<tr>
<th></th>
<th>All organisations ($n = 90$)</th>
<th>Hospital Trusts ($n = 31$)</th>
<th>PCTs ($n = 59$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td>1–256</td>
<td>1–179</td>
<td>7–256</td>
</tr>
<tr>
<td>Mean</td>
<td>76</td>
<td>59</td>
<td>85</td>
</tr>
<tr>
<td>Median</td>
<td>46</td>
<td>35</td>
<td>56</td>
</tr>
<tr>
<td>Standard deviation</td>
<td>63</td>
<td>56</td>
<td>65</td>
</tr>
</tbody>
</table>

Wilcoxon Sum of Ranks

Wilcoxon W 1128.500

$Z = 2.397$

Asymp. sig (two-tailed) 0.017
Table 4  Time taken for research governance approval in single organisations and consortia

<table>
<thead>
<tr>
<th></th>
<th>Single organisations (n = 26)</th>
<th>Consortia organisations (n = 64)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td>1–153</td>
<td>8–256</td>
</tr>
<tr>
<td>Mean</td>
<td>48</td>
<td>88</td>
</tr>
<tr>
<td>Median</td>
<td>27</td>
<td>60</td>
</tr>
<tr>
<td>Standard deviation</td>
<td>49</td>
<td>65</td>
</tr>
</tbody>
</table>

Wilcoxon Sum of Ranks
Wilcoxon W 7999.00
Z –3.421
Asymp. Sig. (two-tailed) 0.001

Figure 1  Time taken for research governance approval from hospital trusts (n = 31) and PCTs (n = 59).

Figure 2  Time taken for research governance approval from single organisations (n = 26) and consortia organisations (n = 64).
study but was issued with a second contract. In one organisation, team members were required to undergo research governance training prior to the issue of an honorary contract.

Honorary contracts frequently included a clause relating to intellectual property; however, this was not standardised. In several instances the wording of these clauses conflicted with the IP clause contained within the contract between the research commissioner and the university employer of the researchers. The major obstacle related to a requirement to assign all intellectual property and copyright of outputs to the Trust/PCT. Such action would have placed the researchers in breach of their university employment contract, and was wholly impractical and inappropriate bearing in mind the number of participating organisations and the nature of participation. Negotiations between the university research office and individual organisations were entered into. Although the situation was eventually resolved, it inevitably delayed progress with securing research governance approval.

Methodological issues

Questionnaire administration

The time taken to secure research governance approval had implications for the administration of the questionnaire. Whereas it had been hoped that the questionnaire could be distributed at a single point in time to all participating organisations, this became impractical within the timeframe for the study as a whole. Data from the questionnaires were required to provide the sampling frame for the next stage. A rolling programme of questionnaire distribution was therefore adopted whereby questionnaires were distributed as soon as research governance had been secured, with the administration of the survey spanning 11 months.

Current interpretations of the Data Protection Act generally require permission from an individual before personal details such as name and contact details can be passed on to a third party. The research proposal therefore identified three ways whereby the questionnaires could be distributed, namely:

- Where Trust/PCTs had prior agreement for the names of nurses and their work addresses to be released for the purposes of research, this information was sought and the questionnaire administered by the researchers.
- Alternatively Trust/PCTs were asked to seek permission from nurses for their name and work address to be released to the researchers.
- If neither of the above options were suitable, then the Trust/PCT was asked to administer the questionnaire on behalf of the researchers.

In total, 62 of the organisations (71%) chose to administer the questionnaire themselves. In order to monitor this process, organisations were asked to identify the number of advanced clinical nurses and a corresponding number of questionnaires were forwarded. The person distributing the questionnaires was asked to notify the researchers of the number sent out and the date they were distributed. Although questionnaires held no personal details, each return envelope carried a numerical code for the organisation so it was possible to check whether any questionnaires had been returned. Two organisations did not return any questionnaires. In Trusts/PCTS where the number of advanced clinical nurses was small, for example four, the lack of response was not unreasonable; however, it was considered unusual not to receive
any back from a Trust that claimed to have distributed 68 questionnaires. Uncertainty regarding the number of questionnaires distributed and the means whereby they were distributed meant that it was impossible to determine an accurate response rate.

Where Trusts/PCTs chose to distribute the questionnaire themselves, the researchers had no influence over the individuals to whom it was sent. Written guidance on the anticipated categories of advanced clinical nurses was provided to organisations but, in recognising the considerable diversity in these roles, it was important to allow organisations some flexibility in identifying the sample. The fact that some questionnaires were returned from midwives, mental health and children’s nurses suggested that the guidance had not always been adhered to. Although it was recognised that some nurses in these areas might work across boundaries with categories of nurses identified in the inclusion criteria, it was not possible to check this at an individual level as questionnaires were anonymised. By contrast, where organisations forwarded details of the nurses to the researchers, clarification could be sought before questionnaires were distributed.

Gatekeeping

Nurse directors acted as gatekeepers to the researchers seeking to gain access to advanced clinical nurses. As mentioned previously two organisations were withdrawn prior to applying for research governance approval because the nurse director felt unable to support the study. The survey was subsequently abandoned in four organisations from which research governance approval had been obtained: two organisations indicated that they did not employ advanced clinical nurses, one nurse director elected to withdraw her organisation as she considered that other events occurring in the organisation might have an adverse effect on the data collected and one organisation was withdrawn when it failed to respond to several requests regarding administration of the questionnaire.

Distribution of the questionnaires was also delayed in several organisations while the researchers awaited confirmation of the preferred method of distribution and, in some cases, the names and contact details of the nurses.

Discussion

This paper has examined some implications arising from the introduction of research governance for multi-site studies, and raises several practical and methodological considerations for the conduct of postal surveys. Inevitably, questions still remain regarding the impact of the implementation of the research governance framework on other research methodologies.

The data presented seriously bring into question the feasibility of undertaking studies that involve a large number of NHS organisations, irrespective of the methodology. Gaining research governance approval following independent scientific review and ethical approval was an extremely time-consuming process and delayed this stage of the project by an estimated six months. It was fortunate that, in this study, the task of applying for research governance approval could be shared across several members of the research team. This meant that applications could be made over a concentrated period of time. Had just one researcher been involved, it would have taken considerably longer to prepare the necessary submissions, which would have delayed the project still further.

The financial cost of gaining research governance approval from multiple organi-
sations was also significant in terms of researcher time and consumables. These costs need to be built into grant applications, especially as full economic costing models become the norm. Whereas a competent research assistant should be able to shoulder much of the administrative burden associated with multiple research governance applications, demands are still placed on the principal investigator that cannot be delegated to others. It has not been possible to quantify the considerable financial costs to the NHS in administering the system. Whereas NHS organisations receive income via the Department of Health Support for Science funding stream, it is questionable whether the costs incurred by Trusts/PCTs in approving this survey involving NHS staff equates to sound financial governance.

The data have also identified that research governance consortia, whilst possibly expedient for NHS organisations, significantly increase the length of time taken to secure research governance approval for multi-site studies. In several instances consortia introduced an additional tier of bureaucracy that prolonged the time taken to gain approval. However, consortia could be more facilitative if they used standardised documentation and issued research governance approval at an individual organisation level rather than consortia level.

Whereas the Department of Health is proposing to streamline some of the delays in gaining research governance approval by introducing reciprocal honorary contract arrangements across NHS organisations (Department of Health, 2006), this action alone is unlikely to have much impact on the bureaucracy associated with research governance approval. As this study has identified, the working practices of organisations administering research governance approval could be streamlined to ensure more consistent practice in interpreting the requirements of research governance, for example in regard to documentation, duplication of scientific review, consistent interpretation of the Data Protection Act and intellectual property requirements.

This study highlights the need to introduce risk assessment in relation to individual research projects. A postal questionnaire of NHS employees examining a non-sensitive topic, and which has been scrutinised by an ethics committee, arguably presents a relatively low-risk to participants. Research governance procedures need to be tailored to take into account the relative risk of the study and adapted accordingly. A ‘light-touch’ approach for low-risk projects, for example obtaining research governance approval from a host organisation with reciprocal approval granted by other participating organisations, would seem a more appropriate stance than the current resource-intensive, bureaucratic procedures.

**Methodological issues**

This paper has drawn attention to the ways in which research governance processes have impeded the progress of a survey with a large geographically dispersed sample. These processes, rather than scientific imperatives, drove some of the methodological decisions to keep the project on target and within the finances available. Inevitably, this bring into questions the appropriateness of processes which are instituted to enhance the quality of research but which, in their effect, lead to compromises in methodological rigour. In addition it raises issues about the future direction of survey research in the NHS.

The decision to instigate a rolling programme of questionnaire distribution was made on pragmatic grounds, with consideration to the methodological consequences of the decision. Although the variables to be measured were in themselves unlikely to be affected significantly over the 11-month period during which the questionnaires
were distributed, it was impossible to judge whether other factors may have influenced the response rate at certain times of the year. For example, workload may have increased during 'winter bed pressures', which may have resulted in fewer nurses returning the questionnaire during the winter. (The original timetable intended that the questionnaire would be administered during early autumn.) Had the variables under examination been more sensitive to change over time, the validity of the findings would be brought seriously into question.

The fact that the researchers were unable to manage the distribution of questionnaires in over two-thirds of organisations was problematic on two fronts. First, the accuracy of the sampling undertaken by Trusts on behalf of the researchers was brought into question when questionnaires were returned from groups of nurses and midwives who were not included in the sampling frame. Second, the zero response rate from some organisations raises questions about the means whereby questionnaires were distributed. Researchers are dependent upon the goodwill of those who facilitate research within the host organisations to follow their instructions, yet these people may not be experienced in research and may not, therefore, fully understand the importance of rigour. The inability to determine accurate response rates also raises questions about the extent to which the sample is representative of the population, and therefore limits the generalisability of the findings. Moreover different modes of questionnaire distribution have been demonstrated to affect response rates (Edwards et al., 2002). Strategies such as personalised letters from researchers significantly increase response rates, yet as the majority of institutions chose to distribute the questionnaire themselves, this was not possible.

**Conclusion**

It is paramount that healthcare research is carried out to high ethical and scientific standards in a manner that safeguards the well-being of participants. The framework for research governance provides a means whereby the quality of research can be assured. However, as the data presented in this paper has illustrated, there are significant problems with the way in which the research governance framework has been implemented.

In taking forward this survey, the researchers frequently had to respond to methodological and practical challenges arising from research governance requirements for a multi-site study. While some NHS organisations had efficient mechanisms in place for granting research governance approval, in others the process was excessively bureaucratic and protracted. The process of gaining approval also carried implications concerning the rigour with which sampling and questionnaire distribution could be undertaken which, in turn, could affect the generalisability of the findings.

The analysis of the research governance approval process for a multi-site survey highlights the urgent need for a formal review of research governance procedures, including the impact on the conduct of research. There is also a need for further clarification and assistance for R&D managers in the sensible interpretation of research governance procedures and a consistent approach to interpreting data protection and intellectual property requirements across NHS organisations. It is proposed that the level of research governance scrutiny should be proportional to risk. Surveys involving NHS staff on a 'low risk' topic would benefit from a 'light-touch' approach, for example by reciprocal recognition of scientific review, research governance approval and honorary contracts.
Until such changes are made, researchers in the UK should consider seriously the feasibility of undertaking a national survey by postal questionnaire. If the decision is made to proceed, the financial and human costs, together with the time required to gain research governance approval, need to be built-in to the research protocol.

**Key points**

- Whereas it is important to ensure good governance in regard to research activity, this process should not prove unnecessarily bureaucratic.
- The considerable time and financial costs of seeking research governance approval need to be factored into research proposals.
- Protracted research governance approval processes may impact upon the feasibility of undertaking multi-site surveys by postal questionnaire.
- The level of research governance scrutiny should be proportional to risk, with a light touch taken for ‘low-risk’ studies.

**Acknowledgements**
The authors wish to acknowledge the contribution of other members of the research team who assisted with the survey reported in this paper: Professor S. Read, Professor M. Nolan, Dr M. Kirshbaum, Dr M. Limb, Dr A. Tod.

**References**


