



# AUDIOLOGY SURVEY **2023**

## 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 2023. The survey was designed to provide information about salaries, working conditions, and service delivery, as well as to update and expand information gathered during previous *Audiology Surveys*.

The results are presented in a series of reports. This 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*

- 83% of the audiologists worked full time.
- 77% received primarily an annual salary.
- 79% were clinical service providers.
- Their median years of experience was 20 years.
- 74% held an AuD degree as their only doctorate.
- 86% said ASHA was an organization they trusted.
- 68% did not know that consulting with an ASHA audiologist was a member benefit.
- 31% said job openings and seekers are in balance.
- 39% work with third-party administrators for hearing aid dispensing and related services.
- 52% are not planning to provide follow-up care for patients who purchased hearing aids online or over the counter.
- 63% said that ordering clinical supplies is a job duty.
- 38% currently provide telepractice services.
- 61% rely on internal data to improve service quality.
- 20% are considering retiring, 9% of them because of burnout.

**Who They Are**

The data in this report were gathered from 1,329 ASHA-certified audiologists who responded to the *2023 Audiology Survey*.

**Status**

- ◆ 83% were employed full time.
- ◆ 17% were employed part time.

**Salary Basis**

- ◆ 77% received primarily an annual salary.
- ◆ 21% received primarily an hourly wage.
- ◆ 2% received primarily a commission.

**Primary Function**

- ◆ 79% were clinical service providers.
- ◆ 7% were college or university faculty or clinical educators.
- ◆ 6% were administrators, supervisors, or directors.
- ◆ 5% were in sales, training, or technical support.
- ◆ 2% were researchers.
- ◆ 1% were consultants.
- ◆ 1% filled *other* functions.

**Primary Facility**

- ◆ 48% worked in nonresidential health care facilities.
- ◆ 33% worked in hospitals.
- ◆ 9% worked in colleges/universities.
- ◆ 6% worked in industry.
- ◆ 4% worked in audiology franchises and retail chains.
- ◆ 1% worked in *other* facilities.

**Years of Experience**

- ◆ Overall median years of experience was 20 years.
  - 28 years in industry
  - 23 years in nonresidential health care facilities
  - 22 years in audiology franchises and retail chains
  - 20 years in college and universities
  - 14 years in hospitals

**Highest Degree**

- ◆ 17% held a master's as the highest degree.
- ◆ 74% held an AuD as their only doctorate.
- ◆ 5% held a PhD as their only doctorate.
- ◆ 3% held multiple doctorates.

**Population Density**

- ◆ 51% worked in a city/urban area.
- ◆ 39% worked in a suburban area.
- ◆ 10% worked in a rural area.

Divisions of the Country

- ◆ 6% worked in New England: CT, MA, ME, NH, RI, VT.
- ◆ 15% worked in the Middle Atlantic states: NJ, NY, PA.
- ◆ 17% worked in the East North Central states: IL, IN, MI, OH, WI.
- ◆ 11% worked in the West North Central states: IA, KS, MN, MO, NE, ND, SD.
- ◆ 18% worked in the South Atlantic states: DC, DE, FL, GA, MD, NC, SC, VA, WV.
- ◆ 8% worked in the East South Central states: AL, KY, MS, TN.
- ◆ 8% worked in the West South Central states: AR, LA, OK, TX.
- ◆ 7% worked in the Mountain states: AZ, CO, ID, MT, NM, NV, UT, WY.
- ◆ 9% worked in the Pacific states: AK, CA, HI, OR, WA.

Private Practice

- ◆ 33% worked in private practice.
  - 42% of this group were owners.
  - 19% were full-time salaried employees in an audiologist-owned private practice.
  - 22% were full-time salaried employees in a non-audiologist-owned private practice.
  - 6% were part-time salaried employees in an audiologist-owned private practice.
  - 6% were part-time salaried employees in a non-audiologist-owned private practice.
  - 6% were contractors/consultants (e.g., per diem, hourly, or temporary).

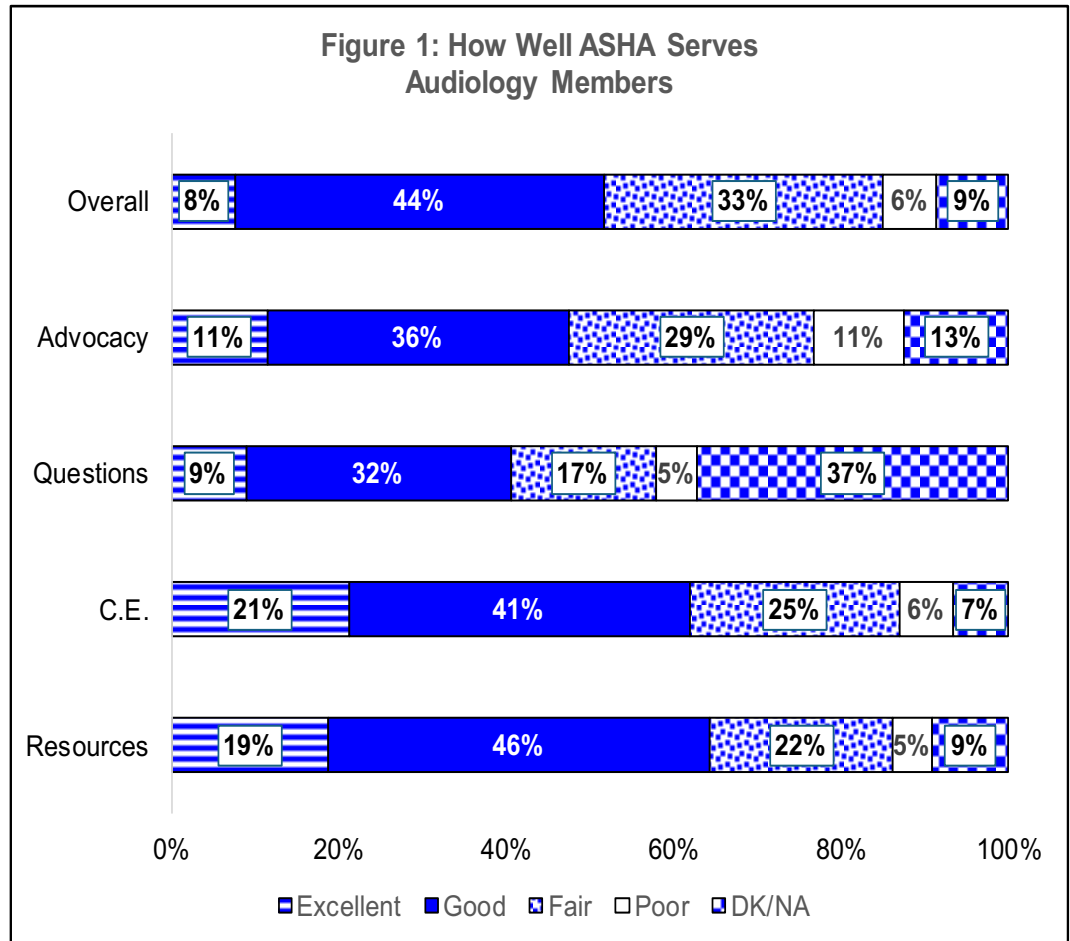


## What They Say

### 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. We asked audiologists to evaluate five aspects of service:

- ◆ Overall
- ◆ Advocacy
- ◆ Answering your practice questions (*Questions* in Figure 1)
- ◆ Continuing education (*C.E.* in Figure 1)
- ◆ Resources



*Note.*  $n \geq 1,294$ .

Questions = answering your practice questions; C.E. = continuing education.

Audiologists were more likely to give ratings of *excellent* to “C.E.” (21%) and to “Resources” (19%) than to other aspects of service. They also gave ratings of *don’t know or not applicable* more often to “Questions” (i.e., answering your practice questions) (37%) than to other options.

About Consultation

To further probe approval with ASHA, a follow-up question asked respondents to *agree, strongly agree, disagree, or strongly disagree* with four statements. More than 60% of the audiologists agreed or strongly agreed with each statement. The type of facility where they were employed had an effect on each statement.

- ◆ At ASHA, I feel I belong.
  - 63% agreed or strongly agreed with this statement.
  - Audiologists in colleges and universities (75%) were the most likely group to agree or strongly agree, and those in nonresidential health care facilities (60%) were least likely ( $p = .000$ ).
- ◆ ASHA is an organization I trust.
  - 86% agreed or strongly agreed with this statement.
  - Audiologists in colleges and universities (90%) were the most likely group to agree or strongly agree, and those in audiology franchises and retail chains (82%) were least likely ( $p = .026$ ).
- ◆ ASHA values me.
  - 63% agreed or strongly agreed with this statement.
  - Audiologists in colleges and universities (75%) were the most likely group to agree or strongly agree, and those in industry (58%) were least likely ( $p = .000$ ).
- ◆ I recommend ASHA as a resource to colleagues.
  - 63% agreed or strongly agreed with this statement.
  - Audiologists in colleges and universities (81%) were the most likely group to agree or strongly agree, and those in audiology franchises or retail chains (57%) were least likely ( $p = .000$ ).

We asked audiologists if they were aware that consulting with an ASHA staff audiologist was an included member benefit. Most (68%) were not aware of this (see Table 1).

<b>Table 1: Consultation</b>	
<b>Awareness</b>	<b>%</b>
I did not know that.	68
Although I am aware of the benefit, I have not consulted with ASHA staff.	24
I have consulted with an ASHA staff audiologist.	5
I have consulted with ASHA staff who were not audiologists.	3
I have consulted with ASHA staff, but I don't know if they were audiologists.	2
<i>n</i>	1,329



**Job  
Openings**

The one response where there was a difference ( $p = .009$ ) between facility types was the first response: *I did not know that*.

- ◆ 57% of audiologists in colleges and universities did not know that.
- ◆ 66% of audiologists in industry and in nonresidential health care facilities did not know that.
- ◆ 70% of audiologists in franchises and retail chains did not know that.
- ◆ 73% of audiologists in hospitals did not know that.

Audiologists who were employed full- or part time were asked for their rating of the current job market for audiologists in their type of employment facility and in their geographic area (see Table 2).

<b>Table 2: Job Market</b>	
<b>Openings</b>	<b>%</b>
More job openings than job seekers	44
Job openings and job seekers in balance	31
Fewer job openings than job seekers	25
<i>n</i>	1,273

Ratings varied by type of facility ( $p = .000$ ).

- ◆ Audiologists in nonresidential health care facilities (52%) were most likely, and those in hospitals (36%) were least likely, to say that there were more job openings than job seekers.
- ◆ Audiologists in colleges and universities (41%) were most likely, and those in franchises and retail chains (20%) were least likely, to say that job openings and job seekers were in balance.
- ◆ Audiologists in industry (35%) were most likely, and those in colleges and universities (18%) were least likely, to say that there were fewer job openings than job seekers.

**Third-Party  
Administrators**

When asked if they currently worked with third-party administrators for hearing aid dispensing and related services, more than one third (39%) of the audiologists who were employed full- or part time said that they did. This included 19% of audiologists in hospitals, 20% in industry, 31% in colleges and universities, 51% in nonresidential health care facilities, and 73% in franchises and retail chains ( $p = .000$ ).

**Follow-Up Care**

We asked audiologists if their practice would be providing follow-up care for patients who purchased hearing aids either online or over the counter. More than half of those who were employed full- or part time (52%) said that they were not planning to provide this service (see Table 3).

<b>Table 3: Follow-Up Care</b>	
<b>Options</b>	<b>%</b>
No, we are not planning to provide this service.	52
We are considering it but have not made a decision.	20
Yes, we have plans to provide this service.	14
We are doing it now.	15
<i>n</i>	1,150

Responses varied by type of facility ( $p = .000$ ).

- ◆ 25% of audiologists in colleges and universities, 43% in franchises and retail chains, 48% in nonresidential health care facilities, 60% in industry, and 64% in hospital are not planning to provide this service.
- ◆ 14% of audiologists in franchises and retail chains, 15% in industry, 16% in hospitals, 21% in nonresidential health care facilities, and 29% in colleges and universities are considering it but have not made a decision.
- ◆ 9% of audiologists in hospitals, 10% in industry, 16% in nonresidential health care facilities, 20% in franchises and retail chains, and 27% in colleges and universities plan to provide this service.
- ◆ 11% of audiologists in hospitals, 15% in industry, 16% in nonresidential health care facilities, 19% in colleges and universities, and 23% in franchises and retail chains are doing it now.

**Purchasing**

Hearing aids, accessories, and supplies (83%) were the products that clinical service providers who were employed full- or part time were most likely to be involved in purchasing (see Table 4).

<b>Table 4: Purchasing Role</b>	
<b>Product</b>	<b>%</b>
Hearing aids, accessories, and supplies	83
Audiologic/vestibular assessment equipment, software, and supplies	56
Assistive/signaling technology	42
Practice management software	13
Not applicable	9
<i>n</i>	1,042

**Duties**

We asked the audiologists who were employed full- or part time to identify which duties, from a list of five items, were considered to be part of their current position. They could select multiple responses (see Table 5). The type of facility where they were employed made a significant difference ( $p = .000$ ) for each option. You can find those results in Appendix Table 1.

<b>Table 5: Follow-Up Care</b>	
<b>Options</b>	<b>%</b>
Ordering clinical supplies	63
Scheduling	49
Billing	45
Budgeting	27
Contract negotiation	22
None of the above	23
<i>n</i>	1,322

**Telepractice**

When we asked audiologists who were employed full- and part time if their practice offered telepractice services, more than half said that they do not currently do that (see Table 6).

<b>Table 6: Telepractice</b>	
<b>Options</b>	<b>%</b>
No, our practice does not provide, and is not currently planning to provide, telepractice services.	48
No, but our practice is considering providing telepractice services in the future.	15
Our practice began providing telepractice services on or after January 1, 2022.	10
Our practice currently provides telepractice services and has been doing so since before January 1, 2022.	28
<i>n</i>	1,164

Their responses varied by facility type ( $p = .000$ ) and can be found in Appendix Table 2.

**Outcomes Data**

**Value**

We asked audiologists who were employed full- or part time as clinical service providers, consultants, or administrators/supervisors/directors/owners two questions about outcomes data. The focus of the first question was on how they met the need to demonstrate the value of their services (see Table 7). They could select multiple responses.

<b>Table 7: Outcomes Data, Value</b>	
<b>Source</b>	<b>%</b>
Internal data from my facility/organization.	58
I am having difficulty acquiring the necessary data and am unable to meet the need.	10
That is not an important need of mine.	25
Other, specify*:	4
<i>n</i>	1,136

\*See list of *other* responses in Appendix C of the *Summary Report*.

**Quality**

The second question in the set focused on how they met the need for data to improve the quality of the services they provide. Again, they could select multiple responses (see Table 8).

<b>Table 8: Outcomes Data, Quality</b>	
<b>Source</b>	<b>%</b>
Internal data from my facility/organization.	61
I am having difficulty acquiring the necessary data and am unable to meet the need.	11
That is not an important need of mine.	20
Other, specify*:	3
<i>n</i>	1,136

\*See list of *other* responses in Appendix C of the *Summary Report*.

For both questions, the type of facility where audiologists were employed had an effect on only one source: internal data from their facility/organization ( $p = .000$ ).

- ◆ For the first question, audiologists in hospitals and in franchises and retail chains were the most likely groups (66%) to select internal data as a source.
- ◆ For the second question, audiologists in franchises and retail chains were the most likely group (73%) to select internal data as a source.

**Supervising**

Another set of questions asked clinical service providers who were employed full- or part time what discouraged them from supervising, or encouraged them to supervise, a final-year externship student in the future. Multiple responses were allowed.

**Discouraged**

Half (50%) of the audiologists said that having insufficient time discouraged them from supervising (see Table 9). Lack of administrative support (22%) was reason they selected least often.

<b>Table 9: Supervision, Discouragements</b>	
<b>Response</b>	<b>%</b>
Insufficient time	50
Lack of financial compensation for my time	31
Poor student quality	25
Lack of administrative support	22
Other, specify*:	25
<i>n</i>	1,042

\*See list of *other* responses in Appendix C of the *Summary Report*.

**Encouraged**

Slightly more than half (54%) of the audiologists said that receiving financial compensation for their time would encourage them to supervise in the future (see Table 10).

<b>Table 10: Supervision, Encouragements</b>	
<b>Response</b>	<b>%</b>
Financial compensation for my time	54
Free ASHA continuing education courses	32
Training in supervision	25
Insurance reimbursement for services	15
Release time	14
Other, specify*:	19
<i>n</i>	1,042

\*See list of *other* responses in Appendix C of the *Summary Report*.

Lengthy lists of specified *other* responses for both Tables 9 and 10 are appended to the *2023 Audiology Survey Summary Report*.

**Burnout**

We asked all of the audiologists if professional burnout was prompting them to consider changing careers or retiring. Multiple responses were allowed. More than half of the audiologists are considering making a change (see Table 11).

<b>Table 11: Burnout</b>	
<b>Response</b>	<b>%</b>
No burnout	43
Considering changing to a different work setting because of burnout	23
Considering leaving the profession because of burnout	18
Considering retiring, but not because of burnout	11
Considering retiring because of burnout	9
Considering a career change, but not because of burnout	6
<i>n</i>	1,329

Facility had an effect on only one response. Audiologists in franchises and retail chains (14%) were the most likely group, and those in hospitals (7%) were least likely, to say that they were considering retiring, but not because of burnout ( $p = .032$ ; not shown in any table).

**Expenses**

We asked the audiologists who were employed full- or part time to identify who paid for a list of six expenses (see Table 12).

<b>Table 12: Payer (%)</b>					
<b>Expense</b>	<b>Self</b>	<b>Emp</b>	<b>Com</b>	<b>NA</b>	<b><i>n</i></b>
ASHA dues	42	54	3	1	1,317
ASHA Convention	31	19	9	42	1,253
Professional development	34	45	17	4	1,290
Special Interest Groups (SIGs)	37	9	2	52	1,230
State licensing fees	41	55	3	2	1,313
Leave time to volunteer	32	14	4	50	1,227
Other, specify*:	31	54	12	3	1,285

*Note.* Emp = employer; com = combination.

\*See list of *other* responses in Appendix C of the *Summary Report*.

Professional development was split more evenly between *self* and *employer* than were other expenses.

Unpaid Student Debt

The last question on the survey asked the audiologists to estimate the amount of unpaid student debt they have for their education. They reported a median of \$75,000 and a mean of \$87,274 ( $n = 333$ ).

Survey Notes and Methodology

The *ASHA Audiology Survey* has been fielded in even-numbered years between 2004 and 2018 to gather information of interest to the profession. The 2020 version was postponed by 1 year because of the COVID-19 pandemic. Members, volunteer leaders, and staff rely on data from the survey to better understand the priorities and needs of audiologists.

The survey was fielded via postal mail in September, October, and November 2023 to a random sample of 5,000 ASHA-certified audiologists who were employed in the United States.

The sample was a random sample, stratified by both type of facility and private practice. Small groups, such as industry, were oversampled. Weighting was used when presenting data to reflect the actual distribution of audiologists in each type of facility.

Response Rate

Of the original 5,000 audiologists in the sample, 7 were retired, 49 were not currently employed in the profession, and 64 had undeliverable mail addresses. The actual number of respondents was 1,329, resulting in a 27.2% response rate. The results presented in this report are based on responses from those 1,329 individuals.

Survey Reports

Results from the *2023 Audiology Survey* are presented in a series of reports:

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

Suggested Citation

American Speech-Language-Hearing Association. (2024). *ASHA 2023 Audiology Survey: Clinical Focus Patterns*. [www.asha.org](http://www.asha.org)

## Resources

American Speech-Language-Hearing Association. (n.d.-a). *Quality improvement for audiologists*. [www.asha.org/aud/Quality-Improvement-for-Audiologists/](http://www.asha.org/aud/Quality-Improvement-for-Audiologists/)

American Speech-Language-Hearing Association. (n.d.-b). *Person-centered care in audiology*. [www.asha.org/aud/Person-Centered-Care-in-Audiology/](http://www.asha.org/aud/Person-Centered-Care-in-Audiology/)

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American Speech-Language Hearing Association. (n.d.-h). *Safety in the workplace: Audiology*. [www.asha.org/aud/safety-in-the-workplace-audiology/](http://www.asha.org/aud/safety-in-the-workplace-audiology/)

## Consultation

For a free consultation with an ASHA staff audiologist, please contact [audiology@asha.org](mailto:audiology@asha.org).

## Additional Information

For additional information regarding the *2023 Audiology Survey*, please contact ASHA's Audiology Practices unit at [audiology@asha.org](mailto: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](http://www.asha.org/aud).

## Thank You!

ASHA would like to thank the audiologists who completed the *ASHA 2023 Audiology Survey*. Reports like this one are possible only because people like *you* participate.



**Appendix Table 1: Duties, by Facility**

Q 9. Which of the listed duties are considered part of your current position? *Select all that apply. (Percentages)* The list of options was in alphabetical order on the survey instrument.  
 Analyses limited to respondents who met the following criteria:  
 ❖ CCC-A  
 ❖ Employed full time or part time

Duty	Facility type					
	All facility types (n = 1,322)	College/ university (n ≥ 114)	Hospital (n ≥ 426)	Franchise/ retail chain (n ≥ 56)	Nonres. health care (n = 629)	Industry (n ≥ 80)
Ordering clinical supplies	62.9	47.0	58.0	75.0	72.7	32.1
	Statistical significance: $\chi^2(4) = 79.3, p = .000$ , Cramer's $V = .246$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					
Scheduling	49.4	36.8	39.9	66.7	59.5	30.0
	Statistical significance: $\chi^2(4) = 66.8, p = .000$ , Cramer's $V = .226$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					
Billing	45.3	34.8	50.9	25.0	49.1	17.5
	Statistical significance: $\chi^2(4) = 48.5, p = .000$ , Cramer's $V = .193$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					
Budgeting	27.2	26.1	15.5	16.1	35.5	35.8
	Statistical significance: $\chi^2(4) = 57.8, p = .000$ , Cramer's $V = .210$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					

(Appendix Table 1 continues on next page.)

**ASHA 2023 AUDIOLOGY SURVEY: CLINICAL FOCUS PATTERNS**

Q 9. (cont'd.) Which of the listed duties are considered part of your current position? *Select all that apply. (Percentages)*

The list of options was in alphabetical order on the survey instrument.

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A
- ❖ Employed full time or part time

Duty	Facility type					
	All facility types (n = 1,322)	College/ university (n ≥ 114)	Hospital (n ≥ 426)	Franchise/ retail chain (n ≥ 56)	Nonres. health care (n = 629)	Industry (n ≥ 80)
Contract negotiation	22.4	19.3	10.3	10.7	30.7	33.8
		Statistical significance: $\chi^2(4) = 71.8$ , $p = .000$ , Cramer's $V = .235$ <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by type of facility.				
None of the above	22.6	37.4	23.4	22.8	15.7	46.3
		Statistical significance: $\chi^2(4) = 57.5$ , $p = .000$ , Cramer's $V = .208$ <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by type of facility.				

**Appendix Table 2: Telepractice, by Facility**

Q 21. Does your practice offer telepractice services? <i>Select only one response. (Percentages)</i> Analyses limited to respondents who met the following criteria: ❖ CCC-A ❖ Employed full time or part time						
Telepractice	Facility type					
	All facility types (n = 1,164)	College/ university (n = 75)	Hospital (n = 399)	Franchise/ retail chain (n = 57)	Nonres. health care (n = 603)	Industry (n = 20)
No, our practice does not provide, and is not currently planning to provide, telepractice services.	47.5	34.7	47.9	19.3	51.7	(n < 25)
No, but our practice is considering providing telepractice services in the future.	14.5	18.7	15.8	12.3	13.4	
Our practice began providing telepractice services on or after January 1, 2022.	9.7	10.7	6.5	17.5	10.6	
Our practice currently provides telepractice services and has been doing so since before January 1, 2022.	28.3	36.0	29.8	50.9	24.2	
Statistical significance: $\chi^2(12) = 46.0$ , $p = .000$ , Cramer's $V = .115$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.						