

Department of Research Abstracts

WHO WORKS NIGHTS AND WEEKENDS IN AMBULATORY PEDIATRIC CARE? Lynn M. Olson, Karen G. O'Connor, Sandy Sharp.. Research, American Academy of Pediatrics, Elk Grove Village, IL.
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BACKGROUND: While the growth of retail based clinics and other competitive changes in health care would seem to pressure pediatricians to provide office hours outside of an 8-to-5 framework, other changes, such as the growth in part-time work and the increased number of young women in pediatrics, could exert contrary pressures.

OBJECTIVE: To determine the extent to which pediatricians provide extended office hours and identify which personal or practice characteristics are associated with providing extended hours.

DESIGN/METHODS: A national, random sample of American Academy of Pediatrics' members were mailed a Periodic Survey in 2008 (n = 1620, response rate = 58%); analyses excluded residents and were confined to those providing ambulatory care (n = 591). Extended hours were defined as: regularly offering hours one or more nights per week and/or offering weekend hours one-half day or more per week. Relationships between hours and personal and practice characteristics were assessed using chi-square analysis and logistic regression.

RESULTS: Overall, 38% reported regularly providing extended hours (among these, 16% work evenings only, 38% work weekends only, and 46% work both). Personal characteristics (age, gender, self report of working part-time hours) were not associated with providing extended hours. Generalists were significantly more likely to report extended hours (44% generalists vs. 18% subspecialists, $p < .001$), as were those practicing in a suburban location (46% suburban, 29% urban inner-city, 34% urban not inner-city, 31% rural, $p = .015$), and those serving fewer ($\leq 35\%$ of patients) Medicaid/SCHIP-insured patients (48% low Medicaid/SCHIP, 31% high Medicaid/SCHIP, $p < .001$). In logistic regression, practicing general pediatrics (Adjusted Odds Ratio 3.11; CI = 1.60 – 6.05) and serving fewer Medicaid/SCHIP patients (Adjusted Odds Ratio 1.83; CI = 1.09 – 3.06) were independently associated with providing extended hours.

CONCLUSIONS: While the personal characteristics of pediatricians show no relationship with working extended hours, the fact that general pediatricians serving higher income patients are more likely to work extended hours suggests that market effects may be shaping the provision of evening and weekend hours, which provide more flexibility to families. Tracking trends and assessing regional variations would be valuable.

