Objective: To characterize the time demands and practice patterns of pediatric otolaryngologists.

Design: Prospective survey of members from the American Society of Pediatric Otolaryngology.

Results: The survey response rate was 54% (n=136) of practicing members of the American Society of Pediatric Otolaryngology. Respondents described being actively engaged in clinical otolaryngology (99%), hospital or practice administration (71%), private enterprise (17%), research (71%), and teaching (89%) on a weekly basis. Sixty percent considered their time demands to be “too busy”; however, few anticipated changing their activities in 5 years. Among the responding physicians, 90% believed that nonotolaryngology peers within their institutions viewed pediatric otolaryngology favorably whereas only 50% thought that other otolaryngologists held the same opinion.

Conclusions: Pediatric otolaryngologists participate in many activities beyond clinical medicine. While most considered their time demands to be too busy, few anticipated a change in their activities. This may be reflective of a high level of job satisfaction, financial constraints, or the relative youth of the subspecialty.


Pediatric otolaryngology is a dynamic profession that attracts physicians with a great diversity of interests. For many of them, the demands of the profession extend well beyond the strict practice of clinical otolaryngology. While the academic pursuits of pediatric otolaryngologists are well represented through scientific meetings and journals, there has been little information detailing the professional diversity and personal commitments of physicians beyond these forums.

The goal of this study was to examine the activities of pediatric otolaryngologists. We were interested in exploring the time demands, practice patterns, and opinions of this group. To accomplish this task, a comprehensive survey form was forwarded to members of the American Society of Pediatric Otolaryngology (ASPO; www.aspo.us), the nation’s largest organization of pediatric otolaryngologists.

METHODS

A 30-question hypertext markup language (HTML)-based survey form was created asking members about their general background, practice environment, and opinions. Information on participation in hospital/practice administration, private enterprise, research, teaching, and family/personal activities was also solicited. The survey form was entered into a database from predefined drop-down lists and response text fields. Macintosh G3 servers running the operating system OS 9.2 and Webstar v4.x software (Webstar, San Jose, Calif) were used. A FileMaker Pro (FileMaker Inc, Santa Clara, Calif) database for the survey was developed to match response text fields to the survey questions and integrate the questions and responses into an HTML survey page using Lasso (Blue World Communications Inc, Bellevue, Wash) as the common gateway interface.

After approval by the ASPO Board, the survey was electronically submitted to current members late at night on January 28, 2002, allowing 18 days for response. The e-mail letter contained a direct link to the survey form and all responses were anonymous. Electronic-mail addresses were available for 202 of the 255 ASPO members. A paper copy of the letter and survey form was mailed to the 53 individuals for whom no e-mail address was available. Fifteen of the electronic inquiries were returned as undeliverable because of invalid addresses. Data from completed survey forms were compiled and analyzed using Microsoft Excel 97 (Microsoft Corp, Redmond, Wash).
The e-mail and regular-mail inquiries generated 112 and 24 responses, respectively. Response rates were greater for inquiries sent via e-mail (55%) than by regular mail (45%). The great efficacy of the e-mail format was demonstrated by the fact that 85 inquiries were returned approximately 72 hours after submission. In addition to the 24 completed responses received by regular mail, 3 survey forms were returned incomplete, with notations that the individuals had retired. These 3 responses were not included in the data analysis. Therefore, the overall survey response rate was 54% (136/252) of practicing ASPO members.

Table 1 shows the demographic characteristics and practice patterns of respondents. Among this group, 112 (82%) were men and 24 (18%) were women, and most had been practicing as pediatric otolaryngologists between 11 and 15 years. There was no gender response bias as male and female ASPO members returned the survey at similar rates (112/208 male and 24/47 female members, \(P = .73\)). The typical member was married (91%) and had children at home (77%), but women were more likely than men to assume the principal household and childrearing responsibilities. Pediatric otolaryngologists practiced most commonly within an academic setting (67%), at a children's hospital (70%), and within a practice area population of more than 2 million people (46%). These findings were consistent with those of Zalzal.

Sixty percent of respondents described their practice time demands as “too busy.” Only 39% believed that demands on their time were “just right,” and 1 member (1%) considered himself “not busy enough.” Approximately two thirds of the physicians in group practice settings described themselves as “too busy” regardless of whether their groups were composed of general otolaryngologists (65%), physicians of multiple specialties (63%), or pediatric otolaryngologists (63%). In contrast, only 42% of solo practitioners felt that they were too busy. Not only did most respondents (74%) anticipate searching for a new practice partner within 5 years, but 38% of these were currently engaged in a search.

Figure 1 and Figure 2 detail how responding physicians described the percentage of the time they currently spend in various activities (eg, clinical otolaryngology, administration, and family/personal activities) and the percentage of the time they anticipated spending in the same activities 5 years from the survey. The 2 patterns were highly similar, with little difference between current and projected activities.

Pediatric otolaryngologists frequently participated in activities outside clinical medicine. Most respondents were engaged in academic endeavors, as 91% were teaching and 72% were conducting research. Seventeen percent of respondents noted that they engaged in private enterprise, and 15 members described their business activity as related to otolaryngology as paid consultants. Personal motivations to engage in private enterprise relating to otolaryngology included enhanced income (\(n = 6\)), interest in pursuing a particular area of research (\(n = 6\)), and a desire for change in career direction (\(n = 3\)).

Nearly half of all respondents (49%) held hospital administrative positions. These ranged from compensated positions, such as vice president or chief of staff, to voluntary ones, such as residency director or committee chairperson. Among these members, 27% were compensated, 61% were not, and 12% functioned in both roles. Motivations to accept an administrative position most frequently included increased personal influence within the institution (\(n = 32\)), the ability to facilitate a change in the institution (\(n = 15\)), or the need for a change in career direction (\(n = 7\)). Of these members, 60% believed that their role as an administrator had a favorable impact on other physicians’ attitudes toward pediatric otolaryngologists; however, 75% expressed that being a pediatric otolaryngologist per se had no impact on their effectiveness as administrators.

Two questions were directed at determining how pediatric otolaryngologists believed peers within their institutions viewed their subspecialty. Data were available for 105 respondents who answered both questions (Table 2). Nearly twice as many pediatric otolaryngologists believed that the subspecialty was viewed more favorably by nonotolaryngology physicians than by other otolaryngologists, and 94 believed that nonotolaryngol-
ogy peers within their institution viewed pediatric otolaryngologists “most favorably.” In contrast, only 53 respondents believed that other otolaryngologists viewed pediatric otolaryngologists “most favorably”; 2 believed that nonotolaryngologists considered pediatric otolaryngologists negatively; and 12 believed that other otolaryngologists viewed pediatric otolaryngologists negatively.

Table 2. How ASPO Members Perceive That Physicians Within Their Institutions View Pediatric Otolaryngology

<table>
<thead>
<tr>
<th>Perception</th>
<th>Nonotolaryngologists</th>
<th>Other Otolaryngologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most favorably</td>
<td>94</td>
<td>53</td>
</tr>
<tr>
<td>Favorably</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Neutral</td>
<td>9</td>
<td>40</td>
</tr>
<tr>
<td>Somewhat negatively</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Most negatively</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
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Abbreviation: ASPO, American Society of Pediatric Otolaryngology.

The role of the physician, and of the pediatric otolaryngologist in particular, extends well beyond the confines of clinical medicine. Participation in activities such as research, administration, private enterprise, and teaching appears to be the norm, not the exception, for pediatric otolaryngologists. These many demands, coupled with today’s practice environment, may explain why most of the surveyed physicians considered themselves “too busy.” By characterizing these forces through studies such as ours, the otolaryngology community may gain better insight regarding the daily stresses that may lead to physician dissatisfaction.

When given the opportunity to describe the percentage of time they spent in various clinical and nonclinical activities now, and how their time would be spent in 5 years, many pediatric otolaryngologists did not anticipate significant changes. This lack of change appears counterintuitive, given that most of the respondents stated that they were “too busy.” One might expect that ASPO members would envision spending more time outside clinical practice if they were given the choice. However, this did not prove to be the case. This finding may reflect a high level of job satisfaction or great personal financial demands among pediatric otolaryngologists, who as a group desire to maintain a high clinical tempo. It may also indicate the relative youth of pediatric otolaryngologists, since many practicing physicians are in the
middle of their careers. Stoddard et al\(^2\) noted that the average age of physicians in pediatric otolaryngology was 45 years, making this pediatric subspecialty the third youngest of 17 examined.

One concerning aspect of this study was the perception among pediatric otolaryngologists that other physicians within their institutions held more favorable opinions of the subspecialty than did fellow otolaryngologists. Possible explanations for these diverging viewpoints include competition, misunderstanding regarding the role of pediatric subspecialists, or a tendency by pediatric otolaryngologists to view outside referring physicians in a more positive light. Also reflected by this perception may be the ongoing debate within the otolaryngology community over pediatric subspecialty certification.\(^3\)\(^5\) Whether pediatric otolaryngologists apply this opinion equally to all otolaryngologists beyond the walls of their individual institutions is unclear. Certainly, determining whether the converse is true among nonpediatric otolaryngologists by asking them these same questions will be important for improving communication within the entire specialty.

Two potential study biases deserve comment. Foremost, the survey relied upon self-reporting by a simple majority of members. Many questions were strictly subjective (ie, opinions) and did not lend themselves to objective measurement. While the intended population included all pediatric otolaryngologists, for practical purposes, the actual study population was composed of ASPO members only. ASPO membership requires that candidates demonstrate professional activities in the field of pediatric otolaryngology for a minimum of 4 years following residency and have authored at least 3 related publications. Given these requirements, the survey may have been more representative of mature physicians with an interest in academics than of pediatric otolaryngologists as a whole.

The survey confirms that pediatric otolaryngologists have a great diversity of professional activities beyond clinical otolaryngology. With nearly half of all responding physicians holding hospital administrative positions and all but a few teaching, more attention toward the educational opportunities available in these areas is warranted. As business and practice management seminars at national meetings have become more commonplace, so should workshops in hospital administration and management skills, and even in teaching skills. Many interesting questions and paradoxes raised by this brief review deserve further investigation. The format of the e-mail survey, with its ease of data collection and favorable response rate, has been shown to be an effective tool for future measurement of real-time opinions.

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It is with great sadness that we acknowledge the untimely death of our friend and coauthor Steven D. Gray, MD. Steve contributed greatly to his community, Primary Children’s Hospital, and the field of pediatric otolaryngology. He will be missed.

We thank Van Evans for his assistance in designing and implementing the Internet aspects of this study.

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REFERENCES