



AUDIOLOGY SURVEY 2006



Private Practice

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Executive Summary

In the fall of 2006, 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, and to update and expand information gathered during previous Audiology and Omnibus Surveys.

The results are presented in a series of reports. This report is based on responses from audiologists in private practice.

Highlights:

- ◆ Full-time employees (388) slightly outnumbered owners (346).
- ◆ 72% received an annual salary rather than an hourly wage.
- ◆ Median salary for owners in solo practices was \$80,000.
- ◆ Median annual salary for employees with 26 or more years experience was \$73,589. Their median hourly wage was \$38.12.
- ◆ Median annual salaries were highest for owners in the Northeast and for employees in the West.
- ◆ Owners were nearly twice as likely as employees to provide auditory training (28% vs. 15%).
- ◆ 92% of owners and 88% of employees dispensed hearing aids.

Who They Are

The data in this report were gathered from the 952 audiologists who indicated on the 2006 Audiology Survey that they worked in a private practice setting. Of that group:

Involvement in Private Practice*

- ◆ 346 are owners.
- ◆ 388 are full-time salaried employees.
- ◆ 127 are part-time salaried employees.
- ◆ 91 are contractors/consultants (e.g., per diem, temporary).

Type of Practice**

- ◆ 287 work in a solo practice.
- ◆ 397 work with otolaryngologists.
- ◆ 372 work with other audiologists.
- ◆ 48 work with physicians other than otolaryngologists.
- ◆ 35 work with speech-language pathologists.
- ◆ 65 work with other types of professionals.

Annual or Hourly*

- ◆ 663 receive an annual salary.
- ◆ 263 receive an hourly wage.

Months Worked

- ◆ 656 work for a calendar (11-12 month) year.
- ◆ 34 work for an academic (9-10 month) year.

Primary Facility*

- ◆ 378 work in private physicians' offices.
- ◆ 62 work in hospitals.
- ◆ 30 work in schools.
- ◆ 22 work in colleges/universities.
- ◆ 449 work in other nonresidential health care facilities.

Highest Degree*

- ◆ 619 hold a master's as highest degree.
- ◆ 295 hold an AuD degree.
- ◆ 56 hold a PhD degree.
- ◆ 6 hold an "other" doctorate.

Primary Function*

- ◆ 882 are clinical service providers.
- ◆ 42 are administrators.
- ◆ 15 are college/university faculty.

Region of the Country*

- ◆ 340 work in the South.
- ◆ 224 work in the Northeast.
- ◆ 224 work in the Midwest.
- ◆ 188 work in the West.

* May select only one response. ** May select more than one response

What They Earn: Annual Salaries

The salaries in this report are median salaries (the one in the middle when salaries are ordered from lowest to highest). The salaries in this section (i.e., annual salaries) are only for respondents who reported that they worked in private practice, worked **full-time**, and were employed 11 to 12 months a year. In most cases, salaries will be presented separately for owners and full-time employees (i.e., salaried employees, contractors, consultants, per diems, and temps). Salaries are presented only when there are sufficient cases, that is, a minimum of 25 respondents.

Owner or Employee

The median salary for **owners** was **\$85,000** ($n = 211$). The median for **employees** was **\$60,000** ($n = 318$).

Private Practice Type

Salaries for owners were higher in private practices that included other professionals (i.e., other audiologists, speech-language pathologists, otolaryngologists, other physicians, or other disciplines) than in solo practices. The reverse was true for employees (see Table 1). Regardless of the type of private practice, owners earned substantially more than employees.

Table 1. Median Annual Salary by Private Practice Type

Private Practice Type	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
Solo	80,000	125	65,000	35
With others	100,000	86	60,000	283

Highest Degree

The median salary was \$7,000 higher for employees with an AuD than for those with a master's. For owners, the difference was \$8,863.

Table 2. Median Annual Salary by Highest Degree

Highest Degree	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
Master's	80,000	94	58,000	198
AuD	88,863	87	65,000	106
PhD	108,853	28	$n < 25$	11

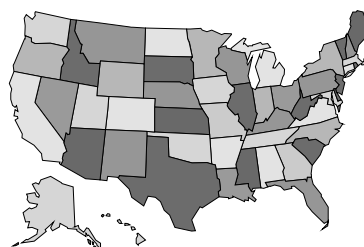


Years of Experience

The median number of years of experience was **10** for full-time employees and **25** for owners which explains the small cell sizes for owners with up to 15 years of experience (see Table 3). Median salaries for employees increased from \$54,044 (1-5 years) to \$73,589 (26 or more years).

Table 3. Median Annual Salary by Years of Experience

Years of Experience	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
1-5 years	<i>n</i> < 25	5	54,044	80
6-10 years	70,000	38	58,000	87
11-15 years			61,662	50
16-20 years	91,468	30	70,000	33
21-25 years	85,318	39	<i>n</i> < 25	21
26 or more years	98,196	99	73,589	46



Region of the Country

The highest median salary for owners was in the Northeast (\$96,641). For employees, it was in the West (\$65,000). For employees, the lowest median was in the Midwest; for owners, the lowest were in the Midwest and West (see Table 4).

Table 4. Median Annual Salary by Region of the Country

Region*	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
Northeast	96,641	52	64,432	66
Midwest	80,000	47	56,000	74
South	93,780	73	60,000	121
West	80,000	39	65,000	57

* Northeast: NJ, NY, PA, CT, ME, MA, NH, RI, VT
 Midwest: IL, IN, MI, OH, WI, IA, KS, MN, MO, NE, ND, SD
 South: AL, KY, MS, TN, DE, DC, FL, GA, MD, NC, SC, VA, WV, AR, LA, OK, TX
 West: AZ, CO, ID, MT, NV, NM, UT, WY, AK, CA, HI, OR, WA

Population Setting

As population density increased from rural to urban, median salaries also increased. This was true for both owners and employees (see Table 5).

Population Setting	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
Metropolitan/urban	100,000	72	63,000	137
Suburban	85,000	76	60,000	136
Rural	75,000	57	54,365	43

What They Earn: Hourly Wages

The salaries in this section (i.e., hourly wages) are for respondents who reported that they worked in private practice and worked **either full-time or part-time**. Because of the small number (41) of private practice owners who reported an hourly wage, salaries will be presented most often only for employees (i.e., full-time or part-time, salaried employees, contractors, consultants, per diems, and temps).

Of those who reported receiving an hourly wage, the median number of hours that **owners** worked was 33.6 (*n* = 41). The median number that **full-time** employees worked was 35 (*n* = 118), and the median for **full-time or part-time** was 25 (*n* = 210).

Owner or Employee

Owners reported a median hourly wage of **\$44.77** (*n* = 40), while **employees** reported a wage of **\$29.99** (*n* = 204).

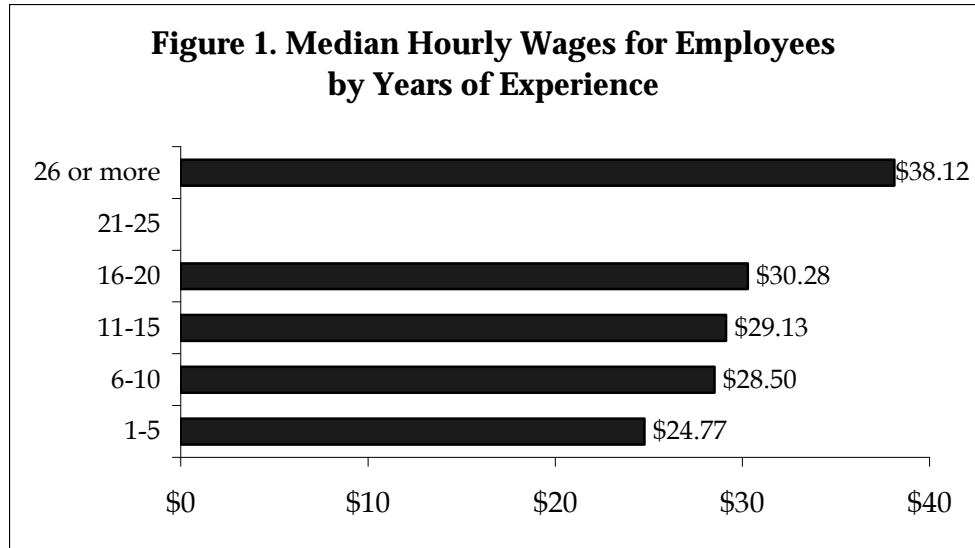
Private Practice Type

The median wage for owners was \$44.32 in **solo** practices. The median wage for employees was \$29.00 in **private practices that included other professionals** (i.e., other audiologists, speech-language pathologists, otolaryngologists, other physicians, or other disciplines; see Table 6).

Private Practice Type	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
Solo	44.32	29	<i>n</i> < 25	18
With others	<i>n</i> < 25	11	29.00	186

Years of Experience

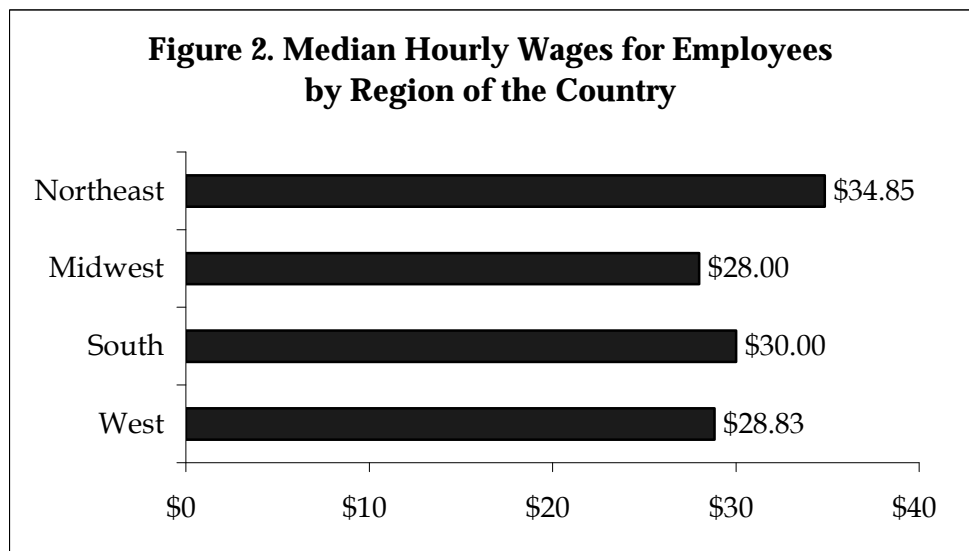
Median hourly wages for **employees** increased with experience from \$24.77 to \$38.12 (see Figure 1). Too few employees reported having 21–25 years of experience, and too few owners appeared in any of the experience categories, to present their data.



n = 204

Region of the Country

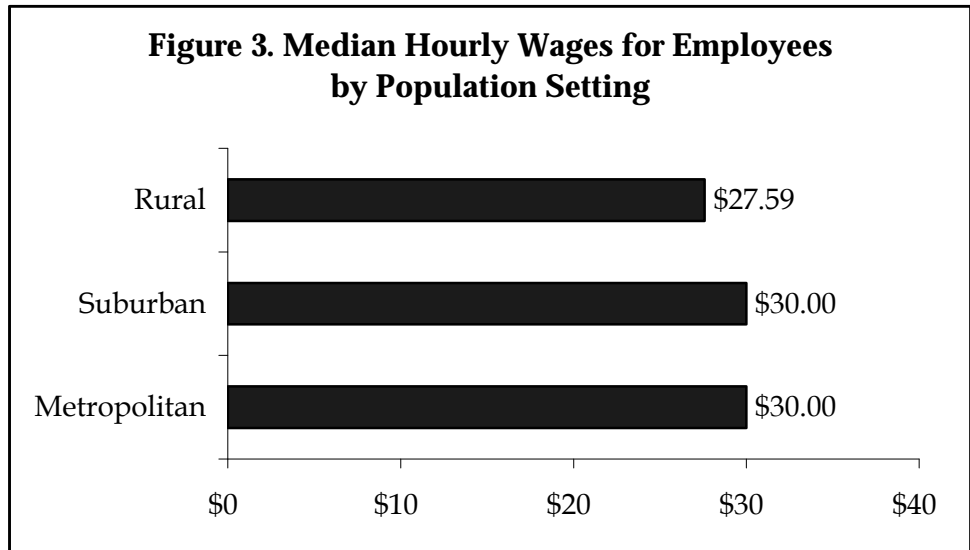
Median hourly wages for **employees** ranged from \$28.00 in the Midwest to \$34.85 in the Northeast. Too few owners appeared in any of the regions to present their data.



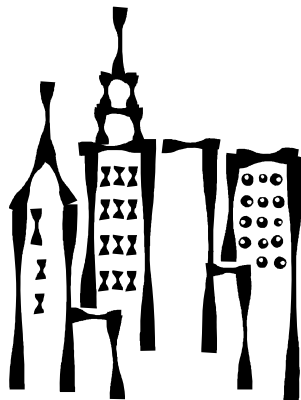
n = 204

Population Setting

Population setting made very little difference in median hourly wages for **employees**. Medians were slightly lower in rural areas (\$27.59) than in either cities or suburbs (\$30.00). Too few owners appeared in any of the population setting categories to present their data.



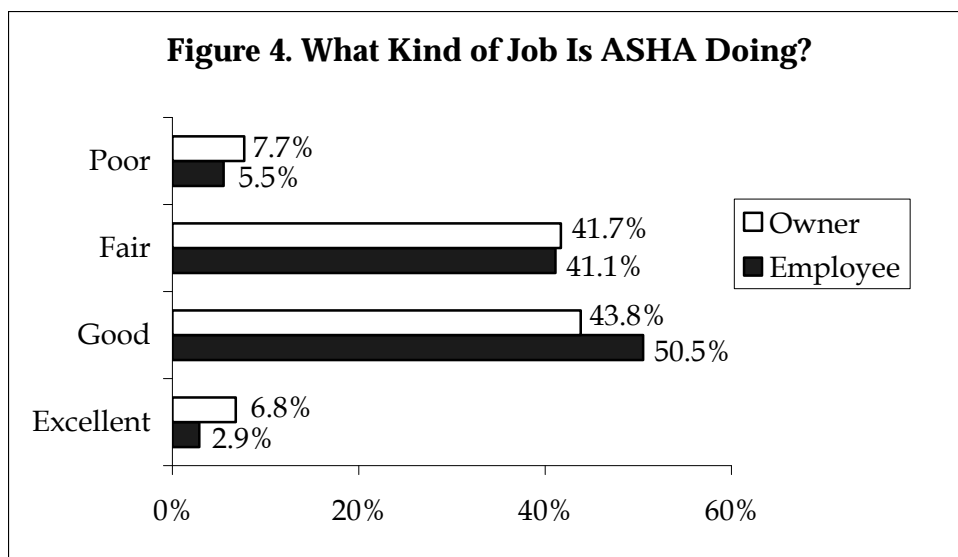
n = 201



What They Say

About ASHA

For years, the first question on the Audiology Survey and other major ASHA surveys has inquired about the kind of job the Association is doing in serving its members. Slightly more full-time and part-time **employees (53%)** than **owners (51%)** selected responses of **excellent or good**. However, owners gave ASHA a rating of excellent at more than twice the rate of employees (7% vs. 3%; see Figure 4).



$n = 922$; $X^2 = 11.5$, $df = 3$, $p = .009$

About Cochlear Implants (CI)

The differences between owners and full-time and part-time employees in their responses to the question about whether they **provide professional services** for CI recipients were not statistically significant. Of audiologists in private practice, 8% provided professional services for CI to children and 8% provided them for adults.

However, when only the 28 owners and 69 employees who provided CI services were asked whether they **programmed** the devices, owners' responses differed from employees'. **Employees were more likely than owners** to program the devices for both children and adults:

- ♦ 62% of employees versus 25% of owners provided programming for **children** ($X^2 = 11.1$, $df = 1$, $p = .001$)
- ♦ 67% of employees versus 43% of owners provided programming for **adults** ($X^2 = 4.7$, $df = 1$, $p = .030$)

**About
Audiologic
Rehabilitation
(AR)**

A definition of AR preceded a series of questions on the topic so that all respondents would use the same terminology. The definition read:

AR is a broad term that applies to almost every aspect of audiology practice. For this survey it includes: counseling on communication strategies and feelings about the hearing loss, hearing aid fitting and orientation, verification of amplification, and validation of treatment outcomes.

The definition was followed by a list of eight AR services, and respondents were asked which of the services they provide. Multiple services could be selected. The service provided most often by **owners** was fitting and orientation of hearing aids (92%), and the service provided most often by full-time and part-time **employees** was counseling (89%; see Table 7).

The rate at which owners and employees provided services was significantly different for six of the eight services. In each instance, **owners** were more likely than **employees** to say that they provided the service (e.g., 28% of owners provided auditory training compared with 15% of employees who provided this service).

Service	Owner	Employee	p
Auditory training	27.5	14.8	.000
Cerumen management	59.3	45.9	.000
Counseling on communication strategies/realistic expectations	89.6	89.1	.807
Demonstration/fitting/orientation of hearing assistive technology	88.1	82.9	.032
Fitting and orientation of hearing aids	91.6	88.2	.104
Speechreading	11.9	4.6	.000
Validation of treatment outcomes by self questionnaires	43.8	30.8	.000
Verification of performance of hearing aids	78.8	70.9	.008
I do not provide AR services.	4.3	5.5	.447

n ≥ 947

About Practice Management

Respondents were asked to identify all of the items from a list of 12 that they dispense. **Hearing aids** were the item dispensed more than any other device by both **owners** (92%) and **employees** (88%), and the item in second place for both groups was amplified telephones. Owners were significantly more likely than employees to dispense 11 of the items. For the remaining item (hearing aids), the difference between owners and employees was not statistically significant.

Table 8. Items Dispensed

Item	Owner	Employee	p
Alerting devices	55.7	43.6	.000
Amplified telephones	68.6	58.4	.002
Body style FM	31.0	22.4	.003
BTE FM	65.2	58.1	.032
Cell phone interfaces for hearing aids	43.8	32.0	.000
Hard-wired devices (i.e., personal amplifier)	47.2	38.8	.011
Hearing aids	91.9	88.2	.076
Infrared systems	52.5	34.7	.000
Loop systems	25.5	13.3	.000
Telephone adaptors (i.e., in-line adaptors connected to a phone)	49.9	37.6	.000
Telephone amplifiers (i.e., portable battery powered devices slipped over the receiver)	49.9	40.0	.003
TTY-TDD	18.3	10.3	.000
I do not dispense any of the items.	6.4	8.6	.215

n ≥ 947

About Cultural and Linguistic Diversity

There was **no difference** between how qualified owners and full-time and part-time employees believed they were to provide rehabilitation services to multicultural populations ($F = 2.6, df = 1, 929, p = .110$). When given a scale of 1 (not at all qualified) to 5 (very qualified), both groups placed themselves slightly above the midpoint of the scale. The mean score was **2.8** for **owners** and **2.9** for **employees**.

Survey Notes and Method- ology

The 20-year-old ASHA Omnibus Survey has been retired, replaced by surveys specific to work settings and/or professions in order to better meet affiliates' needs. This 2006 Audiology Survey is one of the replacements and melds topics from both the Omnibus Surveys and previous Audiology Surveys.

Response Rate

The survey was mailed in September 2006 to a random sample of 4,000 ASHA-certified audiologists in the United States who worked in schools, colleges or universities, hospitals, or other nonresidential health care facilities. 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, 7 were no longer employed in the field, 5 were retired, and 3 were ineligible for other reasons, leaving 3,985 possible respondents. The actual number of respondents was 2,354, resulting in a 59.1% response rate. The results presented in this report are based on responses from the 952 audiologists who worked in private practice. Data are excluded for cell sizes smaller than 25.

Other Reports

Results from the 2006 Audiology Survey are reported in a series of reports:

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

Electronic Copy

An electronic copy of this report will be available for a limited time on the ASHA Web site at <http://www.asha.org/about/membership-certification/member-data/member-counts.htm>.

Suggested Citation

American Speech-Language-Hearing Association. (2006). *2006 Audiology Survey report: Private practice*. Rockville, MD: Author.

Supplemental Sources

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www.audiologyonline.com

www.bls.gov/bls/blswage.htm where audiologists are classified as category 29-1121

www.sba.gov/

Thank You

ASHA would like to thank the audiologists who received the 2006 Audiology Survey and completed it. Reports like this one are only possible because people like **you** participated. If you find this information valuable, please accept the invitation to participate in other ASHA-sponsored surveys and focus groups. You are the experts, and we rely on you to provide data to share with your fellow members.

Additional Information

For additional information regarding the 2006 Audiology Survey, please contact Pam Mason, Director of ASHA's Audiology Professional Practices, at 301-897-5700, ext. 4135, pmason@asha.org. To learn more about how the Association is working on behalf of ASHA-certified audiologists, members may visit ASHA's Web site at <http://www.asha.org/members/aud/default>.