



WORK LIFE

Survey 2015

Highlights of the 2015 Work Life Survey: Audiologists

Demographics

This report is limited to responses from audiologists; a separate report is available for responses from speech-language pathologists (SLPs). See the Summary Reports for a complete list of responses to each survey question by each of the five facility types.

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 work in facilities with smaller number of audiologists, such as residential health care facilities, would be adequately represented.

Among the survey respondents to the survey, 84% were female, and 16% were male. In addition, 76% were employed full time, 87% were clinical service providers, 9% worked in schools, and 38% owned or co-owned a private practice. In terms of years of experience, the median was 20 years, and the mean was 21 years. More audiologists worked in the South (36%) than in other regions of the country (Qs. 7, 22–28).

ASHA Services and Programs

Overall, 58% of survey respondents said that ASHA was doing an excellent or good job serving its members (Q. 1).

Twenty percent of the audiologists said that they use ASHA's professional consultation services, either via phone or e-mail, for technical assistance less than once a month (Q. 2).

More than half of the audiologists agreed or strongly agreed with each of these four statements:

- ASHA is an organization I trust. (86%)
- ASHA values me. (64%)
- I recommend ASHA as a resource to colleagues. (61%)
- At ASHA I feel I belong. (59%; Q. 3)

Career Satisfaction

Nearly half of the audiologists were very satisfied (49%) with their career choice, and an additional 38% were satisfied. Only 5% were dissatisfied or very dissatisfied (Q. 4).

Most of the respondents plan to continue working in their career as long as they are able (46%) or until they are eligible for retirement (39%; Q. 5).

In terms of the year in which they are most likely to retire, the mean is 2032, and the median is 2030. The mean year varied from 2027 in schools to 2034 in hospitals (Q. 6).

Data Access

Survey participants were asked three questions about access to data.

- 89% said they had sufficient access to data to help them identify ways to improve the quality of the services they provide. This response ranged from 83% in schools to 93% in nonresidential health care facilities (Q. 8).
- 72% said they had sufficient access to data to help them demonstrate the value of their work to people outside their profession (Q. 9).
- 50% said the public has access to meaningful sources of data from which to make an informed choice among various professionals in their field (Q. 10).

Support Personnel

The median number of audiology support personnel reported by audiologists was 0, and the mean was 1.3, with the highest mean being in hospitals (2.3; Q. 11).

Audiologists who said their facility employed audiology support personnel were asked to identify which of six activities their support personnel engaged in.

- 75% perform administrative tasks.
- 52% share information with patients, their families, or staff.
- 46% make preparations for a session.
- 16% engage in prevention activities.
- 11% provide therapy services.
- 8% act as interpreter.
- 13% selected *None of the above* as their response (Q. 12).

Special Interest Groups (SIGs)

The most frequently selected reasons given for not joining a SIG were lack of interest (27%) and time (25%; Q. 13).

Telepractice

Eight percent of the audiologists currently deliver services via telepractice. The range was from 5% in colleges and universities to 15% in hospitals (Q. 14).

The total number of audiologists who responded to the follow-up question about the client populations served via telepractice was 61. They were more likely to provide telepractice services to adults (i.e., 37% to adults in the military or at Veterans Affairs facilities, and 31% to adults in home or work environments) than to children (Q. 15).

Code of Ethics

The average (mean) number of times that audiologists accessed an ASHA Code of Ethics during the last 12 months was 0.7, ranging from 0.3 in residential health care facilities to 2.1 in colleges and universities. The median number of times was 0.0 (Q. 16).

Nearly every audiologist (97%) holds a license in the state where they are employed (Q. 17).

The average (mean) number of times that audiologists accessed their state licensing board's code of conduct or ethics during the last 12 months was 0.7. The mean was lowest in residential health care facilities (0.2) and highest in colleges and universities (1.7). The median number was 0.0 in every type of facility (Q. 18).

Recruitment and Retention

Participants were given a list of 11 items and were asked to select the three items that were the most important for accepting or staying in a job. Nearly half (5) of the responses varied by type of facility.

- 51% selected *compensation/pay*.
- 49% selected *flexibility to balance life and work*.
- 43% selected *meaningfulness of job*.
- 33% selected *benefits: health care, retirement, etc.*
- 23% selected *type of work setting*.
- 20% selected *independence*.
- 15% selected *challenging work*.
- 14% selected *type of clients/patients*.
- 13% selected *administration's support of my work*.
- 13% selected *relationship with coworkers*.
- 11% selected *job security* (Q. 19).

Service Delivery Models

Definitions of the terms *multidisciplinary team practice* and *interprofessional team practice* were provided, followed by questions about each.

More than two-thirds (68%) of the audiologists said that they participate in multidisciplinary team practice. The range was from 62% in residential and nonresidential health care facilities to 92% in schools (Q. 20).

Nearly half (46%) of the respondents said that they participate in interprofessional team practice, ranging from 35% in residential health care facilities to 82% in schools (Q. 21).