



AMERICAN
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Audiology Survey Report: Clinical Focus Patterns 2008–2016

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

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Introduction

The American Speech-Language-Hearing Association (ASHA) conducted the 2016 Audiology Survey to gather information about service provision, earnings, and other professional topics. Results from this survey are presented in a series of reports, including this report on clinical focus patterns. Findings from the 2008, 2010, 2012, and 2014 ASHA Audiology Surveys are included in this report for comparative purposes. Questions differ among surveys; therefore, data on all topics are not available for all survey years.

Survey Report Highlights

Service Provision

- From 2014 to 2016, most audiologists who were clinicians provided informational counseling; fit and dispensed hearing aids; and demonstrated, fit, or dispensed hearing assistive technology on a daily or weekly basis.
- From 2014 to 2016, 78%–79% of clinicians who fit and dispensed hearing aids on a daily, weekly, monthly, or less often than monthly basis verified the performance of hearing aids using real-ear measures.
- From 2014 to 2016, a small percentage of clinicians (2%–6%) taught speechreading on a daily or weekly basis.

Method of Charging for Products and Services

- From 2014 to 2016, half or about half of clinicians (50%–57%) bundled charges for products and professional services.

Cultural and Linguistic Diversity

- In 2010, 2012, 2014, and 2016, audiologists were asked to use a 5-point scale to rate how qualified they believed they were to address cultural and linguistic influences on service delivery and outcomes. In these years, overall, nearly half (36%–41%) rated themselves as 3—the middle score.

Research Doctorate

- From 2008 to 2016, most audiologists (80%–86%) indicated that they were not considering pursuing a research doctorate (PhD).

Expected Retirement Year

- In 2014 and 2016, audiologists were asked to indicate the year in which they are most likely to retire from the profession. In 2014, the overall median response was 2030; in 2016, it was 2032.

Service Provision

In 2014 and 2016, audiologists who were clinicians were given a list of activities and were asked to indicate how often they performed them (daily, weekly, monthly, less often than monthly, or never). Table 1 shows the percentage of clinicians who performed the activities daily or weekly.

Table 1. *How often do you perform each of the following activities?*

Activity	Performs activity daily or weekly (%)	
	2014 (n ≥ 1,427)	2016 (n ≥ 1,203)
<i>Audiologic/aural rehabilitation:</i>		
Demonstrate, fit, or dispense hearing assistive technology ^a	80	67
Fit and dispense hearing aids	76	82
Fit and dispense personal sound amplification products	—	9
Provide informational counseling ^b	87	94
Teach speechreading ^c	6	2
Perform cerumen management	37	37
Program cochlear implants	8	9
Provide hearing conservation services ^d	38	13
Provide vestibular assessment and/or rehabilitation	25	28
Validate treatment outcomes using self-report questionnaires	31	35
Validate treatment outcomes using speech-in-noise testing	30	32
Verify performance of hearing aids using real-ear measures ^e	48	52

Note. These data are from the 2014 and 2016 ASHA Audiology Surveys. Dash indicates that the item was not included in the survey. ^aIn 2014, this item was titled “Demonstration/fitting/orientation of hearing assistive technology.” ^bIn 2014, this item was titled “Counseling on communication strategies/realistic expectations.” ^cIn 2014, this item was titled “Speechreading/lipreading.” ^dIn 2014, this item was titled “Hearing conservation and prevention.” ^eOf the clinicians who fit and dispensed hearing aids daily, weekly, monthly, or less often than monthly, most (78% in 2014 and 79% in 2016) verified the performance of hearing aids using real-ear measures.

Method of Charging for Products and Services

From 2014 to 2016, at least half of audiologists who were clinicians bundled charges for products and professional services (see Table 2).

Table 2. *How do you charge for products and services? (Select all that apply.)*

Method of charging	%	
	2014 (n = 1,442)	2016 (n = 1,237)
Bundle all charges	50	57
Charge separately for professional services and devices	30	29
Charge for professional services when device was purchased elsewhere	34	1
Not applicable	22	18

Note. These data are from the 2014 and 2016 ASHA Audiology Surveys.

Cultural and Linguistic Diversity

In 2010, 2012, 2014, and 2016, audiologists were asked to use a 5-point scale to rate how qualified they believe they are to address cultural and linguistic influences on service delivery and outcomes. In 2016, 29% rated themselves as 4 (*qualified*), up steadily from 15% in 2010 (see Table 3). Eight percent rated themselves as 5 (*very qualified*), about the same as in recent past years.

Table 3. On a scale of 1 to 5, how qualified do you believe you are to address cultural and linguistic influences on service delivery and outcomes?

Rating	%			
	2010 (n = 2,029)	2012 (n = 1,994)	2014 (n = 1,769)	2016 (n = 1,549)
1 = <i>Not at all qualified</i>	21	19	14	7
2 = <i>Not qualified</i>	23	20	17	16
3 = <i>Midpoint</i>	36	36	37	41
4 = <i>Qualified</i>	15	19	22	29
5 = <i>Very qualified</i>	5	7	9	8

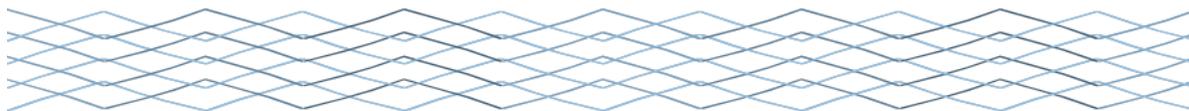
Note. These data are from the 2010, 2012, 2014, and 2016 ASHA Audiology Surveys. Because of rounding, percentages may not total exactly 100%.

Cultural and Linguistic Diversity, by Work Setting

From 2010 to 2016, audiologists in industry were more likely than those in other settings to rate themselves as 1 (*not at all qualified*) or 2 (*not qualified*) to address cultural and linguistic influences on service delivery and outcomes. Percentages for combined 1 and 2 ratings for industry-based audiologists ranged from 40% to 58% in these years.

From 2010 to 2016, audiologists in colleges/universities were more likely than those in other settings to rate themselves as 4 (*qualified*) or 5 (*very qualified*) to address cultural and linguistic influences on service delivery and outcomes. Percentages for combined 4 and 5 ratings for college/university-based audiologists ranged from 32% to 51% in these years.

Cultural and linguistic diversity data by work setting are not shown in any table.



Future Plans

Research Doctorate

In 2016, most audiologists (86%) indicated that they were not considering pursuing a research doctorate (PhD; see Table 4). This figure is largely consistent with those of previous years.

Table 4. *Are you considering pursuing a research doctorate (PhD)?*

Response	%				
	2008 (<i>N</i> = 6,529)	2010 (<i>n</i> = 2,042)	2012 (<i>n</i> = 2,019)	2014 (<i>n</i> = 1,791)	2016 (<i>n</i> = 1,564)
I already have a PhD.	9	9	8	8	8
I'm in a PhD program now.	1	1	0	0	0
Yes; I hope to start within the next 5 years.	1	1	2	1	0
Maybe, but I don't know when.	8	10	—	—	5
Maybe, but I probably will not begin within 5 years.	—	—	7	6	—
No; I'm not considering it. ^a	81	80	83	85	86

Note. These data are from the 2008, 2010, 2012, 2014, and 2016 ASHA Audiology Surveys. Dash indicates that the item was not included in the survey. ^aFrom 2008 to 2014, this item was titled “No, I’m not interested.” Because of rounding, percentages may not total exactly 100%.

Expected Retirement Year

In 2014 and 2016, audiologists were asked to indicate the year in which they are most likely to retire from the profession. In 2014, the overall median response was 2030; in 2016, it was 2032 (see Table 5). Responses varied by work setting.

Table 5. *In what year do you think you are most likely to retire from the profession?*

Work setting	Median retirement year	
	2014 (<i>n</i> = 1,599)	2016 (<i>n</i> = 1,412)
Overall	2030	2032
Audiology franchise, retail chain	2034	2030
College/university	2027	2028
Hospital (general, pediatric, military, Veterans Affairs)	2032	2035
Industry (hearing aid manufacturing, hearing conservation)	2030	2030
Nonresidential health care facility (includes audiologists' and physicians' offices)	2030	2031
School	2024	—

Note. These data are from the 2014 and 2016 ASHA Audiology Surveys. Dash indicates that the item was not included in the survey.

Survey Methodology and Response Rates

A stratified random sample was used to select 4,000 ASHA-certified audiologists for the 2016 survey from a population of 8,054 audiologists. The sample was stratified by type of facility and by private practice.

The survey was mailed in September 2016. 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, 24 had incorrect mailing addresses, two were retired, and three were no longer employed in the profession, which left 3,971 possible respondents. The actual number of respondents was 1,569—a 39.5% response rate.

Because facilities with fewer audiologists were oversampled and those with many audiologists were undersampled, ASHA used weighting when presenting survey data.

Past ASHA Audiology Survey response rates were 52.1% (2010), 51.4% (2012), and 45.7% (2014).

Suggested Citation

American Speech-Language-Hearing Association. (2017). *Audiology Survey report: Clinical focus patterns, 2008–2016*. Available from www.asha.org.

Additional Information

Audiology Survey reports are available at www.asha.org/research/memberdata/AudiologySurvey.

Questions?

For additional information regarding this report, please contact ASHA's audiology professional practices unit at audiology@asha.org. To learn more about how the Association is working on behalf of ASHA-certified audiologists, visit www.asha.org/aud.

Acknowledgment

Without the generous cooperation of the members who participate in our surveys, ASHA could not fulfill its mission to provide vital information about the professions and discipline to the Association membership and the public. Thank you!