

Response time to an SMS link for a sexual health survey

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ABSTRACT

In November 2021, clients attending the Melbourne Sexual Health Centre were invited to participate in the Annual Client Satisfaction Survey by receiving an SMS link at 5:15 pm on the day they attended the clinic. We analysed the response time data and found that most (60%; 168/278) individuals responded to the survey during the time period 5:00–5:59 pm, which was around the time when they received the SMS. We concluded that individuals responded quickly to the survey *via* an SMS link.

Keywords: Australia, health service, online, participation rate, questionnaire, research, response, sexual health, short message service, text.

There has been a shift from using paper-based surveys to web-based surveys distributed primarily *via* SMS or email to the targeted population. The open rate for emails is approximately 20% compared with 98% for SMS,¹ and the response rate is approximately 6% for emails compared with 20% for SMS. The time of day for sending an SMS might influence the open rate and the response rate. Several marketing analyses have found that the best time for SMS engagement is between 9 am and 4 pm;² however, it varies based on the nature of engagements such as sales promotion, restaurants and service-led organisations.³ However, limited research and analyses focus on surveys from health services.

The Melbourne Sexual Health Centre (MSHC) is a public sexual health service in Victoria, Australia. The Annual Client Satisfaction Survey is a survey that is conducted each year at MSHC for 2–3 weeks in November and has been running since 2005. During the survey period, all clients attending MSHC were invited to complete a short anonymous survey that took approximately 5 min to complete. The survey asked clients about their experience with the services provided by MSHC. Before 2020, paper-based surveys were delivered to clients at MSHC. Since 2020, this was changed from paper-based to online surveys to minimise physical contact during the COVID-19 pandemic. The previous response rate to paper-based surveys was between 29% and 45%, although it had progressively fallen over time.⁴ Clients received an SMS at 5:15 pm on the same day they attended the clinic, and the SMS contained a link to the Annual Client Satisfaction Survey. This study aimed to examine the time when clients responded to the survey when it was sent *via* SMS.

We included all survey responses collected in 2021. The survey data were collected using Research Electronic Data Capture (REDCap). We analysed the time and day when clients responded to the survey. This study was approved by the Alfred Hospital Ethics Committee, Melbourne, Vic., Australia (Project Number: 54/22).

Between 8 November 2021 and 22 November 2021, we sent 1633 SMS to clients who attended MSHC during the period and also consented to receive an SMS for research and other purposes.

Of 293 clients who opened the link, 278 (95%) completed the survey. Fig. 1 shows that most clients (60%; n = 168) responded to the survey during 17:00–17:59 (i.e. around the time when the SMS were sent).

We found that most individuals responded and completed the survey *via* an SMS link when they first received the SMS, consistent with past studies. A previous study

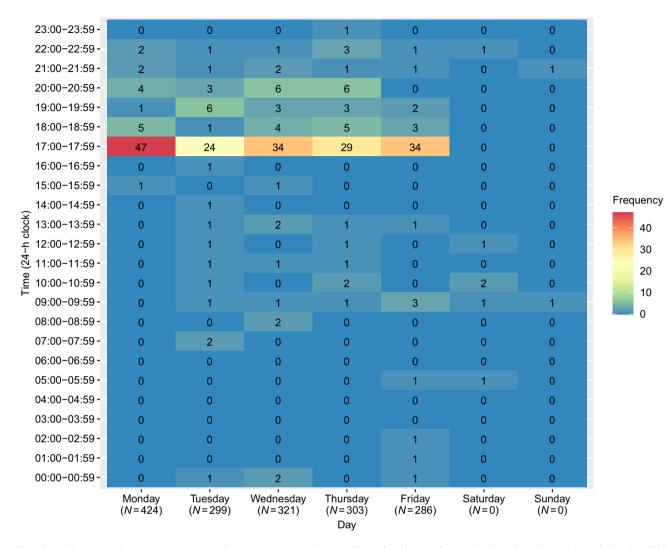


Fig. 1. A heatmap showing the number of responses to the Annual Client Satisfaction Survey by day of week and hour of the day. SMS were sent from Mondays to Fridays at 17:15 between 8 November 2021 and 22 November 2021. The number of SMS sent on each weekday is presented on the *x*-axis label.

revealed that 90% of SMS are read within 3 min.⁵ SMS is one of the most efficient and effective ways to approach individuals because most people check their telephones regularly.⁶ Past studies have estimated that smartphone users check their telephones on average every 4–6 min.⁷ One of the limitations of our study is that we only sent out the SMS at one particular time of the day rather than straight after the clinic visit, future research using different SMS sending times is required to confirm this finding.

Although SMS is a good approach to reaching individuals, some users may not be willing to click on the links within the SMS text due to phishing scams. Therefore, it is important to identify the name of the organisation in the SMS text and obtain consent from the individuals that they are willing to receive an SMS, particularly from a sexual health service. Given most individuals responded quickly to the survey *via* an SMS link, another approach is to send out the SMS to individuals at the time when they attend the clinic and they can utilise the waiting time to complete the survey.

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Data availability. All data analysed during this study are included in this article.

Conflicts of interest. EPFC, JJO and CKF are Editors of Sexual Health but played no role in the editorial handling or review of this manuscript. All other authors have no conflicts of interest to declare.

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