

Backstage at Broadway: A Demographic Study

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Summary: Objectives/Hypothesis. To provide insight into the demographics and vocal habits of current Broadway musical theater performers.

Study Design. Prospective, Questionnaire.

Methods. Adult musical theater performers in *Broadway Productions* as defined by the League of American Theater Producers and the Actors' Equity Association were asked to complete a survey collecting demographic information, vocal health and habits, alcohol, tobacco, and drug use and information regarding their level of vocal comfort and threshold to miss performances based on their voice. Data were subjected to descriptive and statistical analysis based on sex and role type (lead vs ensemble).

Results. One hundred thirty-five performers completed the survey from seven actively running shows. Ensemble members were younger and had not been in the business as long as performers in lead roles. Over 25% of respondents had been diagnosed with a vocal injury, yet the number of days missed per year due to voice problems was relatively low (1.7–4.7). Across all respondents, only approximately 54.8% reported consistently warming up before a performance and 7.4% reported consistently cooling down afterward. Nearly 91% of respondents reported regular alcohol consumption and tobacco use was 10.4%; 23.0% reported illicit drug use.

Conclusions. This study marks the first time that vocal health has been addressed in this elite group of vocal professionals. The performer's low self-reported numbers of missed days is interesting particularly given that they appear to participate in harmful vocal health activities at the same rate as the general public.

Key Words: Voice—Voice disorders—Musical theater—Broadway.

INTRODUCTION

Medical risk stratification involves the ability to identify at-risk populations in the community and assess their need for preventative care. This concept has been invaluable in improving treatment paradigms for cancer prevention, sexually transmitted diseases, and women's health.^{1,2} Following suit, the medical literature has begun to use patient data to illuminate underlying treatment dilemmas and bridge public knowledge gaps. Demographic data acquisition with attention to vocal complaints within the general population and cohorts of professional voice users is not novel. Survey-based studies suggest that voice complaints in the general public are estimated at slightly less than 30% over a lifetime with roughly 6% currently having complaints.³ However, specific occupations may be associated with increased incidence of voice complaints. For example, in teachers, the incidence of current voice problems is approximately 11% and, more importantly, the incidence of voice problems over their lifetime was markedly increased at nearly 58%.⁴ With regard to singers, several studies have attempted to obtain similar data; one revealed that more than two-thirds of singers report one or more symptoms of vocal disability, leading nearly half to seek medical consultation.^{5–7}

When comparing singers to nonsingers, arguments are often made that many complaints may be related to an artist's keen awareness to vocal changes.⁸ Any degree of voice disability or fatigue can translate to suboptimal performance, days off work, and possibly lost opportunities. Perhaps, no subset of singers is at greater risk for vocal injury than professional musical theater or Broadway performers as their schedules include performances 6 days a week, with multiple performances daily. Vocalists are subject to hours of continuous singing, occasionally without amplification, with the expectation of reaching balcony listeners. Small perturbations in vocal quality or endurance could easily become evident in intimate venues. In the present study, we aim to describe this unique population of vocalists and provide insight into both vocal and social behaviors, which may impact vocal performance. Ultimately, we hypothesize that our study will provide a foundation for increased insight into this unique population of performers. This insight can then provide a context for discussions around preventative measures as well as medical/surgical therapies in this and other high vocal demand populations.

METHODS

Subjects and data acquisition

Actors and actresses performing in *Broadway Productions* as defined by the League of American Theater Producers and the Actors' Equity Association were approached to participate in the present study. Data collection was conducted through a questionnaire, administered between the Wednesday matinee and evening performances. All performers were approached, irrespective of their role (lead vs ensemble). The questionnaire was developed to obtain data regarding: (1) vocal performance demands, (2) social habits, (3) medical issues, and (4) vocal strength and fatigue as a function of days missed. Data were

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<p>A. Demographic Information</p> <p>Name (optional): _____</p> <p>Age _____ Sex _____ Date _____</p> <p>How many years have you been in the business? _____ (years)</p> <p>B. Performer Information</p> <p>0. What show are you currently in? _____</p> <p>1. For how long? _____ (years) _____ (months) _____ (performances)</p> <p>2. What is your current Contract level? Ensemble Leading</p> <p>3. Was there a gap between this and your previous job? Yes No</p> <p>4. If you are in a musical, what type? (alternative, rock, legit, etc.)? _____</p> <p>5. On a scale of 1-100 (100 being the most difficult) how difficult is the show on your singing voice. _____</p> <p>6. How long do you see yourself in this show? _____ (months)</p> <p>7. How long is the show? _____ (hours)</p> <p>8. What is your show schedule (circle the days you have shows and "X" the days you have two)?</p> <p style="text-align: center;">M T W R F S Su</p> <p>9. Over the course of your career, have different shows taxed your voice more than others? Yes No</p> <p>10. If so which show was the most taxing? _____</p> <p>C. Vocal Habits</p> <p>11. Do you perform a Warm-up before your show? Never Sometimes Often Always</p> <p>12. How long? _____ (minutes)</p> <p>13. Do you perform a cool down after the show? Never Sometimes Often Always</p> <p>14. How long? _____ (minutes)</p> <p>15. Do you feel the need to clear your throat during the show? Never Sometimes Often Always</p> <p>16. Do you currently take singing lessons? Yes No</p> <p>17. If so, how often? _____ (sessions/month)</p> <p>18. Did you receive formal voice training? Yes No</p> <p>19. If so, how many years? _____ (years)</p> <p>20. Do you have any other jobs? Yes No</p> <p>21. How many hours per day (on average) do you spend talking including work and recreation? _____ (hours/week)</p> <p>22. How much do you use your voice outside of work?</p> <p style="margin-left: 20px;">A. A great deal. B. A moderate amount. C. Barely at all. D. I don't speak when not at work.</p>	<p>D. Social Habits</p> <p>23. Do you drink alcohol? Yes No</p> <p>24. If so, how much? _____ (drinks/week)</p> <p>25. Do you smoke cigarettes? Yes No</p> <p>26. If so, how much? _____ (cigarettes/day)</p> <p>27. Do you use recreational drugs? Yes No</p> <p>28. If so, how often? _____ (times/week)</p> <p>29. If so, which? _____</p> <p>30. Are you on any prescriptions drugs? Yes No</p> <p>31. If so, please list _____</p> <p>32. Do you drink coffee? Yes No</p> <p>33. How much caffeine (coffee, tea, soda, etc.) do you consume? _____ (cups/day)</p> <p>34. How much water do you drink? _____ (glasses/day)</p> <p>35. Do you eat before your show? Never Sometimes Often Always</p> <p>36. How soon? Within one hour. Within two hours. Within three hours.</p> <p>37. Do you eat after your evening shows? Never Sometimes Often Always</p> <p>38. How soon do you eat before bed? Within one hour. Within two hours. Within three hours.</p> <p>E. Vocal Health and Wellbeing Information</p> <p>39. Do you ever feel vocally tired after your show? Never Sometimes Often Always</p> <p>40. Do you ever feel vocally tired during your show? Never Sometimes Often Always</p> <p>41. Do you ever feel vocally tired before your show? Never Sometimes Often Always</p> <p>42. Do you have any vocal strain in your other activities, social or professional? Yes No</p> <p>43. Are some seasons more difficult to sing in than others? Yes No</p> <p>44. If so, what are the most difficult (circle any/all)? Spring Summer Fall Winter</p> <p>45. Does your show employ the use of stage fog? Yes No</p> <p>46. Have you ever had a diagnosed vocal injury? Yes No</p> <p>47. If yes, what? _____</p> <p>48. How many times in the past 48 months (4 years) have you been on steroids for your voice? _____</p> <p>49. On average, how many days a year do you miss the show? _____</p> <p>50. On average, how many of these missed days are due to vocal issues? _____</p>
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FIGURE 1. The version of the questionnaire submitted to the Broadway performers.

only obtained from adult performers, given the nature of the questions posed. The instrument is shown in Figure 1.

The lead author administered this instrument in-person independently, with no academic affiliation. The data were then presented to the coauthors and subsequently reviewed by the Institutional Review Board of the New York University School of Medicine (NYUSoM). Use and publication of the data were approved assuming that no NYUSoM investigator would have access to any identifying information. As such, all identifying information was removed by the lead author during the process of entering the data into spreadsheet form, reviewed, and subjected to descriptive and statistical analyses in a completely blinded manner.

Data and statistical analyses

Primarily, the data were assessed descriptively. In addition, *t* tests were used to assess whether the quantitative variables

of age, tobacco use per day, drug use per week, alcohol use per week, use of steroids, and days missed were different between females and males marginally, and conditionally on leads or ensembles, and between leads and ensembles marginally, and conditionally on males or females. An analysis of variance was then used to determine if these variables were different among the four groups (male leads, female leads, male ensembles, and female ensembles).

The Pearson chi-square test was used to assess whether categorical variables (tobacco use, drug use, alcohol use, and vocal injury) were different in proportion between females and males marginally, and conditionally on leads or ensembles, and between leads and ensembles marginally, and conditionally on males or females. Logistic regression analysis was used to determine if these variables were different among the four groups. The *t* test was also used to determine whether days missed were different with regard to tobacco, drug, and alcohol use. Pearson correlation was employed to characterize the association between days missed and tobacco, drug, or alcohol use. Spearman correlation was used to identify whether days missed due to voice were associated with age or years of experience. Multiple linear regression was then used to assess this correlation while controlling for sex, contract level, and a vocal pathology diagnosis.

RESULTS

Performer information

Completed questionnaires were obtained from 135 performers from seven currently running productions (Table 1). Of the 135 respondents, 71 were male (22 leads and 49 ensembles) and 64 female (11 leads and 53

TABLE 1.
Demographic Information Regarding the Cohort of Performers Included in the Present Study

Respondents	n	Age	Time in Current Role (mo)	Time in the Business (y)
Female lead	11	44.3	45.1	23.6
Male lead	22	41.4	51.2	24.5
Female ensemble	53	33.8	34.0	14.1
Male ensemble	49	34.4	41.7	14.2
Mean	—	36.1	40.5	16.5

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