

## CLIENT RATINGS OF A UNIVERSITY COUNSELLING SERVICE AND RESPONDENT ANONYMITY

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### Abstract

Clients of a university counselling service who responded to a mailed follow-up questionnaire were classified as anonymous respondents if they removed an identifying number from the questionnaire. Large and significant differences between identified and anonymous respondents were reported with anonymous respondents reporting fewer positive changes for the time period between initial and final contact with the counselling service. The implications of these results for follow-up studies are discussed.

### Résumé

Les clients d'un service de consultation universitaire reçurent un questionnaire par la poste. On classifia ces clients selon qu'ils avaient ou n'avaient pas enlevé un numéro d'identité sur le questionnaire. On releva les différences à la fois importantes et significatives entre ceux qui avaient présumé l'anonymat et ceux dont l'identité était connue. Les clients "anonymes" signalèrent moins de changement positif entre le premier et le dernier contact avec le service de consultation. L'auteur discute la pertinence de ces résultats pour de futures recherches dans ce domaine.

This study examines follow-up questionnaire (FUQ) responses to a university counselling centre over a five-year period. The purposes of this study were to investigate: 1) client ratings of personal change and 2) client ratings of satisfaction as a function of respondent anonymity.

Many investigators have studied the effects of anonymity on responses to a variety of attitude, personality and survey scales. The results have been contradictory with many investigators finding no significant differences between anonymous and identified conditions (Ash & Abromson, 1952; Corey, 1937; Gerberich & Mason, 1952; Hamel & Rief, 1952; King, 1969; Pelz, 1959) while others have found small but statistically significant differences (Benson, 1941; Dunnette & Heneman, 1956; Elinson & Haines, 1950; Feather, 1973; Fuller, 1974; Kulik, Stein & Sarbin, 1968; Rosen, 1960).

The contradictory results in the literature are probably a function of the effect of the perceived threat of the situation to the respondent (Rosen, 1960). Other investigators have suggested that non-threatening conditions such as high job security, confidence in the integrity of management and assured confidentiality may explain the failure to find significant differences between identified and anonymous responses (Hamel & Rief, 1952; Pelz, 1959). The expectation is that in high threat conditions identified respondents are more likely to give socially approved responses

and are less likely to be critical. Several investigators have found a positive bias for identified respondents in high threat conditions. For example, Klein, Maher & Dunnington (1967) found that respondents in a work situation who were specifically told by their supervisor that they would be identified made more positive responses about their work situation than respondents who were randomly assigned to the identified or anonymous condition.

Perceived threat may also be an integral part of the experimental situation. The positive bias shown by identified respondents in studies by Elinson & Haines (1950) and Fuller (1974) may have resulted from the fact that the respondents were army personnel rather than college student volunteers or industrial workers. Similarly the finding that identified respondents in a small republican town in Maine were more likely to conform to local expectations (Benson, 1941) might be expected because being identified as non-conforming could be perceived as threatening.

Differences in the threat presented by different items have also been shown (Dunnette & Heneman, 1956; Klein, Maher & Dunnington, 1967).

The present study, however, differs from the studies cited above in one important respect. In the previous studies respondents were assigned to the identified and anonymous condition by the experimenter whereas in the present study

respondents were told to remove an identifying number if anonymity was desired. Thus it might be expected that respondents who deliberately chose to be anonymous might be more critical than respondents who did not choose anonymity.

## METHOD

### *Subjects*

The subjects were 1,147 clients of a university counselling service who completed and returned a FUQ during the five-year study period.

### *Procedure*

Each year every client seen at the Counselling and Development Centre (CDC) was sent a questionnaire for each programme that he attended and a general questionnaire. Although the client's student number was printed on the FUQ, the instructions stated that the identifying number could be removed if anonymity was desired. Respondents were classified as identified or anonymous according to whether they chose to remove the identifying student number.

Only the results for the general and counselling questionnaires are reported here because the other questionnaires either had too few respondents or changed during the five year period so that comparisons across time could not be made.

Both the general and the counselling questionnaire asked questions about changes in level of functioning during two time intervals. The first interval was between initial and final contact with CDC and the second was between the end of contact with CDC and the time the FUQ was completed.

Both questionnaires asked clients to rate their general satisfaction with the services provided by the CDC. The general questionnaire also asked clients if they would use CDC again and if they would recommend CDC to a friend because it was felt that these questions were indirect measures of client satisfaction.

## RESULTS

### *Return Rates*

Return rates for the five year period varied from 28% with one mailing to about 47% with a follow-up reminder to clients who didn't respond to the first mail out.

### *Client Change Ratings*

*General Questionnaire.* A composite score to indicate client change was calculated for each of the appropriate items of the general questionnaire. The change score for an item is the number of respondents who gave a positive (more desirable) change rating. Thus, a positive change score indicates an overall change for the better while a

negative change score indicates a change for the worse.

The percent change score is the change score expressed as a percentage of the maximum change score obtainable. For example, if 50 people answered an item with 40 of them giving a positive response, 5 a negative response and 5 a no change response, the change score is 35 (40-5) and the percent change is 70 (35/50 × 100). The percent change index, then, allows comparisons across items regardless of the number of people answering each item and the number of response alternatives.

Because percent change is calculated on the basis of how many people respond to a question, rather than how many express a definite opinion, it is an underestimate of client change ratings. An alternative index would be change score =

$$\frac{\text{positive ratings} - \text{negative ratings}}{\text{positive ratings} + \text{negative ratings}}$$

The numerator of this index is the change score but the denominator will usually be smaller than the denominator of the percent change index because the no change answers are not included. For example, the new index using the above figures would be 77.8 (35/45) instead of 70. The 77.8 figure, however, is probably an overestimation of client change ratings because it does not allow for no change alternatives. Since it is usually better to err on the conservative side it was decided that all responses would be counted in calculating percent change in full knowledge that the figures produced may be an underestimate. Also the problem is not as serious as it might appear at first glance because the purpose of this study is to compare results across conditions rather than find some arbitrarily defined index of perceived effectiveness.

The percent change scores for general questionnaire items covering the period between initial and final contact with CDC are given in Table 1. An examination of Table 1 shows that identified respondents usually gave more positive change ratings than anonymous respondents. For the six items across the five year period, identified respondents tended to give more positive ratings ( $p < .001$ ).

There were no significant differences between anonymous and identified respondents in the percent change scores for the period between the end of contact with CDC and the time the general questionnaire was completed. Respondents usually gave more positive percent change ratings for

1. Since there were 6 items and 5 years, a total of 30 comparisons between anonymous and identified respondents are possible. The normal approximation to the binomial expansion was used for two tailed tests of significance across items and years in this study. Ties (i.e., no difference) were counted as non-confirming observations.

TABLE 1

Identified (I) and Anonymous (A) Ratings of Changes Between Initial and Final Contact with CDC for a Five Year Analysis of the General Questionnaire

How did you feel at the end of your contact with CDC as compared with when you first came	Percent Change	1970-71	1971-72	1972-73	1973-74	1974-75	TOTAL
		I A	I A	I A	I A	I A	I A
1. I felt: 1) better 2) no change 3) worse 4) not applicable 5) unknown	Percent Change	65 59	76 57	72 25	72 62	79 65	71 56
2. I related with people: 1) better 2) no change 3) worse 4) not applicable 5) unknown	Percent Change	37 23	43 14	38 0	54 40	60 34	44 24
3. I accomplished things I Needed to do: 1) more effectively 2) no change 3) less effectively 4) not applicable 5) unknown	Percent Change	40 44	51 27	57 20	58 60	65 44	52 40
4. I thought: 1) more clearly 2) no change 3) less clearly 4) not applicable 5) unknown	Percent Change	47 49	56 19	53 14	65 60	66 40	55 38
5. Others acted as though I had changed: 1) for the better 2) no change 3) for the worse 4) not applicable- 5) unknown	Percent Change	26 12	20 21	31 25	39 22	33 35	29 22
6. Academically, I functioned 1) better 2) no change 3) worse 4) not applicable 5) unknown	Percent Change	41 36	49 22	49 16	56 44	57 41	49 34
TOTAL	Percent Change	41 36	49 22	49 16	56 44	57 41	49 34

the time period between initial and final contact with CDC than for the time period since contact. The overall percent change score at the end of contact was 47 while the corresponding score at FUQ time was 36.

**Counselling Questionnaire.** The counselling questionnaire contains 17 items assumed to be relevant dimensions of change as a result of counselling. As is the case for the general questionnaire clients were asked to rate the amount of change experienced on each item at the end of counselling and at the time the FUQ was completed. The response alternatives were: 1) much change for the better, 2) some change for the better, 3) no change, 4) some change for the worse and 5) much change for the worse.

The calculation of the percent change scores was similar to that for the general questionnaire with negative responses being subtracted from positive responses. This scoring procedure, of course, gives equal weighting to extreme and moderate ratings (both positive and negative). However, little information would be added by using differential weights for extreme and moderate ratings because there are relatively few extreme ratings. Because most extreme ratings are positive rather than negative the change scores obtained are probably a slight underestimation of perceived change.

Percent change scores at the end of counselling are shown for the 17 items in Table 2. Identified

respondents gave more positive change ratings than anonymous respondents ( $p < .01$ ).

There were no significant differences between identified and anonymous responses for the time period between the end of contact with CDC and the time the FUQ was completed.

#### Satisfaction Ratings

**General Questionnaire.** The questionnaire asked respondents to express their degree of satisfaction with CDC. The alternatives were: 1) very satisfied, 2) satisfied, 3) dissatisfied, 4) very dissatisfied and 5) not applicable. A satisfaction score for this question was calculated using the same procedure that was used to calculate change scores. As was the case for counselling change scores, there were more very positive ratings than very negative ones so that this procedure would yield a slight underestimation of satisfaction.

The alternatives for two other questions, "Would you make use of CDC again?" and "Would you recommend CDC to a friend?" were: 1) yes, 2) no, 3) don't know. In this case the satisfaction score was calculated by subtracting the no responses from the yes responses. The percent satisfaction score for each of the satisfaction items was calculated the same way as the percent change scores.

The results of the three questions on the general questionnaire asking clients about their satisfaction with CDC services are shown in Table 3.

TABLE 2

Identified (I) and Anonymous (A) Ratings of Changes Between Initial and Final Contact with CDC for a Five Year Analysis of the Counselling Questionnaire

PROBLEM		1970-71		1971-72		1972-73		1973-74		1974-75		TOTAL	
		I	A	I	A	I	A	I	A	I	A	I	A
1. Feeling worried, tense anxious	Percent Change	73	54	68	71	82	20	74	67	85	40	75	48
2. Depression, despondency	Percent Change	49	73	63	75	68	78	65	67	84	33	71	53
3. Feelings of loneliness, alienation	Percent Change	67	50	63	33	71	33	82	80	86	44	71	47
4. Low self-esteem	Percent Change	61	78	47	20	69	17	68	50	79	38	63	42
5. Difficulties with inter-personal relationships	Percent Change	55	44	58	17	52	20	68	60	78	67	58	41
6. Family problems	Percent Change	53	30	51	-14	32	25	40	67	28	33	45	24
7. Difficulties with the opposite sex	Percent Change	51	13	43	-25	53	0	47	50	60	50	50	21
8. Plan for occupation to pursue	Percent Change	47	50	39	-25	31	25	16	100	33	20	36	30
9. Difficulty in concentration	Percent Change	46	45	41	0	48	0	52	20	33	14	45	23
10. Plan for major field of study	Percent Change	53	50	52	-67	33	20	25	100	28	33	44	19
11. Efficiency in study methods	Percent Change	26	0	24	0	19	-25	25	20	28	20	24	4
12. Marital or premarital problems	Percent Change	63	25	32	0	52	25	57	0	56	40	53	24
13. Grades earned	Percent Change	36	-43	28	-33	26	-25	16	50	7	50	24	17
14. Other sexual concerns	Percent Change	44	0	43	0	33	33	39	0	21	33	37	15
15. Problems with drugs	Percent Change	46	100	0	0	36	0	0	0	0	50	21	29
16. Problems with drinking	Percent Change	36	50	13	-33	18	0	22	0	0	50	20	13
17. Homosexuality	Percent Change	40	50	0	0	23	100	0	0	0	0	16	40
TOTAL	Percent Change	57	40	48	10	51	15	52	60	53	36	53	32

Identified respondents expressed much higher general satisfaction with the results of their experiences at CDC ( $p < .05$ ). Identified clients indicated that they were also more likely to use CDC again and recommend CDC to a friend ( $p < .05$ ). Overall the pattern of results for the three questions is significant at less than the .001 confidence level.

*Counselling Questionnaire.* The results of the question asking how satisfied the clients were with personal counselling are also shown in Table 3. Respondents indicated a fairly high level of

satisfaction. As was the case with the general questionnaire, the identified respondents indicated a much higher level of satisfaction than anonymous respondents ( $p < .05$ ).

#### DISCUSSION

One result of the present study is quite clear. Identified respondents report more positive changes on items related to changes during contact with CDC. This difference was shown in responses to both the general questionnaire and the counselling questionnaire. However, there

TABLE 3  
 Identified (I) and Anonymous (A) Client Satisfaction Ratings  
 for a Five Year Period

QUESTION		1970-71	1971-72	1972-73	1973-74	1974-75	TOTAL
		I A	I A	I A	I A	I A	I A
How satisfied are you with the results of your experiences at CDC? General Questionnaire	Percent satisfaction	62 43	71 56	80 20	76 50	81 45	73 42
Would you make use of CDC again? General Questionnaire	Percent satisfaction	58 35	55 5	74 40	72 7	72 42	65 30
Would you recommend CDC to a friend? General Questionnaire	Percent satisfaction	74 47	76 53	82 55	80 40	81 70	78 54
How satisfied are you with the results of your personal counselling? Counselling Questionnaire	Percent satisfaction	68 58	64 45	76 38	84 43	76 43	72 47

were no differences as a function of anonymity for the time period between the end of contact with CDC and the time the FUQ was completed. The reason why there is a difference for one time period but not for the other is not clear for these results.

The effect of anonymity on satisfaction ratings is also unambiguous. Identified respondents were significantly more likely to express satisfaction with the results of contact with CDC, recommend CDC to a friend or make use of CDC again.

In contrast to other significant results reported in the literature overall differences between identified and anonymous respondents were quite substantial. The difference in reported change was 15% (49 - 34) for the general questionnaire and 21% (53 - 32) for the counselling questionnaire. Differences in expressed satisfaction were even larger ranging from 24% to 35%.

Because the present study employed a correlative procedure the results are difficult to interpret. One reasonable explanation for the large significant effects of anonymity found in the study is that clients found the anonymous condition non-threatening and so were able to express negative opinions. Although a follow-up questionnaire does not appear to be a highly threatening situation, the possibility of choosing anonymity may still increase the number of negative responses. Also the perceived threat of a communication from a university counselling centre is not known. None of the previously cited research dealt with a mental health setting. It is likely that respondents would be more concerned and anxious about a "mental health" questionnaire than about the opinion and attitude surveys cited earlier. The present results, then, suggest that

choosing anonymity in an ego involving situation may result in an increase in negative responses because respondents who have negative opinions perceive the anonymous condition as non-threatening. This interpretation also has some face validity in that anonymous phone calls and letters are often more negative than communication from identified individuals. The next logical step is to compare the effects of anonymity as defined by the experimenter with self-selected anonymity. It may be that both conditions increase the number of negative responses but not necessarily equally. This study is planned for the future.

In any case the implication of the present results is that the number of positive responses to follow-up questionnaires of mental health services may be artificially inflated if the respondent is identified. Allowing respondents to be anonymous probably gives a more realistic measure of client satisfaction.

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