



AUDIOLOGY SURVEY **2023**

Private Practice

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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 limited to responses from audiologists in private practice.

Highlights

- ◆ 73% of private-practice audiologists received primarily an annual salary.
- ◆ 46% worked in the suburbs.
- ◆ 72% held an AuD as their only doctoral degree.
- ◆ The median annual salary for owners was \$87,000.
- ◆ The median hourly wage was \$44.00 for part-time and \$43.83 for full-time nonowners.
- ◆ The median commission reported was \$20,000.
- ◆ The median bonus was \$25,000 for owners and \$2,000 for nonowners.
- ◆ 57% worked with third-party administrators for hearing aid dispensing and related services.
- ◆ 22% of owners and 16% of nonowners currently provide follow-up care for patients who purchased hearing aids online or over the counter.
- ◆ 52% said that there were more job openings than job seekers in their type of facility and in their geographic area.
- ◆ 62% said that ASHA was going a good or excellent job with continuing education.
- ◆ 80% agreed or strongly agreed that ASHA is an organization they trust.

Who They Are

The data in this report were gathered from 439 ASHA-certified audiologists who indicated their involvement in private practice on the *2023 Audiology Survey* as follows:

Involvement in Private Practice*

- ◆ Owner (e.g., office-based or contract-based private practice; *n* = 184)
- ◆ Full-time salaried audiologist in an audiologist-owned private practice (*n* = 81)
- ◆ Full-time salaried audiologist in a non-audiologist-owned private practice (*n* = 97)
- ◆ Part-time salaried audiologist in an audiologist-owned private practice (*n* = 25)
- ◆ Part-time salaried audiologist in a non-audiologist-owned private practice (*n* = 25)
- ◆ Contractor/consultant (e.g., per diem, hourly, or temporary; *n* = 26)

Salary Basis*

- ◆ 73% received primarily an annual salary.
- ◆ 23% received primarily an hourly wage.
- ◆ 4% received primarily a commission.

Primary Facility*

- ◆ 84% worked in nonresidential health care facilities.
- ◆ 4% worked in hospitals.
- ◆ 8% worked in audiology franchises and retail chains.
- ◆ 3% worked in industry.
- ◆ 1% worked in colleges/universities.
- ◆ 1% worked in *other* facilities.

Primary Function*

- ◆ 90% were clinical service providers.
- ◆ 6% were administrators, supervisors, directors, or owners.
- ◆ 2% were consultants.
- ◆ 1% were in sales, training, or technical support.
- ◆ 1% were college or university faculty or clinical educators.

Region of the Country*

- ◆ 24% worked in the Northeast.
- ◆ 29% worked in the Midwest.
- ◆ 31% worked in the South.
- ◆ 17% worked in the West.

Population
Density*

- ◆ 38% worked in a city/urban area.
- ◆ 46% worked in a suburban area.
- ◆ 16% worked in a rural area.

Highest
Degree**

- ◆ 23% held a master's as the highest degree.
- ◆ 72% held an AuD as their only doctorate.
- ◆ 4% held a PhD as their only doctorate.
- ◆ 1% held multiple doctorates.

Years of
Experience*

- ◆ 12% had 1–5 years of experience.
- ◆ 10% had 6–10 years of experience.
- ◆ 12% had 11–15 years of experience.
- ◆ 10% had 16–20 years of experience.
- ◆ 11% had 21–25 years of experience.
- ◆ 15% had 26–30 years of experience.
- ◆ 9% had 31–35 years of experience.
- ◆ 22% had 36 or more years of experience.

* Respondents could select only one response. ** Respondents could 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 received *primarily* an annual salary and worked full time. In most cases, salaries are presented separately for owners and nonowners. The term *nonowner* is used throughout this report to refer to full-time and part-time salaried audiologists in audiologist-owned or in non-audiologist-owned private practices and to contractors and consultants unless specified otherwise. All respondents were ASHA-certified in audiology (Certificate of Clinical Competence [CCC-A]). Salaries are presented only when there are sufficient cases—that is, a minimum of 25 respondents.

Wording of the salary questions has changed over time. Prior to 2010, bonuses and commissions were to be included in the basic salary. Beginning with the 2010 survey, however, they were to be excluded, and their amounts were established in separate questions. Additionally, prior to 2014, respondents were asked if they were paid on an hourly or an annual basis; in 2014, the response options were changed to *primarily per hour*, *primarily annual salary*, or *primarily commission*. These changes may account for some of the differences in salaries across years.

The median salary for owners who were employed full time in private practice was \$87,000 ($n = 124$). The median salary for full-time salaried audiologists was \$80,000 ($n = 134$).



Highest Degree

The median full-time annual salary was \$10,000 higher for owners who had earned an AuD than for nonowners with the same degree (see Table 1).

Table 1: Median Annual Salary, by Highest Degree				
Highest Degree	Owner		Nonowner	
	\$	<i>n</i>	\$	<i>n</i>
Master's	75,000	26	—	19
AuD as only doctorate	90,000	91	80,000	111
PhD as only doctorate	—	6	—	1
Multiple doctorates	—	0	—	3

Years of Experience

The median number of years of experience for audiologists who work in private practice was 18 for all nonowners and 30 for all owners. The median salary for owners who were employed full time was highest for those with 31–40 years of experience (\$100,000) and for nonowners employed full time with 21–30 years of experience (\$88,000; see Table 2).

Table 2: Median Annual Salary, by Years of Experience

Years of Experience	Owner		Nonowner	
	\$	<i>n</i>	\$	<i>n</i>
1–10 years	—	8	75,000	64
11–20 years	85,000	32	85,000	25
21–30 years	87,000	36	88,000	29
31–40 years	100,000	29	—	15
41 or more years	—	18	—	7

Region of the Country

The highest median full-time annual salary for private practice owners was in the Midwest (\$90,000). Median salaries did not vary for nonowners who were employed full time (see Table 3).

Table 3: Median Annual Salary, by Region of the Country

Region	Owner		Nonowner	
	\$	<i>n</i>	\$	<i>n</i>
Northeast	—	24	80,000	31
Midwest	90,000	34	80,000	38
South	85,000	42	80,000	48
West	—	24	—	23

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

Population Setting

Median full-time annual salaries for private practice owners were highest in city/urban areas (see Table 4).

Table 4: Median Annual Salary, by Population Setting

Population Setting	Owner		Nonowner	
	\$	<i>n</i>	\$	<i>n</i>
City/urban	100,000	48	81,000	63
Suburban	80,000	45	82,000	65
Rural	87,000	31	—	13

**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.

Of those who reported their hourly wage, the median number of hours worked was 40 for full-time nonowners ($n = 30$) and 21 for part-time nonowners ($n = 32$). Too few owners ($n = 16$) and too few contractors and consultants ($n = 16$) responded to present their data.

Owner or Nonowner

Median hourly wages were \$43.83 for full-time nonowners ($n = 30$) and \$44.00 for part-time nonowners ($n = 31$). Too few owners ($n = 16$) and too few contractors and consultants ($n = 16$) provided this information for it to be included in the report.

Predictors

Too few owners and too few nonowners provided data to present salaries by a number of predictor variables (i.e., region of the country, years of experience, population setting, and highest degree).

**What They Earn:
Commissions**

Of the private-practice audiologists who responded to the survey, 125 indicated that they had received a commission during the previous 12 months. Their median commission was \$20,000.

- ◆ The median commission for audiologists who were full-time salaried employees in a private practice was \$20,000 ($n = 86$). Too few responses were received from owners ($n = 15$), part-time salaried employees ($n = 19$), and contractors/consultants ($n = 5$) to report their commissions.
- ◆ Of private-practice audiologists who received a commission in addition to receiving primarily an *annual salary*, the median combined amount of their earnings was \$100,000 ($n = 91$).

**What They Earn:
Bonuses**

A total of 151 private-practice audiologists reported receiving a median bonus of \$5,000 during the previous 12 months. The median bonus was

- ◆ \$25,000 for 46 owners;
- ◆ \$2,000 for 73 full-time nonowners; and
- ◆ \$2,000 for 26 part-time nonowners.

Unpaid Student Debt

We asked how much unpaid student debt audiologists had for their education. Overall, the median was \$60,000 for the 95 individuals who had some debt and who provided information about their role in private practice. An insufficient number of owners ($n = 20$), of part-time nonowners ($n = 14$), and of contractors and consultants ($n = 4$) provided this information; however, the median debt for nonowners who were employed full time was \$60,000 ($n = 58$).

Purchasing Products

During the past 12 months, owners were significantly more likely than nonowners to purchase two of four products for their organization or on behalf of a patient (see Table 5).

Table 5: Purchasing Products				
Product	Owner		Nonowner	
	%	<i>n</i>	%	<i>n</i>
Audiologic/vestibular assessment equipment, software, and supplies***	75	183	53	255
Hearing aids, accessories, and supplies	91	183	85	255
Assistive/signaling technology	48	184	42	255
Practice management software***	44	183	11	255
Not applicable*	3	184	9	256

* $p < .05$. *** $p < .001$.

Duties

We presented respondents with a list of five duties and asked them which ones were considered part of their current position. Owners selected *budgeting* more often than the other duties; nonowners selected *ordering clinical supplies* most often (see Table 6).

Table 6: Duties				
Duty	Owner		Nonowner	
	%	<i>n</i>	%	<i>n</i>
Billing***	71	184	38	255
Budgeting***	87	183	17	255
Contract negotiation***	78	184	14	255
Ordering clinical supplies***	84	183	68	256
Scheduling	68	184	63	256
None of the above***	4	184	23	255

*** $p < .001$.

Third-Party Administrators

When we asked private-practice audiologists if they currently work with third-party administrators for hearing aid dispensing and related services,

- ◆ 57% said *yes*,
- ◆ 41% said *no*, and
- ◆ 3% said *not applicable*.

Differences between owners and nonowners were not significant ($p = .336$).

Follow-Up Care

We also asked if their practice would be providing follow-up care for patients who purchased hearing aids either online or over the counter. Responses differed significantly between owners and nonowners ($p = .002$).

- ◆ 34% of owners and 51% of nonowners said that they were not planning to provide this service.
- ◆ 22% of owners and 21% of nonowners said that they were considering it but had not made a decision.
- ◆ 22% of owners and 12% of nonowners said that they had plans to provide this service.
- ◆ 22% of owners and 16% of nonowners said that they were currently doing it.

Telepractice

A parallel question asked whether their practice offers telepractice services. Responses from owners did not differ from those of nonowners ($p = .969$).

- ◆ 46% said that their practice does not provide, and is not currently planning to provide, telepractice services.
- ◆ 15% said that their practice is considering providing telepractice services in the future.
- ◆ 12% said that their practice began providing telepractice services on or after January 1, 2022.
- ◆ 26% said that their practice currently provides telepractice services and has been doing so since before January 1, 2022.

Outcomes Data

We asked two questions about outcomes data. The first asked how respondents are able to meet the need for outcomes data to *demonstrate the value* of the services they provide. When responses were limited to (a) clinical service providers, (b) consultants, and (c) administrators, supervisors, directors, or owners ($n = 428$),

- ◆ 55% said that they used internal data from their facility or organization;
- ◆ 27% said that it is not an important need;
- ◆ 10% said that they had difficulty acquiring the necessary data and were unable to meet the need; and
- ◆ 5% added “other” responses (e.g., real-ear measurements, state database, QuickBooks®, and questionnaires).

The second asked how respondents are able to meet the need for outcomes data to *improve the quality* of the services they provide. With the same group of respondents ($n = 428$) as above,

- ◆ 59% said that they used internal data from their facility or organization;
- ◆ 21% said that it is not an important need;
- ◆ 12% said that they had difficulty acquiring the necessary data and were unable to meet the need; and
- ◆ 3% added “other” responses, including patient feedback, patient outcomes, team meetings, questionnaires, and industry standards.

Supervising

We also asked two questions about supervising a final year externship student. The first question asked what *discouraged* them from doing this ($n = 439$).

- ◆ 52% said that they had insufficient time.
- ◆ 32% selected “lack of financial compensation for my time.”
- ◆ 25% selected “poor student quality.”
- ◆ 17% selected “lack of administrative support.”
- ◆ 26% selected “other,” including space, part-time practice, telecare, no demand, student safety, too specialized, not allowed by facility, and patients don’t want to see a student.

The second question asked what would *encourage* them to supervise a final year externship student in the future ($n = 439$).

- ◆ 54% selected “financial compensation for my time.”
- ◆ 28% selected “free ASHA continuing education courses.”
- ◆ 22% selected “training in supervision.”
- ◆ 21% selected “insurance reimbursement for services.”
- ◆ 9% selected “release time.”
- ◆ 19% selected “other,” including more space, more staff, temporary licensure, credit toward CCCs, and nothing.

Burnout

Respondents were asked if professional burnout was prompting them to consider changing careers or retiring. They could select all that applied from a list of six options.

Table 7: Burnout (%)		
Response	Owner	Nonowner
No burnout	50	45
Considering changing to a different work setting because of burnout ^{***}	9	27
Considering leaving the profession because of burnout ^{**}	8	19
Considering a career change, but not because of burnout	3	4
Considering retiring because of burnout ^{**}	14	6
Considering retiring, but not because of burnout ^{***}	25	9
<i>n</i>	≥183	≥255

^{**}*p* < .01. ^{***}*p* < .001.

Job Openings

A question asked respondents to rate the current job market for audiologists in their type of employment facility and in their geographic area.

- ◆ 52% said that there were more job openings than job seekers.
- ◆ 23% said that job openings and job seekers were in balance.
- ◆ 25% said that there were fewer job openings than job seekers.

Differences between owners and nonowners were not significant (*p* = .058).

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. Responses from audiologists employed in private practice appear in Table 8.

Area	Poor	Fair	Good	Excellent	DK/NA
Overall	10	37	37	7	10
Advocacy	16	29	32	10	13
Answering your practice questions	8	17	30	10	35
Continuing education	9	23	39	23	7
Resources	6	24	41	19	12

Note. DK/NA = don't know / not applicable.

To probe specific areas of approval with ASHA, we used a follow-up question to ask respondents to *agree*, *strongly agree*, *disagree*, or *strongly disagree* with four statements. More than half of the audiologists agreed or strongly agreed with each statement.

- ◆ At ASHA, I feel I belong.
 - 58% agreed or strongly agreed with this statement. Owners' responses were not significantly different from nonowners' responses ($p = .257$).
- ◆ ASHA is an organization I trust.
 - 80% agreed or strongly agreed with this statement.
 - 74% of owners and 85% of nonowners agreed or strongly agreed ($p = .014$).
- ◆ ASHA values me.
 - 58% agreed or strongly agreed with this statement.
 - Owners' responses were not significantly different from nonowners' responses ($p = .279$).
- ◆ I recommend ASHA as a resource to colleagues.
 - 57% agreed or strongly agreed with this statement.
 - Owners' responses were not significantly different from nonowners' responses ($p = .488$).

**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
- Private Practice
- Clinical Focus Patterns
- Survey Methodology, Respondent Demographics, and Glossary

**Suggested
Citation**

American Speech-Language-Hearing Association. (2024). *ASHA 2023 Audiology Survey: Private Practice*. www.asha.org

Resources

American Speech-Language-Hearing Association. (n.d.-a). *ASHA's coding, reimbursement, and advocacy modules*.

www.asha.org/practice/reimbursement/modules

American Speech-Language-Hearing Association. (n.d.-b). *Frequently asked questions about business practices*.

www.asha.org/practice/faq_business_practices_both/

American Speech-Language-Hearing Association. (n.d.-c). *Audiology patient education handouts* [Audiology Information Series]. www.asha.org/aud/pei/

American Speech-Language-Hearing Association. (n.d.-d). *Practice considerations for dispensing audiologists*.

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

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

American Speech-Language-Hearing Association. (n.d.-f). *ASHA Now* [E-newsletter]. <http://www.asha.org/publications/asha-now/>

Consulta- tion

For a free consultation with an ASHA staff audiologist, please contact audiology@asha.org.

Additional Information

For additional information regarding the *2023 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!

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.

Is this information valuable to you? If so, please accept invitations 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. ASHA surveys benefit *you*.