Impact of physician experience on geriatric ENT care in ambulatory practice

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ABSTRACT:

Introduction: As the global population continues to age, ear, nose, throat (ENT) physicians are confronted with increasing challenges in the management of elderly patients. On the other hand, it has been confirmed that physician experience plays a pivotal role in the care of certain demanding patient groups, including the elderly.

Aim: To evaluate the impact of physician experience, years in practice, and clinical caseload on the quality of otolaryngologic outpatient care in elderly patients.

Materials and methods: A nationwide survey of 115 Polish ENT physicians was conducted (March–June 2025) using a 29-question online form covering physician experience, elderly patient volume, symptoms, and care needs. Associations were analysed using Chi-square and Fisher's exact tests ($p < 0.05$).

Results: In proportion to the increasing number of elderly patients attending outpatient clinics, the prevalence of certain ENT conditions rise, particularly hearing loss ($p = 0.00042$), dizziness ($p = 0.00339$), chronic sore throat ($p = 0.00002$), "runny nose" ($p = 0.00048$), dysphagia ($p = 0.0361$), and dysphonia ($p = 0.00765$). Clinics with more seniors needed more support staff and prescriptions. Senior physicians, compared to younger specialists, reported significantly higher monthly numbers of geriatric ENT conditions, including hearing loss ($p = 0.00002$), dizziness ($p = 0.00171$), chronic sore throat ($p = 0.00000$), and runny nose ($p = 0.00845$). Experienced doctors also better recognized side effects ($p = 0.0243$). Early-career physicians were more likely to support dedicated geriatric ENT services (special consultation hours and screening programs) ($p = 0.0372$). They also reported major difficulties related to access barriers ($p = 0.0394$). However, the majority across all experience levels recognized value for dedicated services (72%) and identified access barriers (78%).

Discussion: Physician experience influences how the needs of elderly patients are addressed. Senior doctors show stronger clinical judgment, while younger ones focus on system improvements. Findings highlight the need for elevating the skills for tailored multidisciplinary care in senior-heavy clinics.

Conclusions: Physician experience significantly affected the recognition of ENT conditions and medication side effects, while early-career physicians were more likely to support dedicated geriatric ENT services and reported more difficulties related to access barriers. The findings reflect a strong professional consensus on the need for tailored geriatric strategies in ambulatory settings and intensive training in this field. As demand rises, adapting ENT practice to meet the needs of older adults will be essential.

KEYWORDS: ambulatory care non-adherence, elderly, geriatrics, health services accessibility, outpatients, treatment adherence and compliance

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INTRODUCTION

With the global population steadily aging, healthcare systems are experiencing increasing pressures related to the diagnosis and management of age-related conditions. In otorhinolaryngology, older adults frequently present with complex, multifactorial complaints, necessitating tailored management approaches and expanded supportive services within ambulatory care settings [1]. Despite the rising proportion of geriatric patients in outpatient ENT clinics, data remain scarce regarding practitioners' perspectives on and responsiveness to the specific requirements of this demographic group. Critical factors such as clinician's expertise, duration of practice, and patient volume substantially influence the quality of care provided to elderly individuals in otolaryngologic consultations.

Caring for seniors poses unique challenges, as these patients often present with multimorbidity, hearing impairment, speech disturbances, or cognitive decline, all of which can complicate both communication and diagnostic processes [2, 3]. Research indicates that clinicians with greater experience and higher clinical workload tend to be more adept at promptly identifying both typical and atypical presentations in geriatric populations. These practitioners are also more attuned to subtle clinical signs and are generally more successful in establishing effective therapeutic relationships, thus facilitating improved clinical outcomes [4, 5].

Notable distinctions exist between junior and senior ear, nose, throat (ENT) physicians. While less experienced clinicians may possess current theoretical knowledge, they can encounter difficulties in recognizing polypharmacy risks, identifying rare manifestations, or modifying their communicative approach to align with the needs of older adults. In contrast, seasoned otolaryngologists typically demonstrate enhanced clinical acumen and a nuanced understanding of geriatric patient care requirements [6].

The interplay among professional experience, years in practice, and patient caseload directly impacts ENT physicians' capacity to recognize, manage, and individualize care for elderly patients. These findings underscore the importance of implementing targeted geriatric protocols and dedicated resources within outpatient settings. Accordingly, this study aimed to assess the effects of physician experience, duration of professional activity, and clinical caseload on the quality of otolaryngologic care delivered to older adults.

AIM

To evaluate the impact of physician experience, years in practice, and clinical caseload on the quality of otolaryngologic outpatient care in elderly patients.

MATERIALS AND METHODS

This cross-sectional survey study was designed to assess the specific needs, challenges, and clinical profiles of elderly patients (>75 years of age) attending otolaryngology outpatient clinics in Poland, as perceived by ENT physicians. Data were collected via a structured, self-administered questionnaire titled "SENIOR in the Otolaryngology Outpatient Clinic", created using the Google Forms platform. The survey consisted of 29 questions, including multiple-choice and multiple-response formats, and covered areas such as professional experience, average number of patients seen per month, prevalence of elderly patients, most common symptoms and diagnoses in this age group, the use of hearing aids, barriers to access (e.g., transportation, assistance), diagnostic and therapeutic needs, adherence to medical recommendations, and the perceived adequacy of current services. The questionnaire was distributed electronically to certified otolaryngologists working in ambulatory care settings across the country. Participation was voluntary, anonymous, and without compensation. A total of 115 completed responses were collected between March and June 2025. Quantitative data were analysed using descriptive statistics (frequencies and percentages). To assess associations between physician characteristics (e.g., years of experience, number of patients seen, proportion of elderly patients) and reported clinical or organizational needs, inferential statistics were applied. For comparative analysis, respondents were divided into 2 groups based on their clinical experience, patient volume, and proportion of elderly patients. Group 1 included experienced specialists with over 6 years of practice, who reported seeing more than 100 patients per month, of whom at least 15% were seniors (aged >75). Group 2 consisted of younger specialists with shorter work experience (<6 years), lower monthly patient volumes (<100 patients/month), and less frequent contact with elderly patients. We chose 6 years as the cutoff because it corresponded approximately to the median clinical experience of the surveyed physicians. This threshold allowed for a balanced division between early career and more experienced specialists, facilitating meaningful statistical comparison between the 2 groups. Chi-square tests and Fisher's exact tests were used for categorical comparisons. Statistical significance was set at $p < 0.05$.

RESULTS

Among the surveyed ENT physicians, 32.2% had up to 5 years of experience, 22.6% had 6–15 years, and 45.2% had over 15 years of experience in ambulatory care (Fig. 1A.). Regarding patient volume, 33% of respondents admitted over 200 patients monthly, 26.1% saw 100–200, 28.7% handled 50–100, and 12.2% managed up to 50 patients (Fig. 1B.).

Physician experience for dedicated geriatric ear, nose, throat care

Analysis revealed a statistically significant association between professional experience and physicians' attitudes toward the need for dedicated ENT care for seniors ($p = 0.0372$). Specifically, early-career physicians (Group 2 – less than 5 years of experience) were the most likely to advocate for the introduction of tailored solutions – such as special consultation hours and screening programs – for elderly patients. In contrast, physicians with over 6 years of experience (Group 1) tended to view the current care systems as

Tab. I. Physician opinions on the need for dedicated ENT care for geriatric patients (e.g., special hours, screening programs).

IN YOUR OPINION, SHOULD DEDICATED ENT CARE FOR SENIORS BE AVAILABLE (E.G., SPECIAL CONSULTATION HOURS, SCREENING PROGRAMS)?			
Years of clinical experience in specialist ambulatory care	Yes, it could improve the quality of care.	No, the current solutions are sufficient.	Row Total
Up to 5 years	33 (89.19%)	4 (10.81%)	37
6–15 years	20 (76.92%)	6 (23.08%)	26
Over 15 years	30 (57.69%)	22 (42.31%)	52
Total	83 (72.2%)	32 (27.8%)	115
$Chi^2 = 11.1$, $p = 0.00397$ – statistically significant association.			

adequate. Nonetheless, it is noteworthy that an overwhelming majority of respondents across all experience levels (72%) expressed support for implementing dedicated solutions for geriatric ENT patients (Tab. I.).

Prevalence of ear, nose, throat conditions in relation to the outpatients' senior population

A clear, statistically significant relationship was observed between the estimated proportion of patients aged over 75 years in each outpatient clinic and the monthly incidence of several ENT conditions among this population.

- Hearing loss ($p = 0.00042$): clinics with a higher proportion of elderly patients (>20%) were significantly more likely to report over 15 cases of hearing loss per month, while clinics with a smaller senior population (<10%) typically reported 5 or fewer such cases. These results confirm a proportional increase in hearing loss frequency as the senior share rises;
- Dizziness ($p = 0.00339$): clinicians in senior-heavy practices (>20%) frequently observed over 10 cases per month, compared to five or fewer in clinics where elderly patients constituted less than 10% of the population. This trend highlights the greater burden of dizziness in predominantly geriatric clinics;
- Chronic sore throat ($p = 0.00002$): in clinics serving a higher proportion of seniors, physicians were markedly more likely to report more than 15 monthly cases of chronic sore throat, whereas those with fewer seniors (<10%) most often reported 5 cases or fewer;
- Runny nose (nasal discharge) ($p = 0.00048$): clinics with over 20% of seniors reported more than 15 cases per month, whereas those with fewer seniors had 5 or fewer cases;
- Voice changes (dysphonia) ($p = 0.00765$): clinics with a greater percentage of elderly patients noted more than 15 cases per month; by comparison, those with fewer elderly patients rarely exceeded 5 cases;
- Swallowing disorders (dysphagia) ($p = 0.0361$): a higher incidence was noted in clinics where over 20% of the population was elderly, with over 10 cases per month reported in these settings.

These findings collectively underscore that the frequency of common ENT complaints rises markedly in outpatient clinics with a larger elderly population. Elderly patients also have a range of special needs, require a greater number of diagnostic tests, and do not always adhere to medical recommendations (Fig. 2.). Nonetheless, no significant differences were observed in the perception of these phenomena between highly experienced specialists and their younger colleagues.

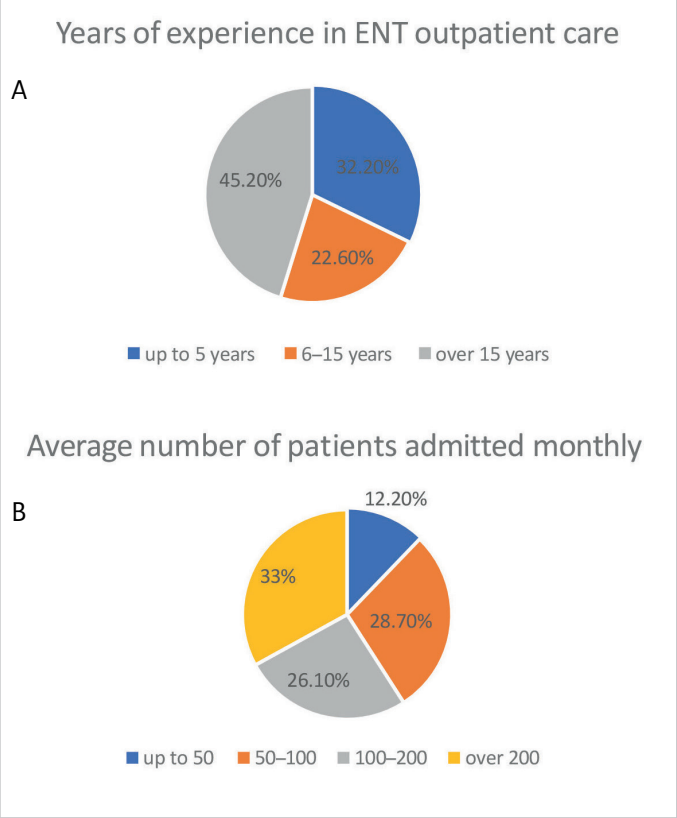

Fig. 1. (A) Years of experience in ENT outpatient care; (B) average number of patients admitted monthly.

Physician experience and recognition of geriatric ear, nose, throat conditions

Senior physicians (i.e., those with greater work experience) compared to younger specialists reported significantly higher monthly numbers of geriatric ENT conditions, including:

- hearing loss ($p = 0.00002$);
- dizziness ($p = 0.00171$);
- chronic sore throat ($p = 0.00000$);
- runny nose ($p = 0.00845$).

This pattern suggests that more experienced practitioners are more likely to encounter and/or recognize higher rates of these conditions in elderly patients (Tab. II.).

Tab. II. Physician experience and recognition of geriatric ENT conditions.

PLEASE ESTIMATE THE NUMBER OF SENIOR PATIENTS WITH THE FOLLOWING CONDITIONS PER MONTH:					
HEARING LOSS					
GROUP	5	10	15	>15	Row Total
Group 1 – more experienced doctors	1 (2.13%)	3 (6.38%)	8 (17.02%)	35 (74.47%)	47 (40.87%)
Group 2 – less experienced doctors	10 (14.71%)	20 (29.41%)	18 (26.47%)	20 (29.41%)	68 (59.13%)
Total	11 (9.57%)	23 (20.00%)	26 (22.61%)	55 (47.83%)	115 (100%)
$Chi^2 = 24.9$ **p = 0.00002** – statistically significant association					
DIZZINESS					
GROUP	5	10	15	>15	Row Total
Group 1 – more experienced doctors	5 (10.64%)	12 (25.53%)	13 (27.66%)	17 (36.17%)	47 (40.87%)
Group 2 – less experienced doctors	24 (35.29%)	24 (35.29%)	9 (13.24%)	11 (16.18%)	68 (59.13%)
Total	29 (25.22%)	36 (31.30%)	22 (19.13%)	28 (24.35%)	115 (100%)
$Chi^2 = 15.1$ **p = 0.00171** – statistically significant association					
CHRONIC SORE THROAT					
GROUP	5	10	15	>15	Row Total
Group 1 – more experienced doctors	6 (12.77%)	12 (25.53%)	10 (21.28%)	19 (40.43%)	47 (40.87%)
Group 2 – less experienced doctors	39 (57.35%)	17 (25.00%)	9 (13.24%)	3 (4.41%)	68 (59.13%)
Total	45 (39.13%)	29 (25.21%)	19 (16.52%)	22 (19.13%)	115 (100%)
$Chi^2 = 34.1$ **p = 0.00000** – statistically significant association					
RUNNY NOSE					
GROUP	5	10	15	>15	Row Total
Group 1 – more experienced doctors	8 (17.02%)	9 (19.15%)	11 (23.40%)	19 (40.43%)	47 (40.87%)
Group 2 – less experienced doctors	28 (41.18%)	17 (25.00%)	11 (16.18%)	12 (17.65%)	68 (59.13%)
Total	36 (31.30%)	26 (22.61%)	22 (19.13%)	31 (26.96%)	115 (100%)
$Chi^2 = 11.7$ **p = 0.00845** – statistically significant association					

Tab. III. Physician experience and observation of drug side effects.

DO SENIORS OFTEN REPORT SIDE EFFECTS FROM THE ENT MEDICATIONS THEY USE (E.G., DRY MOUTH, DIZZINESS)?					
GROUP	Sometimes	Rarely	Yes, often	No	Row Total
Group 1 – more experienced doctors	21 (44.68%)	11 (23.40%)	13 (27.66%)	2 (4.26%)	47
Group 2 – less experienced doctors	38 (55.88%)	23 (33.82%)	7 (10.29%)	0 (0%)	68
Total	59 (51.30%)	34 (29.56%)	20 (17.39%)	2 (1.74%)	115
$Chi^2 = 9.41$ p = 0.0243 statistically significant association.					

Physician experience and observation of drug side effects

Experienced specialists were significantly more likely to observe and report adverse effects of ENT medications among older patients (such as dry mouth and dizziness) (p = 0.0243). This may reflect both heightened detection abilities and greater exposure to polypharmacy in geriatric practice (Tab. III.).

Physician experience and perceived access to ear, nose, throat care

Less experienced ENT physicians more frequently assessed access to ENT services for seniors as inadequate (p = 0.0394), identifying barriers such as travel distance, limited mobility, and long waiting times as persistent challenges for older adults. However, 78% of all respondents indicated that access to ENT services for seniors is insufficient.

DISCUSSION

In the present study, we address a rarely explored issue: the care of elderly patients within outpatient ENT. To the best of our knowledge, this is the first publication to focus centrally on the significance of physician experience in managing this demanding

patient population. By comparing veteran professionals with many years of practice to younger specialists, we sought to determine which group is better equipped to address the unique challenges posed by senior patients. This question is far from incidental, as the acquisition of clinical experience is a protracted process, while the "silver tsunami" is already upon us. Thus, identifying the areas in which younger specialists may be less proficient has the potential to inform and guide the direction of supplementary training initiatives, thereby accelerating the maturation of expertise in geriatric otolaryngology.

Systematic reviews have demonstrated that higher levels of clinical experience, as well as larger patient caseloads, correlate with improved treatment outcomes in certain demanding patient groups, particularly the elderly. However, findings are not unequivocal, and there are reports indicating a decline in the technical quality of care among physicians with very long professional tenure – often interpreted more as an effect of physician aging than generational turnover in clinical practice [7, 8]. Conversely, other reviews indicate that physicians with higher consultation volumes exhibit greater clinical proficiency [7, 9, 10]. Studies have also shown that the quality of communication with patients, as well as the ability to adapt communication strategies to the specific needs of the elderly, remain among the key determinants of care quality in otolaryngology. Physicians with longer work experience typically demonstrate more nuanced clinical intuition in interactions with seniors but may rely excessively on established clinical routines, potentially limiting individualized therapeutic approaches [11–14].

Our findings reinforce the central thesis that physician experience plays a pivotal role in shaping the recognition of ENT conditions among elderly patients. Interestingly, the effect of physician experience emerged as a complex yet significant factor. More experienced ENT physicians were not only more likely to identify larger numbers of geriatric ENT complaints in their everyday practice, but also demonstrated greater awareness of the side effects of ENT medications frequently observed in older adults, such as dry mouth or dizziness. This heightened recognition may stem from both cumulative clinical exposure and more advanced diagnostic acumen developed over years of practice.

Geriatric patients often suffer from multimorbidity, hearing impairment, cognitive decline, and reduced decision-making autonomy. This places increased demands on the experience and interpersonal skills of the physician and necessitates integration of multidisciplinary care [15, 16]. Qualitative studies clearly indicate that elderly patients expect individualized approaches, more effective communication, and coherent information about treatment and recovery. These expectations are not always met by the more "technocratic" approach sometimes encountered with younger physicians [13].

When it comes to organizational aspects, early-career physicians tended to more strongly advocate for introducing tailored solutions for elderly patients, like dedicated appointment hours and routine screening programs. Finally, less experienced doctors were significantly more likely than their senior counterparts to perceive current access to ENT care for the elderly as insufficient, citing barriers such as transportation, reduced mobility, and extended waiting times.

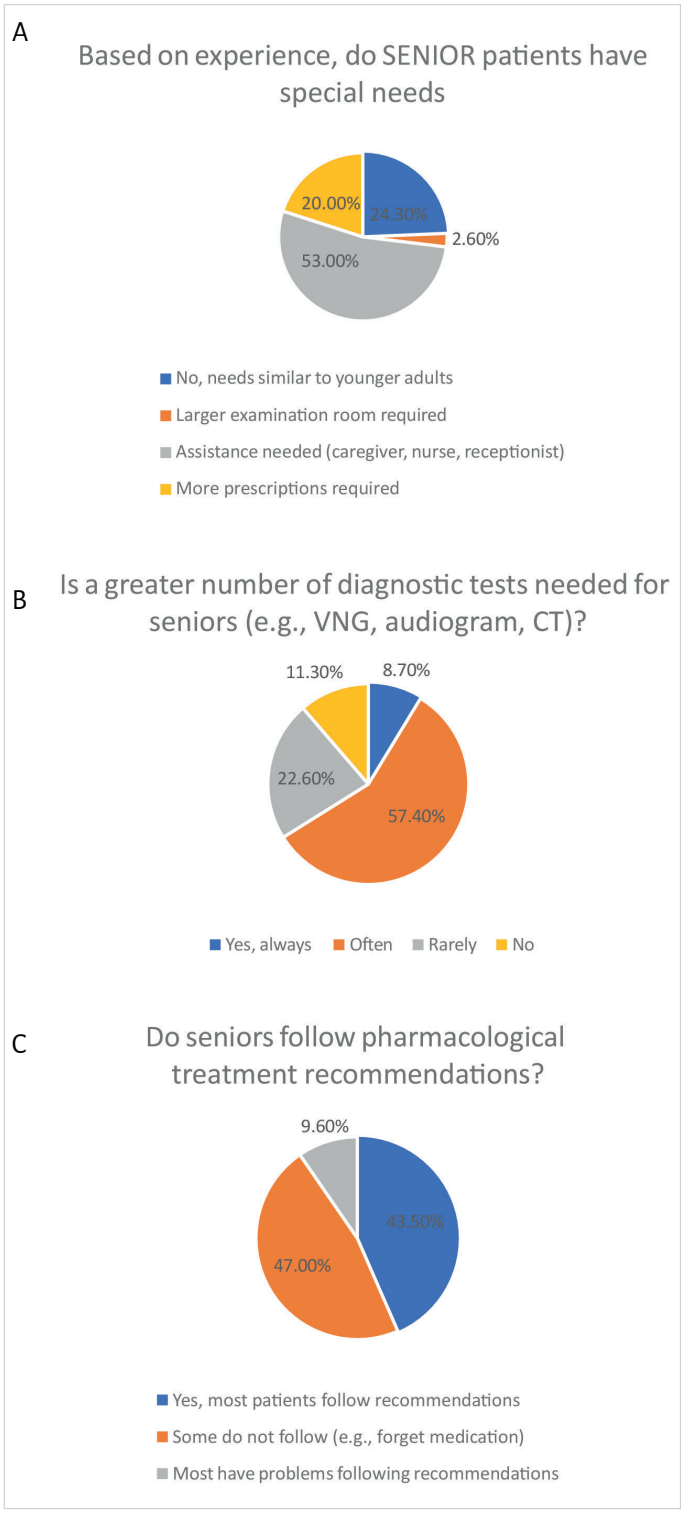

Fig. 2. (A) Special care needs for senior patients based on physician experience; (B) perceived need for additional diagnostic testing in geriatric ENT patients (e.g., VNG, audiogram, CT); (C) physicians' assessment of elderly patients' adherence to pharmacological treatment recommendations.

Altogether, these findings argue that while less experienced physicians may initially champion structural changes for senior care, seasoned practitioners develop a profound appreciation

for both the nuances and the necessity of specialized geriatric otolaryngology. This convergence of viewpoints across experience levels supports the notion that ongoing education and targeted training for younger specialists may be crucial to accelerating proficiency in geriatric ENT care, especially considering the rapidly expanding elderly population.

In parallel, our study highlights the enhanced diagnostic acuity and pragmatism that develop with professional experience; senior physicians demonstrated both heightened recognition of geriatric ENT symptoms and a more nuanced appreciation of medication--related risks in older adults. This observation may encourage multi-disciplinary and intergenerational collaboration in patient management, as well as practical refinements in continuing medical education to support the next generation of otolaryngologists.

Our study has certain limitations. ENT outpatient clinics typically provide care for patients aged 0–100, and the age distribution in each clinic depends on the region or district in which the physician practices. There are districts in older city centres dominated by retired populations, as well as newer residential areas predominantly inhabited by families with children. Physicians rarely choose their workplace based on population demographics; therefore, encountering a higher proportion of elderly patients often occurs randomly. Furthermore, by focusing our objective on comparing the merits of experienced versus younger specialists in caring for elderly patients, we did not investigate physicians' subjective attitudes toward this demanding patient group. Additionally, the study was based on self-reported data, which may be subject to recall or reporting bias, as responses were not verified against medical records. The cross-sectional design limits the ability to establish causal relationships between physician experience and clinical outcomes. Participation was voluntary, which may have introduced selection bias, as physicians with a particular interest in geriatric care could have been more likely to respond. Furthermore, potential confounding factors, such as type of practice (public *vs.* private), regional differences in healthcare resources, or availability of diagnostic tools, were not accounted for.

In summary, this study demonstrates that both the physician's work experience and the demographic composition of outpatient clinics significantly influence the recognition of elderly patients' needs, the reported prevalence of specific ENT conditions, and perceptions of care adequacy. The data advocate for increased attention to the unique challenges of managing ENT disorders in the growing senior population and reveal strong professional consensus in favour of developing tailored clinical and organizational solutions for older adults.

CONCLUSIONS

Physician experience significantly affected the recognition of ENT conditions and medication side effects, while early-career physicians were more likely to support dedicated geriatric ENT services and reported more difficulties related to access barriers. The findings reflect a strong professional consensus on the need for tailored geriatric strategies in ambulatory settings and intensive training in this field. As demand rises, adapting ENT practice to meet the needs of older adults will be essential.

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