



2014 Audiology Survey

Clinical Focus Patterns

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Executive Summary

The American Speech-Language-Hearing Association (ASHA) conducted a survey of audiologists in the fall of 2014. 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 Audiology Surveys.

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

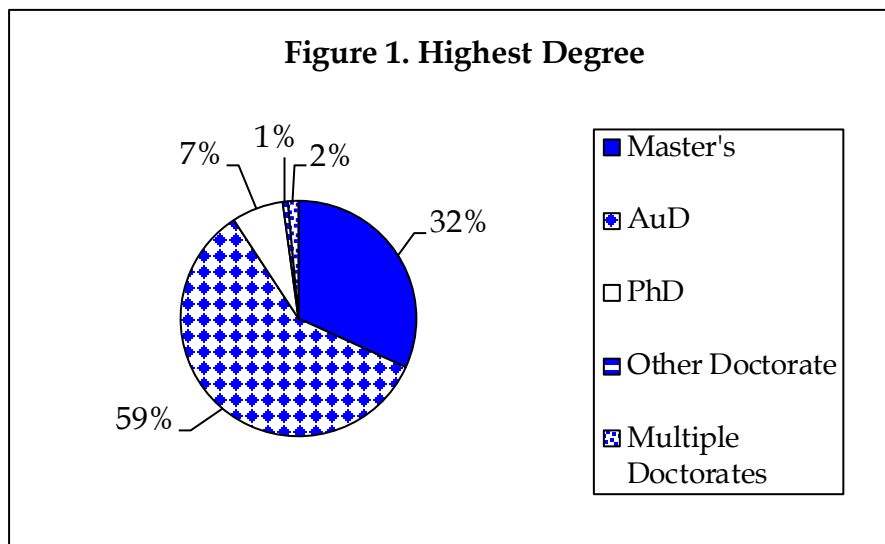
Highlights:

- ◆ 59% of respondents held an AuD.
- ◆ 82% of the respondents were clinical service providers.
- ◆ 54% of the respondents worked in a city/urban area.
- ◆ 72% of the respondents received primarily an annual salary.
- ◆ The median number of years of experience was 19.
- ◆ The median year of expected retirement was 2030.
- ◆ 53% engaged collaboratively on assessment and treatment on a daily or weekly basis.
- ◆ 87% counseled on communication strategies/realistic expectations on a daily or weekly basis.
- ◆ 9% of the audiologists rated themselves as very qualified to address cultural and linguistic influences on service delivery and outcomes.
- ◆ 3 was the mean number, and 2 was the median number of clinical doctoral students supervised on externships by those who provided supervision since January 2013.
- ◆ Not being asked was the most common reason clinical service providers and researchers did not supervise externships.

Who They Are

Highest Degree

Nearly one third (32%) of the audiologists who responded to the 2014 Audiology Survey held a master's as the highest degree, more than half (59%) 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, and 2% held more than one doctorate (see Figure 1).



n = 1,808

Half of the audiologists with a master's (50%) and nearly half with an AuD (49%) worked in a nonresidential health care facility, but PhD holders were more likely to be employed in colleges and universities (45%) than in other types of facilities.

Function

Most of the audiologists were clinical service providers (82%); the remainder worked as administrators/supervisors/directors (6%), college or university faculty or clinical educators (6%), or performed some other function (5%).

Facility

For the survey, facilities with small numbers of audiologists were oversampled and those with large numbers were undersampled. Nearly half of the respondents worked in nonresidential health care facilities (46%), and more than one quarter worked in hospitals (29%). The remaining audiologists were employed in schools (9%), colleges or universities (8%), industry (4%), audiology franchises or retail chains (4%), or some other facility (1%).

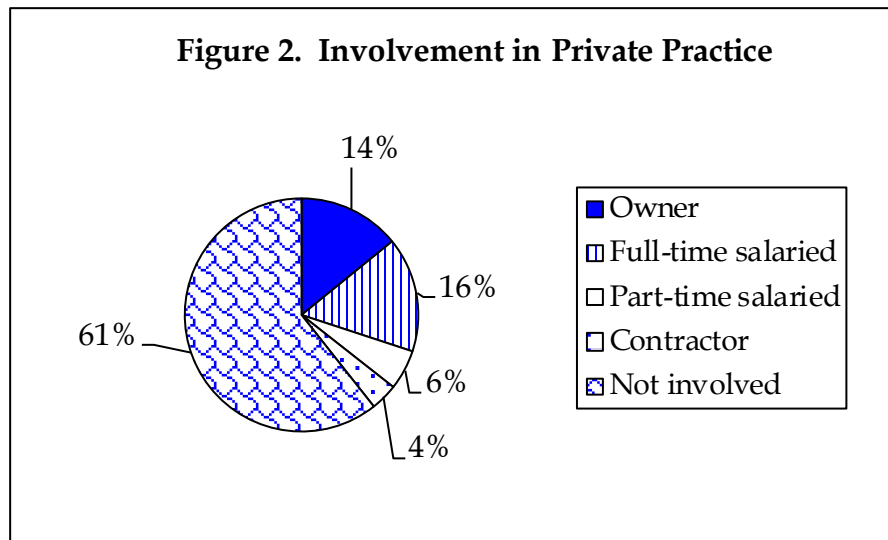
Population Setting	More than half (54%) worked in a city/urban area, 35% worked in a suburban area, and 12% worked in a rural area.
Salary Basis	Nearly three fourths of the respondents received primarily an annual salary (72%), and the rest were paid primarily on an hourly basis (24%) or primarily on commission (3%).
Years of Experience	The median (50th percentile) number of years of experience was 19, ranging from a low of 17 years in hospitals to a high of 23 years in schools and colleges and universities.
Professional Memberships	Although 21% of the audiologists reported that they did not belong to any of the professional organizations in a list of 13 possibilities, most did belong to others as well as to ASHA (see Table 1).

Organization	%
American Academy of Audiology (AAA)	59
State speech-language-hearing association	33
Academy of Doctors of Audiology (ADA)	7
American Auditory Society (AAS)	7
Educational Audiology Association (EAA)	7
American Tinnitus Association (ATA)	5
National Hearing Conservation Association (NHCA)	2
Association of VA Audiologists (AVAA)	2
Academy of Rehabilitative Audiology (ARA)	2
American Balance Society (ABS)	1
International Society of Audiology (ISA)	1
Military Audiology Association (MAA)	1
American Society of Neurophysiological Monitoring (ASNP)	1

n = 1,811

Private Practice

Although audiologists who worked in a private practice were oversampled, fewer than half of the respondents were affiliated with a private practice as owner, full-time salaried employee, part-time salaried employee, or contractor/consultant (see Figure 2).



n = 1,728

Audiologists who worked in private practice (n = 681) were asked to describe the type of practice where they worked.

- 37% were self-employed in private practice.
- 18% worked in practices owned by other audiologists.
- 40% worked in practices owned by non-audiologists.

Future Plans

When asked when they expected to retire, the median year identified was 2030, and the mean (the arithmetic average) was 2031. Responses varied by type of facility.

Retirement

Table 2. Retirement Year

Facility	Mean*	Median
School	2026	2024
College/university	2029	2027
Hospital	2033	2032
Audiology franchise, retail chain	2031	2934
Nonresidential health care facility	2031	2030
Industry	2032	2030

n = 1,599, *p = .000

Considering PhD

When asked if they were considering pursuing a research doctorate (PhD), most of the participants said that they were not interested (85%). Fewer than 1% were currently enrolled in a PhD program, 1% thought they might begin a PhD program within the next 5 years, 6% thought they might be interested but not during the next 5 years, and the remainder held a PhD.

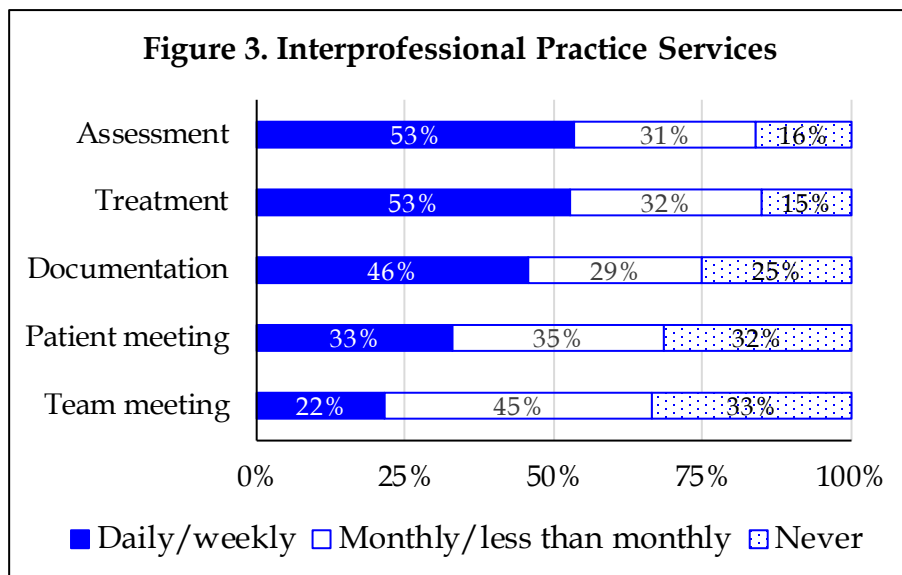


What They Say About

Audiologists were asked about interprofessional collaboration, service provision, cultural and linguistic diversity, an online conference for audiologists, and externship supervision.

Interprofessional Collaboration

Audiologists were given five response categories (daily, weekly, monthly, less often than monthly, and never) to describe how often they engaged in interprofessional collaboration for five services. Combining daily and weekly for this report, they identified assessment (53%) and treatment (53%) as activities they engaged in collaboratively on a daily or weekly basis, followed by documentation (46%), patient/family meetings (33%), and clinical team meetings (22%; see Figure 3).



n ≥ 1,759

Service Provision

Clinical audiologists who worked full- or part-time identified how frequently they provided each of 14 services: daily, weekly, monthly, less often than monthly, or never. The percentage who provided each service daily or weekly is shown in Table 3. Counseling on communication strategies/realistic expectations (87%), demonstration/fitting/orientation of hearing assistive technology (80%), and fitting and dispensing hearing aids (76%) were provided daily or weekly more often than any of the other services.

Table 3. Daily or Weekly Service Provision

Service	%
Counseling on communication strategies/realistic expectations	87
Demonstration/fitting/orientation of hearing assistive technology	80
Fitting and dispensing hearing aids	76
Verification of performance of hearing aids using real ear measures	48
Hearing conservation and prevention	38
Cerumen management	37
Pediatric assessment: birth to 6 months	35
Validation of treatment outcomes by self-questionnaires	31
Validation of outcomes using speech-in-noise testing	30
Vestibular assessment and rehabilitation	25
Validation of cochlear implant outcomes	9
Programming and fitting cochlear implants	8
Speechreading/lipreading	6
Intraoperative monitoring	3

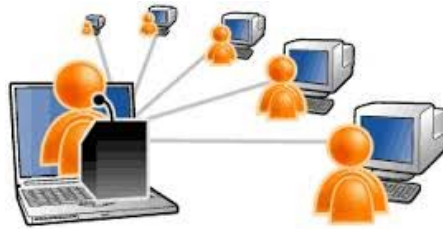
n ≥ 1,427



Cultural and Linguistic Diversity

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

- Overall, 9% rated themselves as 5 (very qualified). This response ranged from 7% in schools, nonresidential health care facilities, and industry to 13% in hospitals.
- 31% rated themselves as 4 or 5. Ratings of 4 or 5 ranged from 21% in industry to 25% in nonresidential health care facilities, 29% in audiology franchises, 35% in schools, 38% in hospitals, and 44% in colleges and universities ($p = .000$).



Audiology Online Conference

ASHA holds an annual, 2-week Audiology Online Conference. Survey respondents were asked to recommend two topics from a list of five for a future conference. Their responses varied by facility for each of the five topics ($p = .000$).

- 51% selected hearing technology
 - Range of 40% in colleges and universities to 81% in schools
- 44% selected hearing and aging
 - Range of 15% in schools to 54% in industry and in franchises and retail chains
- 39% selected audiology business practices and management
 - Range of 11% in schools to 56% in franchises and retail chains
- 35% selected vestibular disorders and treatment
 - Range of 16% in schools to 43% in hospitals
- 21% selected hearing loss prevention
 - Range of 9% in franchises and retail chains to 47% in schools

Externship Supervision

Of the 610 ASHA-certified clinical service providers and researchers who supervised clinical doctoral students between January 2013 and when they completed the survey in the fall of 2014, the mean number of students supervised was 3, and the median was 2. The means differed by type of facility where they worked ($p = .001$):

- 1.0 in industry
- 2.2 in schools
- 2.5 in audiology franchises and retail stores
- 2.7 in nonresidential health care facilities
- 3.5 in hospitals
- 4.4 in colleges and universities.

Audiologists who did not supervise clinical doctoral students on externships were asked to select their reasons from a list of 12 possibilities. Most respondents said they were not asked to supervise (see Table 4).

Reason	%
I was not asked to supervise.	65
I'm too busy.	26
There are too many administrative requirements.	13
I do not have training in supervision.	11
There is no pay for supervision.	11
My employer discourages it.	10
Students cannot bill Medicare.	9
There are concerns about liability.	7
My schedule does not match the university's.	5
Students are concerned about my location.	5
Students are not adequately prepared before they enter their externships.	3
I'm reluctant to train my competition.	2

$n = 861$

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 8,436 audiologists. They were stratified on the basis of type of facility and private practice.

The survey was mailed in September 2014. 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, 28 had undeliverable addresses, 1 was deceased, 4 were retired, and 5 were no longer employed in the field, leaving 3,962 possible respondents. The actual number of respondents was 1,811, resulting in a 45.7% response rate.

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

Audiology Survey Reports

Results from the 2014 Audiology Survey are reported in a series of reports:

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

Suggested Citation

American Speech-Language-Hearing Association. (2015). *2014 Audiology Survey report: Clinical focus patterns*. Available from www.asha.org.

Resources

www.asha.org/aud/ (Audiology Resources)

www.asha.org/certification/ (Certification)

www.asha.org/practice/reimbursement/modules/ (ASHA's Coding Reimbursement and Advocacy Modules)

www.asha.org/practice/reimbursement/ (Billing and Reimbursement)

www.asha.org/practice/interprofessional-education-practice/ (IPE/IPP)

www.asha.org/ce/ (Continuing Education)

www.asha.org/aud/QI.htm (Quality Improvement)

www.asha.org/aud/pei/ (Patient Information Handouts)

www.asha.org/aud/Practice-Considerations-for-Dispensing-Audiologists/ (Practice Considerations for Dispensing)

www.asha.org/eweb/olddynamicpage.aspx?title=audiology+2014%3a+genetics+and+hearing+loss+best+buy&webcode=olddetails (Audiology 2014 Online Conference: Genetics and Hearing Loss)

Additional Information

For additional information regarding the 2014 Audiology Survey, please contact Pam Mason, director of ASHA's Audiology Professional Practices Unit, at 800-498-2071, ext. 5790, or pmason@asha.org.

Thank You!

ASHA would like to thank the audiologists who received the 2014 Audiology Survey and completed it. Reports like this one are only possible because people like *you* participated.