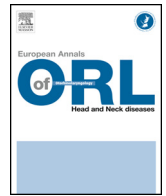




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Global Professional Behaviours and Networking Preferences of Young Otolaryngologists – An International Survey

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ABSTRACT

Aims: An international survey was conducted to explore the professional and regional spread of “young” otolaryngologists, their society membership and networking preferences, with relevance to global health and future initiatives.

Material and methods: Otolaryngologists under the age of 45 years who had attended the 2017 International Federation of Otorhinolaryngological Societies (IFOS) meeting were invited by e-mail to participate in an online survey. Basic demographic data and information regarding career geography and networking preferences was requested.

Results: A total of 928 responses (including 635 certified otolaryngologists and 268 trainees) were received from 2787 individuals invited to complete the survey. The overall response rate was 33.3%. Most otolaryngologists were based in an academic hospital. The spread of respondents likely reflects the European location of the meeting from which participants were identified; 61.2% of all respondents were based in Europe. International movement between career stages was evident. The principal preferred networking methods involved face-to-face contact whilst social media use was the method of choice for 13%.

Conclusion: This survey offers a present-day snapshot and is hoped to serve as a platform for further work. Little is known on a global scale regarding the professional behaviours and networking preferences of otolaryngologists. A greater understanding will facilitate not only education and research but also enable networking and global health work.

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1. Introduction

During the June 2017 International Federation of Otorhinolaryngological Societies (IFOS) World Congress held in Paris, France, a new “Young Otolaryngologists group” was created. It aimed to focus upon otolaryngologists aged under 45 years from across the world and from all subspecialties. These young otolaryngologists may be in education or in the early phases of a clinical or academic career. The Young Otolaryngologists group (YO-IFOS) has four key aims: education, research, networking and congress-related activities [1].

Contact information provided by attendees at this IFOS meeting created the opportunity to gain a valuable insight into the professionals attending this international conference. We hoped that

through a detailed survey, demographic and professional information could be gathered, increasing our knowledge of young otolaryngologists and enabling exploration of relevant global and networking perspectives. These are little-known areas; the work of the YO-IFOS organisation will be enabled by first understanding the nature and needs of its potential membership.

2. Material and methods

Attendees under 45 years at the June 2017 IFOS meeting were contacted by email and invited to participate in an online survey. A web-based survey platform was used (SurveyMonkey Inc., San Mateo, California, USA). An alternative means of survey completion by e-mail was arranged for respondents who were not able to access the survey website. Allied health professionals were not included. Survey participation was voluntary and anonymous. Respondents completed the survey with the understanding that the information provided might be analysed, summarised and published.

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Survey questions included basic demographic data in addition to the location and setting of current practice (academic institution, community hospital, private practice), the location of undergraduate and postgraduate training, and whether an individual had worked in otolaryngology in other countries. The preferred networking method and membership of national and international otolaryngological societies was also requested. Respondents that did not complete a survey section in full were excluded from that section for analysis. Microsoft Excel 2011 (Microsoft Corporation, Redmond, WA, USA) was used for data organisation and analysis. Statistical analysis, when applicable, was performed using GraphPad QuickCalcs Software, 2018, La Jolla, CA, USA. Fisher's 2-tailed exact test was used to compare groups.

3. Results

An invitation to complete the survey was e-mailed to 2787 individuals with valid e-mail addresses. A total of 928 responses were received, representing a 33.3% total response rate. Some 635 certified otolaryngologists and 268 trainee otolaryngologists (interns, residents) replied to the survey. A further 25 individuals were identified as "other" and did not provide further information; they were excluded from further analysis. We hypothesise that these may have been either allied health professionals or company representatives who were sent the survey invitation in error.

An even gender response was received with 51.2% male and 48.6% female respondents (0.2% - no response). The male: female ratio amongst certified otolaryngologists and trainees was very similar. Complete age data was available for the trainee otolaryngologist cohort; the majority were between 26 and 30 years of age (65.6%), followed by age 31-35 years (25.5%) whereas 4.3% were under the age of 25 and 4.6% were over 36 years old.

3.1. Geography

Table 1 describes the location of current practice for all respondents and by career stage. Seventeen respondents were based in Russia and many of these selected Europe as a region whilst others did not select a region; we elected pragmatically to group these responses with Europe. The majority of survey participants (n = 536, 61.5%) were based in Europe. Respondents from Asia and the Middle East accounted for 16.1% with a fairly even spread between the remaining regions. The proportions of respondents by career stage (trainees vs. certified otolaryngologists) was also balanced by region other than a significant difference in those responding from South America, the Middle East and Asia where a greater proportion of certified otolaryngologists was recorded. Europe was the only region where a proportionally greater response was seen from trainees.

Almost 1 in 5 certified otolaryngologists (19.2% of respondents) indicated that they had practiced as an otolaryngologist in other countries. Forty-three per cent of this "overseas" practice had been in a country outside of their current region.

Table 1
Region of current practice.

Region	Residents (%)	Certified ORL (%)	All respondents ^a (%)
Worldwide	258 (29.6)	613 (70.4)	871 (100)
Africa	16 (6.2)	47 (7.7)	63 (7.2)
Asia/Middle East	21 (8.1*)	119 (19.4*)	140 (16.1)
North America	14 (5.4)	33 (5.4)	47 (5.4)
South America	5 (1.9*)	74 (12.1*)	79 (9.1)
Oceania	3 (1.2)	3 (0.5)	6 (0.7)
Europe & Russia	199 (77.1)	337 (55.0)	536 (61.5)

^a Complete responses only.

* P = <0.0001 (Fisher's 2-tailed exact test).

Table 2

Region of current practice and of training (certified otolaryngologists, complete responses only [n = 566]), demonstrating international migration between career stages.

Region	Current (%)	Undergraduate (%)	Postgraduate (%)
Africa	42 (7.4)	41 (7.2)	41 (7.2)
Asia	108 (19.1)	106 (18.7)	102 (18.0)
North America	31 (5.5)	28 (4.9)	32 (5.7)
South America	71 (12.5)	79 (14.0)	74 (13.1)
Oceania	2 (0.4)	1 (0.2)	2 (0.4)
Europe/Russia	312 (55.1)	311 (54.9)	315 (55.7)

Certified otolaryngologists were also asked where they had completed their undergraduate and postgraduate training and fellowship (if applicable). International movement between career stages was evident in many cases. For example, 19% of respondents who are currently based in Africa underwent undergraduate training in Europe whilst 16% had European postgraduate training. Table 2 describes the overall proportions, but does not account for geographical movement between each career stage. Almost 1 in 10 respondents (8.7%) actually moved region at least once between the three career stages of undergraduate training, postgraduate training and current practice.

Fig. 1 describes the regional distribution of fellowships of the respondents. Four out of five otolaryngologists completed a fellowship in the same region as their postgraduate training. European and North American postgraduates were the most likely to remain in the same region for a fellowship (95.7% and 80.6% respectively). Conversely, African postgraduates were most likely to relocate between postgraduate training and a fellowship; 41.7% travelled outside of Africa for fellowship. One respondent had undertaken an online fellowship.

Of the 20% of individuals who relocated between postgraduate training and fellowship, a wide variation in destination was seen. The small numbers and nature of the sampling preclude detailed analysis, however some patterns were seen. South American postgraduates undertook fellowships equally between North America and Europe (19.6% respectively), whereas North American postgraduates were most likely to undertake an overseas fellowship in Europe. The preferred destination for Asian/Middle Eastern and African postgraduates was Europe (25.8% and 31.8% respectively).

3.2. Current practice setting

Most certified otolaryngologists were based in an academic hospital (56.4% of respondents), whilst 34% worked in a community hospital setting. Private sector working accounted for 29.9%. Some individuals selected multiple practice settings. Other areas

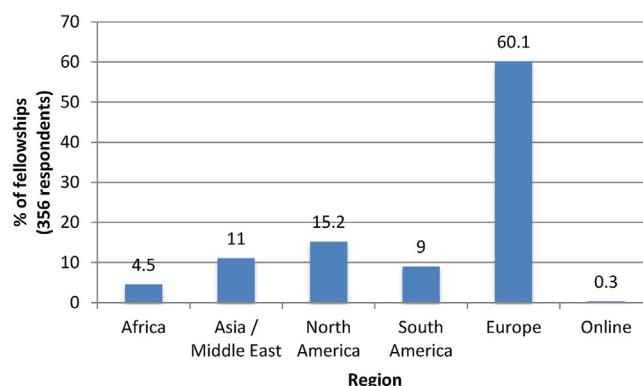


Fig. 1. Location of fellowship by region.

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