Highlights of the 2019 Benefits and Programs Survey: Audiologists

Demographics

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

We used random sampling without replacement in selecting survey participants. 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.

Among the survey respondents, 88% were female, and 13% were male. In addition, 83% of the audiologists who were employed worked full time; 84% were clinical service providers; 48% worked in nonresidential health care facilities, including the offices of audiologists, speech-language pathologists, and physicians; and 31% worked full- or part time in private practice. Their median age was 49, and the mean age was 48. 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, and more worked in city or urban areas (53%) than in other types of locales (Qs. 17–25).

ASHA Services and Programs

Overall, 55% of the survey respondents said that ASHA was doing a good job serving its members. An additional 7% rated ASHA as doing an excellent job (Q. 1).

More than 60% of the audiologists agreed or strongly agreed with each of these four statements:

- ASHA is an organization I trust. (87%)
- I recommend ASHA as a resource to colleagues. (67%)
- At ASHA, I feel I belong. (64%)
- ASHA values me. (62%; Q. 2)
Most of the audiologists never used ASHA’s professional consultation services for technical assistance, either via phone or email (69%), and many others were not familiar with the services (19%; Q. 5).

Nearly one quarter of the audiologists said that they had contacted ASHA’s National Office during the past 12 months by either phone (14%) or email (8%; Q. 3). Of that group most were very satisfied, specifically in the following ways:

- 70% were very satisfied with the courtesy of staff.
- 66% were very satisfied with the promptness of staff’s response.
- 63% were very satisfied with the overall manner in which they were treated.
- 60% were very satisfied with the response to their question.
- 52% were very satisfied with the appropriateness of their referral. (Q. 4)

Programs and Resources

At least one third of the audiologists identified five ASHA program areas, from a list of 20 program areas, as being very important to them in their professional roles, specifically:

- advocacy/lobbying (56%);
- ASHA Continuing Education (CE) Registry (48%);
- certification (47%);
- ASHA CE programs and products (43%); and
- public relations that promote the professions (38%; Q. 6).

When presented with a list of 20 program areas, more than one third of the audiologists included advocacy/lobbying (51%), the ASHA Continuing Education (CE) Registry (46%), certification (43%), and ASHA CE programs and products (35%) among the three programs that they valued the most as part of their ASHA membership/affiliation (Q. 7).

The median number of Special Interest Groups (SIGs) that audiologists belonged to was 0.0, and the mean was 0.2. The highest means (0.4) were reported by audiologists in colleges and universities and in industry (Q. 8).

ASHA CCCs

We asked audiologists what they valued most about their Certificate of Clinical Competence in Audiology (CCC-A). The two highest rated responses were (a) employability in any work setting (e.g., school, hospital, private practice; 72%) and (b) enhanced mobility (e.g., getting licensed in other states; 34%) (Q. 10).

Most of the audiologists identified the Value of the CCCs campaign as important (49%) or very important (17%) as an outreach measure from their national organization on their behalf (Q. 11).
Thirteen percent of the audiologists would be willing to use the social media toolkit on the *Value of the CCCs* campaign site to promote their ASHA certification (Q. 12).

**ASHA Evidence Maps**

Seven percent of the audiologists had visited the ASHA Evidence Maps in the past 3 months (Q. 13). Most of them had learned about the ASHA Evidence Maps from the ASHA website (58%; Q. 15). Their reasons for visiting the Evidence Maps varied, but a plurality selected the following reasons:

- To find evidence for an assessment/treatment/service delivery they were already using (42%)
- To see what the ASHA Evidence Maps were all about (42%; Q. 14)

Eighty-six percent of the audiologists who had not visited the ASHA Evidence Maps in the past 3 months said that this was because they had never heard of them or did not know what they were (Q. 16).