



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Audiology Survey Report: Private Practice Trends 2006–2016

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

June 20, 2017

Written by Gail Brook, Surveys and Analysis

Contents

Introduction	2
Survey Report Highlights	2
Employment	3
Demographics	5
Service Provision	7
Method of Charging for Products and Services	8
Cultural and Linguistic Diversity	8
Earnings	9
Future Plans	11
Survey Methodology and Response Rates	12
Suggested Citation	12
Additional Information	12
Questions?	12
Acknowledgment	12

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 private practice trends. Findings from the 2006, 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.

The statistic that is presented in this report is the median (i.e., middle or 50th percentile). Medians are presented because they are more stable than means (averages) and are less sensitive to extreme values. To preserve confidentiality and provide more certain results, we do not report data for groups of fewer than 25.

The salaries and wages contained in this report are gross salaries/wages (salaries/wages prior to deductions). They do not include bonuses or commissions. (That information is presented separately in the report.)

Survey Report Highlights

- From 2008 to 2016, most audiologists in private practice were self-employed (37%–47%) or employed in a practice owned by nonaudiologists (e.g., physicians or speech-language pathologists; 33%–40%).
- From 2006 to 2016, most audiologists in private practice (72%–78%) were female.
- From 2014 to 2016, most clinicians in private practice 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, about two-thirds of audiologists in private practice (63%–69%) bundled charges for products and professional services.
- In 2010, 2012, 2014, and 2016, audiologists in private practice 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 2016, 32% rated themselves as 4 or 5 (*qualified* or *very qualified*)—up steadily from 17% in 2010.
- From 2006 to 2016, full-time employees in private practice reported a median annual salary ranging from \$60,000 to \$70,000. Private practice owners reported a median annual salary ranging from \$78,439 to \$92,000.
- From 2014 to 2016, most audiologists in private practice (87%–89%) indicated that they were not considering pursuing a PhD.

Employment

Private Practice Employment Arrangement

From 2008 to 2016, most audiologists in private practice were self-employed (37%–47%) or employed in a practice owned by nonaudiologists (33%–40%; see Table 1). A small percentage were employed in a practice owned by other audiologists (15%–19%).

Table 1. Which of the following best describes your private practice employment arrangement? (Select all that apply.)

Employment arrangement	%				
	2008 (N = 2,380)	2010 (n = 693)	2012 (n = 751)	2014 (n = 681)	2016 (n = 560)
Employed in a private practice owned by nonaudiologists	40	33	37	40	40
Employed in a private practice owned by other audiologists	15	19	15	18	18
Self-employed in a private practice	43	47	44	37	41

Note. These data are from the 2008, 2010, 2012, 2014, and 2016 ASHA Audiology Surveys.

Involvement in a Private Practice

From 2006 to 2016, most audiologists in private practice were owners (36%–44%) or full-time salaried employees (32%–41%; see Table 2). A small percentage were part-time salaried employees (11%–16%) or contractors/consultants (8%–12%).

Table 2. Which one of the following best describes your involvement in a private practice?

Description of involvement	%					
	2006 (n = 952)	2008 (N = 2,380)	2010 (n = 693)	2012 (n = 751)	2014 (n = 681)	2016 (n = 552)
Contractor/consultant	10	8	9	11	10	12
Full-time salaried employee	41	38	32	37	40	35
Part-time salaried employee	13	15	16	13	14	11
Owner	36	40	44	39	36	42

Note. These data are from the 2006, 2008, 2010, 2012, 2014, and 2016 ASHA Audiology Surveys. Because of rounding, percentages may not total exactly 100%.

Primary Work Setting

From 2006 to 2016, the majority of audiologists in private practice (75%–88%) delivered all or most of their services in nonresidential health care facilities (e.g., audiologists’ and physicians’ offices; see Table 3).

Table 3. *Select the type of building in which you deliver all or most of your services.*

Type of building	%					
	2006 (n = 968)	2008 (N = 2,356)	2010 (n = 670)	2012 (n = 747)	2014 (n = 678)	2016 (n = 551)
Audiology franchise, retail chain	—	—	—	7	7	10
College/university	2	2	2	2	2	1
Hospital	6	5	7	6	11	5
Industry	0	1	1	1	2	1
Nonresidential health care facility	85	88	87	79	75	82
School	3	3	4	4	3	—
Other	3	1	1	1	1	2

Note. These data are from the 2006, 2008, 2010, 2012, 2014, and 2016 ASHA Audiology Surveys. Dash indicates that the item was not included in the survey. Because of rounding, percentages may not total exactly 100%.

Primary Work Role

From 2006 to 2016, most audiologists in private practice (91%–94%) were clinicians (see Table 4).

Table 4. *Although you may perform more than one job function, select the one position that best describes how you spend most of your time.*

Position	%					
	2006 (n = 967)	2008 (N = 2,361)	2010 (n = 671)	2012 (n = 744)	2014 (n = 677)	2016 (n = 555)
Administrator/ supervisor/director	4	3	4	4	6	4
Clinical service provider	91	94	93	92	91	93
College/university faculty/clinical educator ^a	2	2	1	2	2	1
Consultant	0	0	2	1	1	1
Researcher	0	0	< 1	< 1	1	< 1
Sales/training/technical support	—	—	—	—	—	2
Other	3	2	1	1	0	< 1

Note. These data are from the 2006, 2008, 2010, 2012, 2014, and 2016 ASHA Audiology Surveys. ^aIn 2006, this item was titled “College/university faculty member.” In 2008, 2010, and 2012, it was titled “College/university professor.” Dash indicates that the item was not included in the survey. Because of rounding, percentages may not total exactly 100%.

Demographics

Highest Degree

In 2016, more than half of audiologists in private practice (62%) held a doctor of audiology (AuD) degree as the highest graduate degree, up steadily from 30% in 2006 (see Table 5).

Table 5. Identify the graduate degrees you have earned. Select all that apply.

Graduate degree	(%)					
	2006 (n = 979)	2008 (N = 2,380)	2010 (n = 693)	2012 (n = 751)	2014 (n = 679)	2016 (n = 560)
Master's	63	49	39	39	32	33
AuD	30	43	53	55	61	62
PhD	6	7	8	6	5	4
Other doctorate	1	1	1	1	1	< 1
Multiple doctorates	—	—	—	—	1	1

Note. These data are from the 2006, 2008, 2010, 2012, 2014, and 2016 ASHA Audiology Surveys. Dash indicates that the item was not included in the survey analysis.

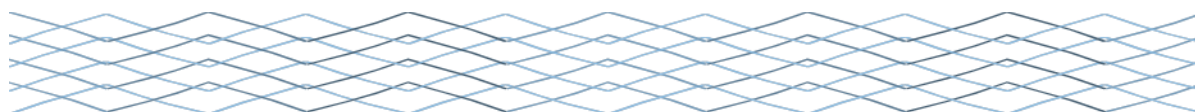
Geographic Region

From 2006 to 2016, a higher percentage of audiologists in private practice worked in the South (33%–38%) than in the Northeast (19%–26%), Midwest (20%–26%), or West (18%–21%; see Table 6).

Table 6. In what geographic region is your primary employment facility located?

Geographic region	%					
	2006 (n = 979)	2008 (N = 2,380)	2010 (n = 693)	2012 (n = 751)	2014 (n = 677)	2016 (n = 559)
Northeast	23	26	19	23	21	22
South	35	36	38	35	34	33
Midwest	23	20	21	22	23	26
West	19	18	21	19	21	18

Note. These data are from the 2006, 2008, 2010, 2012, 2014, and 2016 ASHA Audiology Surveys. Because of rounding, percentages may not total exactly 100%.



Type of Area

From 2006 to 2016, a higher percentage of audiologists in private practice worked in suburban areas (41%–49%) and city/urban areas (36%–46%) than in rural areas (13%–20%; see Table 7).

Table 7. Which one of the following best describes where you work?

Type of area	%					
	2006 (n = 979)	2008 (N = 2,380)	2010 (n = 693)	2012 (n = 751)	2014 (n = 673)	2016 (n = 551)
Rural	17	18	20	17	13	14
Suburban	44	43	41	47	41	49
City/urban ^a	39	39	39	36	46	37

Note. These data are from the 2006, 2008, 2010, 2012, 2014, and 2016 ASHA Audiology Surveys. Definitions of *rural*, *suburban*, and *city/urban* were not provided in the survey. ^aFrom 2006 to 2012, this item was titled “Metropolitan/urban area.”

Male or Female

In 2016, most audiologists in private practice (78%) were female—the same or about the same as in recent past years (see Table 8).

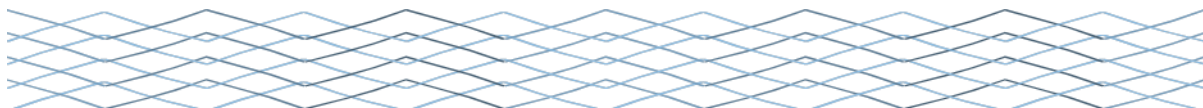
Table 8. Are you . . . ?

Category	%					
	2006 (n = 975)	2008 (N = 2,380)	2010 (n = 692)	2012 (n = 749)	2014 (n = 677)	2016 (n = 559)
Male	24	25	28	23	22	22
Female	76	76	72	77	78	78

Note. These data are from the 2006, 2008, 2010, 2012, 2014, and 2016 ASHA Audiology Surveys. Because of rounding, percentages may not total exactly 100%.

Age

In 2016, the median age of audiologists in private practice was 47 years—about the same as in recent past years (43 years in 2006, 46 years in 2008 and 2010, and 48 years in 2014). These data are not shown in any table.



Service Provision

In 2014 and 2016, audiologists in private practice who were clinicians were given a list of activities and were asked to indicate how often they performed them. Table 9 shows the percentage of clinicians who performed the activities daily, weekly, monthly, less than monthly, or never.

From 2014 to 2016, most clinicians in private practice provided informational counseling; fit and dispensed hearing aids; and demonstrated, fit, or dispensed hearing assistive technology on a daily or weekly basis (see Table 9). Nearly half of clinicians (44%–47%) performed cerumen management on a daily or weekly basis.

Table 9. How often do you perform each of the following activities?

Activity	(%)					
	2014 (n ≥ 673)			2016 (n ≥ 497)		
	D/W ^a	M/L ^b	N ^c	D/W ^a	M/L ^b	N ^c
Audiologic/aural rehabilitation:						
Demonstrate, fit, or dispense hearing assistive technology ^d	83	12	5	71	21	8
Fit and dispense hearing aids	85	8	8	87	4	9
Fit and dispense personal sound amplification products (PSAPs)	—	—	—	8	35	56
Provide informational counseling ^e	89	8	3	93	5	2
Teach speechreading ^f	7	26	67	2	10	88
Perform cerumen management	44	22	34	47	23	30
Program cochlear implants (CIs)	5	5	90	3	6	91
Provide hearing conservation services ^g	42	46	12	13	56	31
Provide vestibular assessment and/or rehabilitation	25	13	62	26	12	62
Validate treatment outcomes using self-report questionnaires	33	36	32	35	33	32
Validate treatment outcomes using speech-in-noise testing	31	35	34	32	36	32
Verify performance of hearing aids using real-ear measures ^h	47	21	32	48	18	34

Note. These data are from the 2014 and 2016 ASHA Audiology Surveys. ^aD/W = daily or weekly; ^bM/L = monthly or less than monthly; ^cN = never. Dash indicates that the item was not included in the survey. ^dIn 2014, this item was titled “Demonstration/fitting/orientation of hearing assistive technology.” ^eIn 2014, this item was titled “Counseling on communication strategies/realistic expectations.” ^fIn 2014, this item was titled “Speechreading/lipreading.” ^gIn 2014, this item was titled “Hearing conservation and prevention.” ^hOf the clinicians who fit and dispensed hearing aids daily, weekly, monthly, or less than monthly, most (72% in 2014 and 72% in 2016) verified the performance of hearing aids using real-ear measures.

Method of Charging for Products and Services

From 2014 to 2016, about two-thirds of audiologists in private practice (63%–69%) bundled charges for products and professional services (see Table 10).

Table 10. *How do you charge for products and services? (Select all that apply.)*

Method of charging	%	
	2014 (n = 681)	2016 (n = 552)
Bundle all charges	63	69
Charge separately for professional services and devices	35	30
Charge for professional services when device was purchased elsewhere	44	1
Not applicable	8	7

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

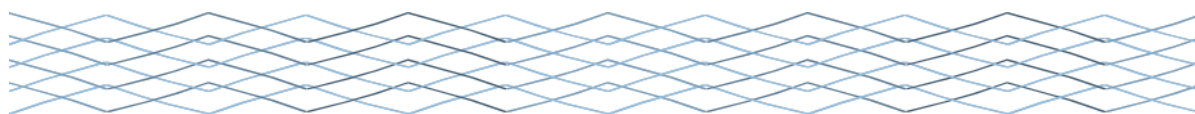
Cultural and Linguistic Diversity

In 2010, 2012, 2014, and 2016, audiologists in private practice 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 2016, 25% rated themselves as 4 (*qualified*), up steadily from 12% in 2010 (see Table 11). Seven percent rated themselves as 5 (*very qualified*)—about the same as in recent past years.

Table 11. *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 = 602)	2012 (n = 688)	2014 (n = 662)	2016 (n = 551)
1 = <i>Not at all qualified</i>	27	22	17	9
2 = <i>Not very qualified</i>	22	22	19	17
3 = <i>Midpoint</i>	34	31	35	42
4 = <i>Qualified</i>	12	17	19	25
5 = <i>Very qualified</i>	5	9	10	7

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



Earnings

Form of Payment

In 2016, most audiologists in private practice (68%) were paid an annual salary in their main jobs (see Table 12). This figure is largely consistent with those of previous years. The remainder were paid per hour (27%) or on commission (6%).

Table 12. *How are you paid in your main job?*

Form of payment	%					
	2006 (<i>n</i> = 926)	2008 (<i>N</i> = 2,277)	2010 (<i>n</i> = 643)	2012 (<i>n</i> = 722)	2014 (<i>n</i> = 667)	2016 (<i>n</i> = 543)
Primarily annual salary	72	74	72	70	67	68
Primarily per hour	28	26	28	30	26	27
Primarily commission	—	—	—	—	7	6

Note. These data are from the 2006, 2008, 2010, 2012, 2014, and 2016 ASHA Audiology Surveys. Dash indicates that the item was not included in the survey. Because of rounding, percentages may not total exactly 100%.

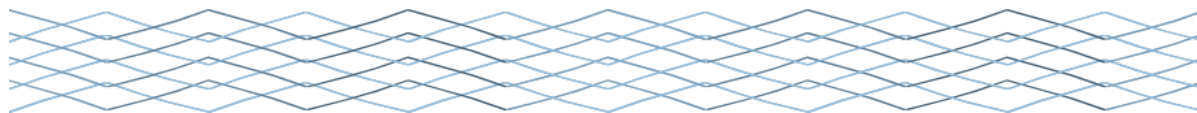
Annual Salaries

From 2006 to 2016, full-time employees in private practice reported a median annual salary ranging from \$60,000 to \$70,000 (see Table 13). Private practice owners reported a median annual salary ranging from \$78,439 to \$92,000.

Table 13. *What is your base annual salary, before deductions, for your main job?*

Employment situation	Median annual salary (\$)					
	2006 (<i>n</i> = 529)	2008 (<i>N</i> = 1,331)	2010 (<i>n</i> = 369)	2012 (<i>n</i> = 406)	2014 (<i>n</i> = 358)	2016 (<i>n</i> = 284)
Full-time employee	60,000	70,000	60,000	65,000	70,000	65,000
Owner	85,000	92,000	80,000	84,768	78,439	80,000

Note. These data are from the 2006, 2008, 2010, 2012, 2014, and 2016 ASHA Audiology Surveys.



Hourly Wages

In 2016, contractors/consultants and full-time employees in private practice reported a median hourly wage of \$36.00, up from \$35.00 in 2010, 2012, and 2014 (a 3% increase; see Table 14).

Table 14. *What is the hourly rate you receive at your main job?*

Employment situation	Median hourly rate (\$)					
	2006 (n = 151)	2008 (N = 343)	2010 (n = 91)	2012 (n = 113)	2014 (n = 79)	2016 (n = 84)
Employee (contractor/consultant or full-time employee)	30.00	33.00	35.00	35.00	35.00	36.00
Owner	44.77	48.98	50.00	n/r	n/r	n/r

Note. These data are from the 2006, 2008, 2010, 2012, 2014, and 2016 ASHA Audiology Surveys. n/r = not reported. (To preserve confidentiality and provide more certain results, we do not report data for groups of fewer than 25.)

Commissions in Addition to Salaries or Wages

In 2014 and 2016, some audiologists in private practice received commissions in addition to their base annual salary or hourly wages. In 2016, the median amount that they received was \$14,700, compared with \$18,999 in 2014. (These data are not shown in any table.)

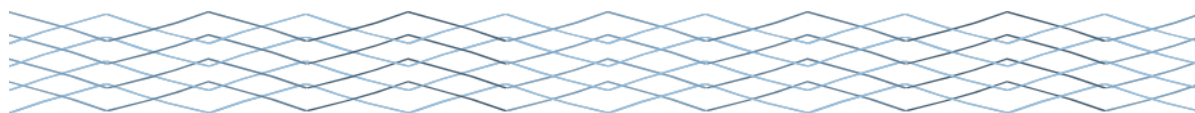
In 2016, the percent commission audiologists received on product sales was 10%—the same as in 2014. (These data are not shown in any table.)

Commissions

In 2016, audiologists in private practice who were paid primarily on commission reported receiving a total median amount of \$80,000, compared with \$96,812 in 2014. (These data are not shown in any table.)

Bonuses

In 2010, 2012, 2014, and 2016, some audiologists in private practice received a bonus in addition to their base earnings. In 2016, the median amount they received was \$2,000, compared with \$1,800 in 2010, \$3,000 in 2012, and \$3,797 in 2014. (These data are not shown in any table.)



Future Plans

Research Doctorate

In 2014 and 2016, most audiologists in private practice (87%–89%) indicated that they were not considering pursuing a research doctorate (PhD; see Table 15).

Table 15. *Are you considering pursuing a research doctorate (PhD)?*

Response	%	
	2014 (<i>n</i> = 635)	2016 (<i>n</i> = 465)
I already have a PhD.	7	6
I'm in a PhD program now.	0	< 1
Yes; I hope to start within the next 5 years.	1	< 1
Maybe, but I don't know when.	—	5
Maybe, but I probably will not begin within 5 years.	5	—
No; I'm not considering it. ^a	87	89

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 “No, I’m not interested.”

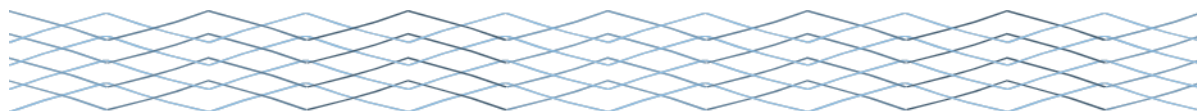
Expected Retirement Year

In 2014 and 2016, audiologists in private practice 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 16). Responses varied by private practice position.

Table 16. *In what year do you think you are most likely to retire from the profession?*

Employment situation	Median retirement year	
	2014 (<i>n</i> = 619)	2016 (<i>n</i> = 532)
Overall	2030	2032
Owner	2024	2027
Nonowner (contractor/consultant or full- or part-time salaried employee)	2034	2036

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



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 52.0% (2010), 51.4% (2012), and 45.7% (2014).

Suggested Citation

American Speech-Language-Hearing Association. (2017). *Audiology Survey report: Private practice trends, 2010–2016*. Available from www.asha.org.

Additional Information

ASHA 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!