



2016 Audiology Survey

Clinical Focus Patterns

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Contents

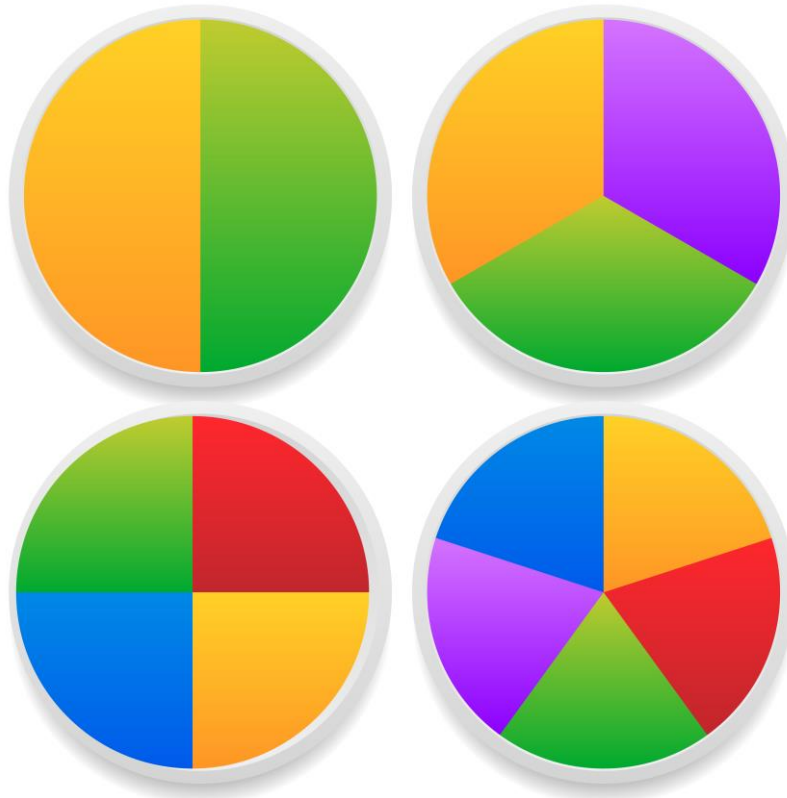
Executive Summary	1
Who They Are.....	2
Highest Degree.....	2
Function.....	2
Facility	2
Population Setting.....	3
Salary Basis	3
Years of Experience.....	3
Private Practice.....	3
Future Plans.....	4
Considering PhD.....	4
Retirement.....	4
What They Say About	4
ICF	4
Service Provision.....	5
Billing for Aural Rehabilitation.....	5
Payment Source.....	5
Payment for Hearing Aids.....	6
Charges for Products and Services.....	6
Cultural and Linguistic Diversity	6
Support Personnel.....	6
Externship Supervision	7
Professional Development.....	8
Survey Notes and Methodology	9
Response Rate.....	9
Audiology Survey Reports	9
Suggested Citation.....	10
Resources	10
Additional Information	10
Thank You	10

Tables

Table 1: Retirement Year.....4
Table 2: Daily or Weekly Service Provision.....5
Table 3: Charge for Products and Services.....6
Table 4: Reasons for Not Supervising Student Externs.....7
Table 5: Preferred Professional Development Method8

Figures

Figure 1: Highest Degree.....2
Figure 2: Involvement in Private Practice.....3



Executive Summary

In Fall 2016, the American Speech-Language-Hearing Association (ASHA) conducted a survey of audiologists. This survey was designed to provide information about salaries, working conditions, and service delivery, as well as to update and expand information gathered from previous ASHA Audiology Surveys.

The results are presented in a series of reports. This Clinical Focus Patterns Report is based on responses from audiologists in colleges and universities, hospitals, audiology franchises and retail chains, nonresidential health care facilities (including audiologists' and physicians' offices), and industry.

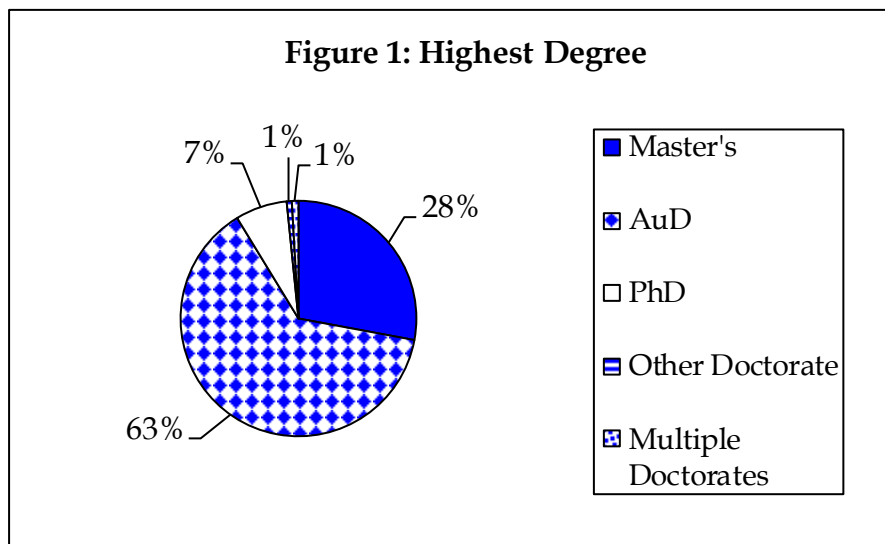
Highlights

- ◆ 63% of respondents held an AuD.
- ◆ 81% of the respondents were clinical service providers.
- ◆ 52% of the respondents worked in a city/urban area.
- ◆ 73% of the respondents received primarily an annual salary.
- ◆ The median number of years of experience was 19.
- ◆ The median year of expected retirement was 2032.
- ◆ 94% provided informational counseling daily or weekly.
- ◆ 79% of the respondents who fit and dispense hearing aids verify performance using real-ear measures.
- ◆ 57% bundled all charges.
- ◆ 8% rated themselves as very qualified to address cultural and linguistic influences on service delivery and outcomes.
- ◆ 64% were willing to supervise student externs in the future.
- ◆ Being too busy was the most common reason (48%) that audiologists selected for not being willing to supervise student externs.
- ◆ 41% selected state association meetings as their preferred method for receiving ASHA continuing education.

Who They Are

Highest Degree

Nearly one third (28%) of the audiologists who responded to the 2016 Audiology Survey held a master’s as the highest degree; more than half (63%) held one doctorate, an AuD, as the highest degree; and 7% held a PhD as the only doctorate. Additionally, 1% held an other type of doctorate (“Other Doctorate”), and 1% held more than one doctorate (“Multiple Doctorates”; see Figure 1).



Note. *n* = 1,568.

Function

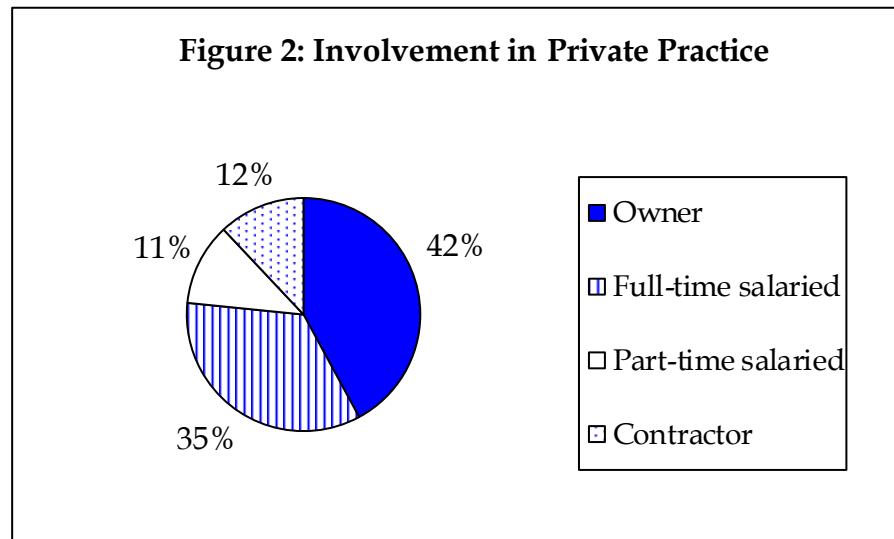
Most of the audiologists in colleges and universities held doctoral degrees (93%) compared with 77% of the audiologists in hospitals, 70% in industry, 67% in nonresidential health care facilities, and 65% in franchises or retail chains (*p* = .000).

Most of the audiologists were clinical service providers (81%); the remainder worked as college or university faculty or clinical educators (6%); worked as administrators/supervisors/directors (6%); worked in sales, training, or technical support (3%); worked as researchers (2%); worked as consultants (1%); or performed some other function (<1%).

Facility

For the survey, facilities with small numbers of audiologists were oversampled, and those with large numbers were undersampled. Nearly half the respondents worked in nonresidential health care facilities (49%), and more than one quarter worked in hospitals (31%). The remaining audiologists were employed in colleges or universities (8%), audiology franchises or retail chains (6%), industry (5%), or some other facility (2%).

Population Setting	More than half (52%) worked in a city/urban area, 38% worked in a suburban area, and 10% worked in a rural area.
Salary Basis	Nearly three-fourths of the respondents received primarily an annual salary (73%), and the rest were paid primarily on an hourly basis (24%) or primarily on commission (3%).
Years of Experience	The median (50th percentile) number of years of experience was 19, ranging from a low of 16 years in hospitals to a high of 24 years in colleges and universities.
Private Practice	Although audiologists who worked in a private practice were oversampled for this survey, only 37% of the respondents who were employed full or part time were affiliated with a private practice. Of those who currently work in private practice, most were owners (42%; see Figure 2).



Note. *n* = 552.

Audiologists who worked in private practice (*n* = 560) were asked to describe the type of practice where they worked.

- 41% were self-employed in private practice.
- 18% worked in practices owned by other audiologists.
- 40% worked in practices owned by nonaudiologists.

Future Plans

Considering PhD

When asked if they were considering pursuing a research doctorate (PhD), most of the participants said that they were not interested (86%). Fewer than 1% were currently enrolled in a PhD program, fewer than 1% thought they might begin a PhD program within the next 5 years, 5% thought they might be interested but did not know when, and the remaining 8% held a PhD.

Retirement

When asked to estimate when they expected to retire, the median year identified was 2032, and the mean (the arithmetic average) was 2033. Mean responses varied by type of facility ($p = .000$).

Facility	Mean	Median
College/university	2030	2028
Hospital	2035	2035
Audiology franchise, retail chain	2032	2030
Nonresidential health care facility	2033	2031
Industry	2032	2030

Note. $n = 1,412$.

What They Say About

ICF

Respondents were asked two questions about the International Classification of Functioning, Disability and Health (ICF) developed by the World Health Organization in 2001: whether they were familiar with it and whether they were using it.

The ICF was unfamiliar to most of the respondents.

- Half (51%) had never heard of it.
- 25% had only *heard* of it.
- 20% knew a little about it.
- 4% knew a lot about it.

Responses varied by type of facility ($p = .000$), with audiologists in colleges and universities (24%) being more likely than those in other facilities (1%–3%) to know a lot about it.

Audiologists in colleges and universities (27%) were more likely than those in other facilities (2%–19%) to have incorporated the ICF framework or descriptors in their documentation ($p = .000$).

Service Provision | Audiologists who were clinical service providers identified how frequently (daily, weekly, monthly, less often than monthly, or never) they provided each of 12 services. The percentage who provided each service daily or weekly is shown in Table 2. The following services were provided daily or weekly more often than any of the other services: Providing informational counseling (94%) and fitting and dispensing hearing aids (82%).

Service	%
Audiologic/aural rehabilitation: Provide informational counseling	94
Audiologic/aural rehabilitation: Fit and dispense hearing aids	82
Audiologic/aural rehabilitation: Demonstrate, fit, or dispense hearing assistive technology	67
Verify performance of hearing aids using real-ear measures*	52
Perform cerumen management	37
Validate treatment outcomes using self-report questionnaires	35
Validate treatment outcomes using speech-in-noise testing	32
Provide vestibular assessment and/or rehabilitation	28
Provide hearing conservation services	13
Audiologic/aural rehabilitation: Fit and dispense personal sound amplification products (PSAPs)	9
Program cochlear implants (CIs)	9
Audiologic/aural rehabilitation: Teach speechreading	2

Note. $n \geq 1,203$. *Of the audiologists who fit and dispense hearing aids daily, weekly, monthly, or less than monthly, 79% verify performance of hearing aids using real-ear measures.

Billing for Aural Rehabilitation | Most of the audiologists who were clinical service providers said that they did not bill patients privately for aural rehabilitation services to adults (85%) or to pediatric patients (88%) when insurance did not cover the service.

Payment Source | Audiologists received payment for services from multiple sources:

- 89% from out of pocket
- 87% from private health insurance
- 72% from Medicare
- 63% from Medicaid

Payment for Hearing Aids

Although 19% of the audiologists in the survey did not sell hearing aids, the remaining audiologists identified four sources of payment for hearing aids.

- 78% from out of pocket
- 66% from primary insurance
- 55% from supplemental insurance plans
- 43% from Vocational Rehabilitation funding

Charges for Products and Services

Most of the audiology clinical service providers bundled all charges (see Table 3).

Method of Charging	%
Bundle all charges	57
Charge separately for professional services and devices	29
Charge for professional services when device was purchased elsewhere	1
Not applicable	18

Note. n = 1,237.

Cultural and Linguistic Diversity

The audiologists who received this survey used a 5-point scale (1 = *not at all qualified*, 5 = *very qualified*) to rate how qualified they were to address cultural and linguistic influences on service delivery and outcomes.

- Overall, 8% rated themselves as 5 (*very qualified*). This response ranged from 2% in industry to 12% in hospitals.
- 37% rated themselves as 4 or 5. Ratings of 4 or 5 ranged from 24% in industry and audiology franchises and retail chains to 34% in nonresidential health care facilities, 45% in hospitals, and 51% in colleges and universities ($p = .000$).

Support Personnel

Of the 383 ASHA-certified clinical service providers who reported that they currently supervise support personnel, the median number they supervised was 1, and the mean was 2. The type of facility where they worked had no effect on the number they supervised ($p = .253$).

Externship Supervision

Audiologists who were employed either full time or part time responded to a question about whether they had been asked to supervise student externs between January 2015 and when they (the audiologists) had completed the survey. Fifty-two percent had been asked to supervise student externs, ranging from 10% of the audiologists who worked in industry to 67% of the audiologists who worked in hospitals ($p = .000$).

They were also asked if they would be willing to supervise student externs in the future. Most (64%) said that they would be willing to supervise student externs, with a range from 38% of audiologists in industry to 77% of those in hospitals ($p = .000$).

Audiologists who were not willing to supervise externs in the future were asked to identify their reasons from a list of six possibilities (see Table 4).

Reason	%
I'm too busy.	48
There are too many administrative requirements.	28
It decreases productivity.	27
I do not have training in supervision.	23
There is no compensation for supervision.	19
Students cannot bill for services.	15

Note. $n = 545$.

The type of facility where audiologists were employed had a significant effect on each of the six reasons.

- Being too busy ranged from 19% in industry to 60% in audiology franchises and retail chains ($p = .000$).
- Having too many requirements ranged from 11% in industry to 36% in hospitals ($p = .000$).
- Decreasing productivity ranged from 2% in colleges and universities to 33% in nonresidential health care ($p = .000$).
- Lacking training ranged from 10% in colleges and universities to 28% in nonresidential health care ($p = .014$).
- Lacking compensation ranged from 0% in industry to 26% in audiology franchises and retail chains ($p = .001$).
- Inability to bill for services ranged from 0% in industry to 22% in nonresidential health care ($p = .000$).

Professional Development

Audiologists were asked to identify their preferred methods for receiving ASHA continuing education from a list of six possibilities. “State association meetings” was the most frequently selected option (see Table 5).

Method	%
State association meetings	41
ASHA 2-hour webinars	27
ASHA online conference (multiple sessions)	26
ASHA journals with CEU credit	15
ASHA Convention	11
SIG <i>Perspectives</i>	8

Note. $n = 1,569$. CEU = continuing education unit; SIG = Special Interest Groups.

The type of facility where they were employed had a significant effect on the audiologists’ responses to two of the methods.

- The selection of state association meetings was made by
 - 48% of audiologists in colleges and universities;
 - 46% of audiologists in nonresidential health care facilities;
 - 43% of audiologists in industry;
 - 42% of audiologists in audiology franchises and retail chains; and
 - 35% of audiologists in hospitals ($p = .004$).
- Facility also had an effect on the selection of the ASHA Convention ($p = .000$). This option was chosen by
 - 34% of audiologists in colleges and universities;
 - 12% of audiologists in audiology franchises and retail chains;
 - 11% of audiologists in hospitals; and
 - 9% of audiologists in industry and nonresidential health care facilities.

Survey Notes and Methodology

The Audiology Survey has been fielded in even-numbered years since 2004 to gather information of interest to the profession. Members, volunteer leaders, and staff rely on data from the survey to better understand the priorities and needs of audiologists.

Response Rate

A stratified random sample was used to select 4,000 ASHA-certified audiologists for this survey from a population of 8,054 audiologists. They were stratified on the basis of type of facility and private practice.

The survey was mailed in September 2016. Second and third mailings followed, at approximately 4-week intervals, to individuals who had not responded to earlier mailings.

Of the original 4,000 audiologists in the sample, 24 had undeliverable addresses, two were retired, and three were no longer employed in the profession, leaving 3,971 possible respondents. The actual number of respondents was 1,569, resulting in a 39.5% response rate.

Because facilities with fewer audiologists (such as industry) were oversampled and those with many audiologists (e.g., nonresidential health care facilities) were undersampled, ASHA used *weighting* when presenting data to reflect the actual distribution of audiologists in each type of facility within ASHA.

Audiology Survey Reports

Results from the *2016 Audiology Survey* are shared in a series of reports:

- Annual Salaries
- Hourly Wages
- Clinical Focus Patterns
- Private Practice
- Survey Summary
- Survey Methodology, Respondent Demographics, and Glossary

Suggested Citation

American Speech-Language-Hearing Association. (2017). *2016 Audiology Survey report: Clinical focus patterns*. Available from www.asha.org

Resources

American Speech-Language-Hearing Association. (n.d.). Quality improvement for audiologists. Available from www.asha.org/aud/Quality-Improvement-for-Audiologists/

American Speech-Language-Hearing Association. (n.d.). Person-centered care in audiology. Available from www.asha.org/aud/Person-Centered-Care-in-Audiology/

American Speech-Language Hearing Association. (n.d.). Patient information handouts. Available from www.asha.org/aud/pei/

American Speech-Language Hearing Association. (n.d.). Subscribe to *Access Audiology* and read past issues. Available from www.asha.org/Publications/Access-Audiology/

American Speech-Language-Hearing Association. (n.d.). Interprofessional education/interprofessional practice (IPE/IPP). Available from www.asha.org/practice/interprofessional-education-practice/

Additional Information

For additional information regarding the *2016 Audiology Survey*, please contact ASHA's audiology practices unit at audiology@asha.org. To learn more about how the Association is working on behalf of ASHA-certified audiologists, visit ASHA's website at www.asha.org/aud/.

Thank You!

Without the generous cooperation of the members who participate in our surveys, ASHA could not fulfill its mission to provide vital information about the professions and the discipline to the Association membership and the public. Thank you!