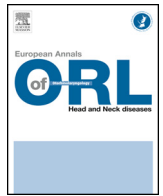




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## Challenges faced by young otolaryngologists-head & neck surgeons around the world

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### ABSTRACT

**Objectives:** To document work-related stressors and to identify coping strategies employed by young board-certified otolaryngologists-head & neck surgeons (OTL-HNS) around the world. The second objective is to evaluate demographic and professional characteristics associated with a higher level of work-related stress.

**Methods:** A survey was sent to all OTL-HNS under 45 years old from the 2017 IFOS meeting. This survey was conducted by the YO-IFOS group (Young Otolaryngologists of the International Federation of Otolaryngological Societies). Data were collected for a period of 1 month. Demographic characteristics and information concerning challenges encountered by OTL-HNS during the early years of their career were collected.

**Results:** Among the 2787 attendees, 928 responded to the survey (response rate = 33.3%). The three most frequent challenges faced by OTL-HNS in the early years of their career were related to administrative workload (45%), high patient quota (42%) and desire to achieve adequate work-life balance (42%). Practices used by OTL-HNS to cope with stress were physical activity (37%), recreational activities (35%) and self-organization (32%). Higher levels of stress were frequently found in participants who possessed five to ten years of experience ( $P=0.007$ ) and who were employed by an academic institution ( $P=0.020$ ). On the other hand, lower levels of stress were often encountered in participants who had 5 years or less of experience ( $P=0.002$ ).

**Conclusion:** This study provides insight on characteristics that are associated with various levels of stress. Moreover, it demonstrates the work-related stressors and the resilience techniques employed by OTL-HNS in early years of their career. Stress will always be present during the surgeon's career. Therefore, knowing how to recognize it and how to deal with it is key. More resources should be made available for OTL-HNS needing aid. Because surgeons must be in control of their stress if they want to provide high quality health care.

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### 1. Introduction

A career in surgery inevitably leads to a considerable amount of work-related stress. Complex procedures [1], quick decision making, long work hours [2] and sleep deprivation all contribute to occupational stress. Institutional factors, such as limited

availability of beds, high rates of surgical nurse turnover and scarcity of secretarial support [1] further contribute to surgeons' work stressors. Furthermore, the impact of aging populations, with increased comorbidities [3], combined with the rise of patient quotas [1], creates a more demanding environment.

At the beginning of a surgical career, stress levels are usually high [4], but decreases gradually over time when experience is acquired. Young surgeons are exposed to an increased risk of work distress [5], because they bear patient care [6] without the experience of their senior colleagues. Moreover, junior surgeons have fewer coping strategies to battle against stress, when compared to

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senior surgeons [7]. In addition, younger doctors often may support their aging parents and care for their young children, which can amplify work-related stress [8].

Long-term and excessive emotional exhaustion may lead to burnout and depression [7,9]. Thus, the prevalence of burnout and depression among board-certified otolaryngology-head & neck surgeons (OTL-HNS) were 29% [9,10] and 23%, respectively [11]. These mental health problems can give rise to low standards of care [9,12,13], hostility towards patients [2], difficult relationships with coworkers [2], lost working days and early retirement [9,12].

Despite the alarming consequences of excessive stress at work, no literature exists regarding workplace stressors encountered by OTL-HNS. Therefore, the first objective of this study is to identify work-related stress factors, as well as coping mechanisms, faced by OTL-HNS, around the world, in the early years of their career. The second objective is to evaluate demographic and professional characteristics associated with a higher level of work-related stress.

## 2. Material and methods

An English questionnaire was developed based on a review of the literature [14–16] and consensus from a committee comprising OTL-HNS from 4 continents and 9 countries (Canada, Brazil, Egypt, France, Belgium, Great Britain, China, Lebanon, India). The questionnaire was prepared with Survey Monkey (San Mateo, California, United States), a web-based survey platform. The preliminary version of the questionnaire was sent to OTL-HNS from the same countries for validation. The survey was then revised and completed based on their comments.

From March 9th 2018 to April 11th 2018, the electronic survey was sent on three occasions to all OTL-HNS under 45 years old from the 2017 IFOS meeting. This survey was conducted by the YO-IFOS group (Young Otolaryngologists of the International Federation of Otolaryngological Societies). An offline version of the questionnaire was also sent to Chinese respondents in order to get around the Great Firewall of China.

Of the IFOS participants, 14% ( $n = 416$ ) were American, 59% were European ( $n = 1751$ ), 7% were African ( $n = 212$ ), 19% were Asian ( $n = 578$ ) and 1% were Oceanian ( $n = 22$ ).

The final survey consisted of seventy-six (76) questions. The first question of the survey was meant to separate residents/interns in OTL-HNS from board-certified OTL-HNS and from other participants of the IFOS meeting. Twenty-seven (27) questions were dedicated to residents/interns in OTL-HNS, while forty-seven (47) questions were directed toward OTL-HNS.

The questionnaire had two main sections:

- demographic characteristics of OTL-HNS;
- challenges encountered by OTL-HNS during the early years of their career.

All respondents who were not residents/interns in OTL-HNS or OTL-HNS were excluded (i.e. company representatives, event representatives, hearing care professionals, and researchers).

All data and statistical analyses were performed using Microsoft Excel (Redmond, Washington, United States). We analyzed associations with Kruskal–Wallis test for ordinal variables and Fisher's exact test for nominal variables. For all statistical analyses, a  $P < 0.05$  was considered statistically significant.

## 3. Results

A total of 2811 participants of the last 2017 IFOS meeting were contacted by email. Of these, 24 were unsuccessfully

**Table 1**  
Demographic characteristics of OTL-HNS from IFOS survey.

	<i>n</i> = 613	%
Gender		
Female	279	46
Male	334	54
Marital status		
Single	123	20
Married/domestic partnership	468	76
Divorced	13	2
Widowed	0	0
Separated	9	1
Children <sup>a</sup>		
Yes	372	61
No	241	39

OTL-HNS: young board-certified otolaryngology-head & neck surgeons; IFOS: International Federation of Otolaryngological Societies.

<sup>a</sup> Children living in your household under the age of 18.

transmitted because of invalid email addresses, which left 2787 valid emails sent. Overall, we received 928 responses from participants (response rate = 33.3%). Of these, 221 responses were incomplete (completion rate = 76.2%). The 928 responses can be divided into 267 responses from the residents/interns in OTL-HNS, which were excluded from the analysis, 635 responses from the board-certified OTL-HNS and 26 responses from undefined participants. The latter group was considered in the response and completion rate but was not included in further analysis.

The response rate according to the continents was 30% in America ( $n = 126$ ), 31% in Europe ( $n = 538$ ), 24% in Asia ( $n = 139$ ), 30% in Africa ( $n = 64$ ) and 23% in Oceania ( $n = 5$ ).

The number of participants varies throughout the analysis due to the 76.2% completion rate of the survey.

### 3.1. Young OTL-HNS demographic and professional characteristics

The demographic characteristics of the participants are summarized in Table 1.

Most of the responders (47%,  $n = 287$ ) had been in practice for 5 years or less. Thirty-six percent ( $n = 221$ ) had between 5 to 10 years of experience, 14% ( $n = 83$ ) had been in their position for 11 to 15 years and 4% ( $n = 22$ ) had worked more than 15 years as a board-certified OTL-HNS.

More than half of participants (56%,  $n = 343$ ) held an academic position. The percentage of OTL-HNS employed by a community hospital was 34% ( $n = 209$ ). Thirty percent ( $n = 184$ ) of OTL-HNS practiced in the private sector and 2% ( $n = 13$ ) practiced in a foundation or in a research institute. Some responders ( $n = 120$ , 20%) work in multiple practice settings.

Most participants were located in Europe (55%,  $n = 338$ ), followed by Asia and Middle East (19%,  $n = 118$ ), America (17%,  $n = 107$ ), Africa (8%,  $n = 48$ ) and Oceania (< 1%,  $n = 2$ ).

Sixty-four percent (64%,  $n = 379$ ) of participants had completed a subspecialty training. Fig. 1 illustrates the different subspecialty training completed by OTL-HNS.

Patient care is the main professional activity for most OTL-HNS (97%), followed by teaching (25%), research (22%) and other (1%). Participants could have more than one main professional activity. The one percent in the "other" category was composed of administration positions and biomedical technology occupations.

Eighty-one percent (81%) of participants were satisfied with their overall practice, which included workplace location and atmosphere, schedule, volume of patient load, type of medical instruments/supplies, etc.

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