



# 2013 Membership Survey

## Highlights of the 2013 ASHA Membership Survey: Audiologists

### Demographics

Stratified random sampling was used in selecting the participants in this survey. The population from which the sample was drawn consisted of audiologists who were employed full- or part-time and who lived in the United States. The sample was stratified by type of facility so that audiologists who worked in facilities that had smaller number of audiologists, such as colleges and universities, would be adequately represented.

Among the audiologists who responded to the survey, 84% were female. Additionally, 76% were employed full-time, 85% were clinical service providers, 51% worked in nonresidential health care facilities, and 17% owned a private practice. The median number of years of experience was 20; the mean was 21 years. More audiologists worked in the south (34%) than in other regions of the country (Qs. 5, 15-20).

### ASHA Services and Programs

Overall, 7% said that ASHA was doing an excellent job serving its members. An additional 49% rated ASHA as doing a good job (Q. 1).

Twenty-nine percent of the audiologists said that they use information under ASHA's state-by-state section of the website less than once a month (Q. 2).

### Professional Development

Audiologists preferred local in-person conferences for receiving professional development (68%). Travel to in-person conferences was also selected by more than half of the respondents (51%), ranging between a low of 33% in residential health care facilities to 71% in colleges and universities (Q. 3).

### Online Surveys

Audiologists preferred completing electronic surveys on a computer (89%) rather than on a tablet (16%) or smartphone (13%; Q. 4).

## Support Personnel

The median number of support personnel reported by audiologists was 0, and the mean was 1 (Q. 6).

After reading a short description of ASHA's Associate's Program, respondents were asked to use a scale of 1 to 5 to describe how likely they were to recommend it. More audiologists said they were not at all likely to recommend it than any other response (37%); 7% selected the top choice of very likely (Q. 7).

Audiologists who selected the bottom two numbers on the scale (i.e., the less-likely-to-recommend group) were asked to complete a follow-up question about why they would not encourage support personnel to join the ASHA associates program. Most (68%) said they did not have sufficient information to make a recommendation (Q. 8).

## Cultural and Linguistic Diversity

Audiologists used an interpreter or cultural broker (48%) more often than any other approach to address cultural and linguistic influences on communication. This response varied by type of facility from 67% of audiologists in schools to 36% in colleges and universities (Q. 9).



## Telepractice

Seven percent of the audiologists currently deliver services via telepractice. The range was from 2% among those who worked schools to 15% in hospitals (Q. 10).

The total number of audiologists who responded to the follow-up question about the client populations served via telepractice was only 57, half of whom worked in hospitals (29). Of this small group, 66% served adults in the military or via the Department of Veterans Affairs (VA) and 24% serve children or adults at satellite clinics or hospitals (Q. 11).

## Programs and Resources

Audiologists were to rate the importance of each of ten programs and resources and rate the job that ASHA does with each of them. Half of the audiologists were to rate on a scale of 1 to 4 and half 1 to 5. The bullets below each refer to the highest rating, i.e., 4 or 5 depending on which form the audiologists received (Q. 12).

The ranking of the program and resource that received the largest percentage of very important ratings was the same for both survey forms (i.e., 4 point or 5 point):

- 59% of audiologists with the 4 point scale and 46% with the 5 point scale gave *advocacy and lobbying* the highest rating of importance.

The ranking of the two programs and resources that received the largest percentage of excellent ratings of ASHA's performance was the same for both survey forms (i.e., 4 point or 5 point):

- 35% of audiologists with the 4 point scale and 31% with the 5 point scale gave *certification* the highest possible performance rating.
- 34% of audiologists with the 4 point scale and 26% with the 5 point scale gave *ethics* the highest possible performance rating.

## Ethics

Respondents were asked to select up to three options (from a list of 11) of ethics education areas for which they would like ASHA to offer CEU products.

- More than half selected reimbursement, coding, or billing issues (51%).
- More than thirty percent selected patient/client documentation (33%) and conflicts of interest (31%).
- More than twenty percent selected legal and regulatory disclosures (28%), use of support personnel for speech or audiology (23%), and employer/supervisor demands (20%).
- Ten percent or more selected supervision issues (18%), clinical fellowship issues (11%), and identifying/reporting SLPs or audiologists who exhibit professionally inappropriate behavior (10%).
- Few selected multicultural/bilingual issues (9%) or reporting incompetent ASHA members (7%; Q. 13).

## Workforce

An open-ended question asked respondents to identify any scope of practice concerns they had that might impact their employment. For a list of responses, contact the Surveys and Analysis unit at [data@asha.org](mailto:data@asha.org) (Q. 14).