



# AUDIOLOGY SURVEY 2025

## Survey Summary Report: Number and Type of Responses

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## Response Rates

ASHA fielded the *2025 Audiology Survey* to all ASHA certified audiologists (CCC-A) and dually certified constituents (CCC-A and CCC-SLP) who had addresses in the United States. Of the dually certified constituents, we included in the results only those who said that they were employed as audiologists. We also marketed the survey to known audiology communities and through social media invitations to provide additional avenues for audiologists to become aware that the survey was in the field. The survey was fielded electronically, via SurveyMonkey, two times in September, two times in October, and two times in November, closing on November 10.

We obtained a response rate of 13.8% (1,478 completed surveys directly from emailed invitations and an additional 47 audiologists who responded on the web, resulting in 1,525 usable surveys from a net population of 11,044 audiologists). This percentage is unweighted.

The *All facility types* column throughout most of the report reflects results for respondents from the six facility types as well as from the eight respondents who were employed in occupational/environmental safety programs and 37 who were employed in *other* types of facilities and 13 who were employed full time or part time but did not answer the question about their type of facility. Therefore, the *All facility types* column may not be the sum of the *n*'s in the other six columns. Data are not presented for table cells with fewer than 25 respondents. University educators, researchers, consultants, administrators, technical support personnel, and hearing conservationists were excluded for questions in which responses were limited to clinical service providers.

Open-ended responses are largely unedited, so they may contain spelling and grammatical errors.

A breakdown of geographical regions of the country can be found in Appendix A.

A description of statistical terms used in the report can be found in Appendix B.

Open-ended responses can be found in Appendix C.

## Certification

1. Which ASHA Certificate(s) of Clinical Competence do you currently hold? (Percentages)							
Response	Facility Type						
	All facility types (n = 1,525)	College/ university (n = 208)	Hospital (n = 457)	Franchise/ retail chain (n = 33)	Nonres. health care (n = 507)	Industry (n = 43)	School (n = 174)
CCC-A only (SKIP to Q. 3.)	97.6	95.7	98.5	100.0	97.0	100.0	97.1
Both CCC-A and CCC-SLP	2.4	4.3	1.5	0.0	3.0	0.0	2.9
CCC-SLP only (SKIP to end.)	Deleted from data set						
Neither (SKIP to end.)							
		Too many cells (25%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					

2. Are you currently working in the profession of audiology? (Percentages) Analyses limited to respondents who met the following criterion: ❖ Dually certified (CCC-A and CCC-SLP)							
Response	Facility Type						
	All facility types (n = 37)	College/ university (n = 9)	Hospital (n = 7)	Franchise/ retail chain (n = 0)	Nonres. health care (n = 15)	Industry (n = 0)	School (n = 5)
Yes. I currently work as an audiologist.	100.0	(n < 25)	(n < 25)	(n < 25)	(n < 25)	(n < 25)	(n < 25)
No. I consider myself to be an audiologist, but I am not currently employed in the profession. (SKIP to end.)	Deleted from data set						
No. I currently work as a speech-language pathologist. (SKIP to end.)							
No. I consider myself to be a speech-language pathologist, but I am not currently employed in the profession. (SKIP to end.)							

## Role

3. Which <u>one</u> of the following best describes your employment status? <i>Select only <u>one</u> response. (Percentages)</i>							
Analyses limited to respondents who met the following criterion: ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)							
Status	Facility Type						
	All facility types (n = 1,480)	College/ university (n = 208)	Hospital (n = 457)	Franchise/ retail chain (n = 33)	Nonres. health care (n = 507)	Industry (n = 43)	School (n = 174)
Employed full time	87.9	92.8	92.6	84.8	82.1	97.7	90.8
Employed part time	12.1	7.2	7.4	15.2	17.9	2.3	9.2
On leave of absence (SKIP to end.)	Deleted from data set						
Not employed but actively seeking employment (SKIP to end.)							
Not employed and not seeking employment (SKIP to end.)							
Retired (SKIP to end.)							
Deleted All of the Unemployed							
Employed full time	87.9	92.8	92.6	84.8	82.1	97.7	90.8
Employed part time	12.1	7.2	7.4	15.2	17.9	2.3	9.2
		Statistical significance: $\chi^2(5) = 37.06, p < .001$ , Cramer's $V = .161$ <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by type of facility.					

4. Although you may perform more than one job function, select the one position that best describes how you spend most of your time. *Only one response can be accepted. (Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Function	Facility Type						
	All facility types (n = 1,473)	College/ university (n = 208)	Hospital (n = 457)	Franchise/ retail chain (n = 33)	Nonres. health care (n = 507)	Industry (n = 43)	School (n = 174)
Clinical service provider (includes all audiologists providing any direct service)	73.0	8.2	84.2	81.8	92.5	4.7	92.0
College or university faculty / clinical educator	11.3	78.4	0.2	0.0	0.4	0.0	0.0
Researcher	2.4	6.3	2.6	0.0	0.6	11.6	0.0
Consultant	1.7	0.5	0.0	0.0	1.2	0.0	5.7
Administrator, supervisor, director, or owner	7.1	5.3	11.4	9.1	3.9	11.6	1.7
Sales / training / technical support	2.2	0.0	0.2	6.1	0.4	58.1	0.0
Hearing conservationist	1.0	0.0	0.7	0.0	0.6	2.3	0.0
Other, specify:	1.3	1.4	0.7	3.0	0.4	11.6	0.6
		Too many cells (54%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
(Question 4 continues on next page.)							

4. (cont'd) Although you may perform more than one job function, select the one position that best describes how you spend most of your time. *Only one response can be accepted. (Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Function	Facility Type						
	All facility types (n = 1,473)	College/ university (n = 208)	Hospital (n = 457)	Franchise/ retail chain (n = 33)	Nonres. health care (n = 507)	Industry (n = 43)	School (n = 174)
<b>Collapsed Categories</b>							
Clinical service provider	73.0	8.2	84.2	81.8	92.5	4.7	92.0
Other function	27.0	91.8	15.8	18.2	7.5	95.3	8.0
		Statistical significance: $\chi^2(5) = 731.10, p < .001$ , Cramer's $V = .717$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					

Note. See Appendix C, Q. 4, for the list of specified *other* responses.

5. Although you may work in several types of facilities, select the one type of building that best describes where you work all or most of the time. *For individuals who work in private practice, telepractice, early intervention (EI), or multiple settings, select the type of building in which you deliver most of your services. Only one response can be accepted.* (Percentages)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Facility	(n = 1,467)
College/university (SKIP to Q. 12.)	14.2
Hospital (e.g., general, pediatric, military, VA; SKIP to Q. 12.)	31.2
Audiology franchise, retail chain (SKIP to Q. 12.)	2.2
Nonresidential health care facility (includes audiologists' and physicians' offices; SKIP to Q. 12.)	34.6
Industry (hearing technology manufacturing; SKIP to Q. 12.)	2.9
Occupational/environmental safety program (SKIP to Q. 12.)	0.5
School	11.9
Other, specify: (SKIP to Q. 12.)	2.5

*Note.* See Appendix C, Q. 5, for the list of specified *other* responses.

## Educational Audiologists

6. Although you may work in several types of educational settings, select the one type of building that best describes where you work all or most of the time. *For individuals who work in private practice or EI, select the type of building in which you deliver most of your services. Only one response can be accepted. (Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Educational audiologist (selected *school* for Q. 5)
- ❖ Employed full time or part time

Facility	(n = 170)
Special day/residential school	8.2
Pre-elementary school (preschool)	4.7
Elementary school	22.4
Secondary school (middle, junior high, senior high)	3.5
Student's home	0.0
Administrative office	4.7
Office for telepractice	0.6
Combination of the above	54.7
Other, specify:	1.2

*Note.* See Appendix C, Q. 5, for the list of specified *other* responses.

We have included all 170 educational audiologists in the *All School Types* columns for questions 7 through 11 but have reported on only two specific school types (i.e., elementary and combined) because they have the minimum of 25 respondents for those questions. We have included all school types, however, when determining whether responses vary by facility type.

7. Which one of the following best describes your employment situation? *Only one response can be accepted.*  
 (Percentages)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Educational audiologist (selected *school* for Q. 5)
- ❖ Employed full time or part time

Function	School Type		
	All school types (n = 170)	Elementary school (n = 38)	Combination of schools (n = 93)
Salaried employee	90.6	89.5	93.5
Contractor	7.1	10.5	3.2
Self employed	2.4	0.0	3.2
		Too many cells (67%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	

8. What are your greatest challenges as a school-based audiologist? *Select all that apply. Responses were randomized on the survey but are presented in descending order of frequencies for this table. (Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Educational audiologist (selected *school* for Q. 5)
- ❖ Employed full time or part time

Challenge	Facility Type		
	All school types (n = 174)	Elementary school (n = 38)	Combination of schools (n = 93)
Limited understanding of my role by others	58.0	55.3	63.4
		Too many cells (63%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Limited family/caregiver involvement and support	48.3	47.4	51.6
		Too many cells (63%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Budget constraints	42.5	50.0	47.3
		Too many cells (63%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
High workload/caseload size	37.9	36.8	43.0
		Too many cells (63%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Large amount of paperwork	29.3	21.1	32.3
		Too many cells (56%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Question 8 continues on next page.)			

8. (cont'd) What are your greatest challenges as a school-based audiologist? *Select all that apply. Responses were randomized on the survey but are presented in descending order of frequencies for this table. (Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Educational audiologist (selected *school* for Q. 5)
- ❖ Employed full time or part time

Challenge	Facility Type		
	All school types (n = 174)	Elementary school (n = 38)	Combination of schools (n = 93)
Low salary	26.4	18.4	29.0
		Too many cells (56%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Travel/distance between schools	26.4	34.2	29.0
		Too many cells (56%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Out-of-pocket professional expenses	25.9	23.7	32.3
		Too many cells (56%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Personnel shortage	25.3	21.1	23.7
		Too many cells (56%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	

Question 8 continues on next page.)

8. (cont'd) What are your greatest challenges as a school-based audiologist? *Select all that apply. Responses were randomized on the survey but are presented in descending order of frequencies for this table. (Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Educational audiologist (selected *school* for Q. 5)
- ❖ Employed full time or part time

Challenge	Facility Type		
	All school types (n = 174)	Elementary school (n = 38)	Combination of schools (n = 93)
Lack of specific training in educational audiology	24.7	15.8	30.1
		Too many cells (56%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Providing clinical services for multilingual students and families	23.6	34.2	25.8
		Too many cells (56%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Large volume of meetings	23.6	23.7	22.6
		Too many cells (56%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Inadequate workspace and facilities	20.1	23.7	18.3
		Too many cells (56%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Limited time for collaboration	15.5	15.8	18.3
		Too many cells (50%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	

(Question 8 continues on next page.)

8. (cont'd) What are your greatest challenges as a school-based audiologist? *Select all that apply. Responses were randomized on the survey but are presented in descending order of frequencies for this table. (Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Educational audiologist (selected *school* for Q. 5)
- ❖ Employed full time or part time

Challenge	Facility Type		
	All school types ( <i>n</i> = 174)	Elementary school ( <i>n</i> = 38)	Combination of schools ( <i>n</i> = 93)
None of the above	1.1	0.0	0.0
		Too many cells (63%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	

9. What is your average monthly caseload size? *Count each student only once.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Educational audiologist (selected *school* for Q. 5)
- ❖ Clinical service provider
- ❖ Employed full time
- ❖ Response greater than 0

Caseload Size	Facility Type		
	All school types ( <i>n</i> = 130)	Elementary school ( <i>n</i> = 30)	Combination of schools ( <i>n</i> = 72)
25th percentile	40	30	45
50th percentile ( <b>Median</b> )	60	60	62
75th percentile	88	78	90
Mean	74	65	77
Standard deviation	62	45	69
Mode	50	50	50
		Statistical significance: $F(6, 123) = 0.61, p = .719$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.	

10. Of the students that you serve, what percentage is in each of the areas of intervention below? *Students who have overlapping areas of intervention may be counted more than once. Total percentages should add up to at least 100.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Educational audiologist (selected school for Q. 5)
- ❖ Clinical service provider
- ❖ Employed full time
- ❖ Response to Q. 9 (caseload size) is at least 1

Area of Intervention	School Type			
	All school types		Elementary school	
	Percentage who regularly serve clients with this disorder	Number served (mean) <sup>1</sup>	Percentage who regularly serve clients with this disorder	Number served (mean) <sup>1</sup>
	<i>n</i> = 130	<i>n</i> varies	<i>n</i> = 30	<i>n</i> varies
Attention disorders	63.8	19.1	63.3	22.1 <sup>2</sup>
Atypical hearing or hearing loss	83.8	73.6	90.0	79.9
Auditory neuropathy spectrum disorder (ANSO)	62.3	6.2	63.3	5.6 <sup>2</sup>
Autism spectrum disorder (ASD)	72.3	17.0	73.3	20.5 <sup>2</sup>
Central auditory processing disorder (CAPD)	56.9	10.8	46.7	9.1 <sup>2</sup>
Classroom acoustics	38.5	19.7	43.3	18.1 <sup>2</sup>
Hearing conservation	20.0	12.8	16.7	17.0 <sup>2</sup>
Hyperacusis or sound intolerance	23.1	4.5	10.0	4.0 <sup>2</sup>
Tinnitus	21.5	5.2	30.0	6.4 <sup>2</sup>
Vestibular disorders	12.3	3.9 <sup>2</sup>	13.3	6.8 <sup>2</sup>

(Question 10 continues on next page.)

<sup>1</sup>Includes only audiologists who do serve these students. <sup>2</sup>This data point came from a small sample (*n* < 25) and is less reliable.

10. (cont'd) Of the students that you serve, what percentage is in each of the areas of intervention below? *Students who have overlapping areas of intervention may be counted more than once. Total percentages should add up to at least 100.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Educational audiologist (selected *school* for Q. 5)
- ❖ Clinical service provider
- ❖ Employed full time
- ❖ Response to Q. 9 (caseload size) is at least 1

Area of Intervention	School Type	
	Combination of schools	
	Percentage who regularly serve clients with this disorder	Number served (mean) <sup>1</sup>
	<i>n</i> = 72	<i>n</i> varies
Attention disorders	66.7	19.6
Atypical hearing or hearing loss	80.6	71.2
Auditory neuropathy spectrum disorder (ANSO)	63.9	6.7
Autism spectrum disorder (ASD)	72.2	16.0
Central auditory processing disorder (CAPD)	61.1	10.2
Classroom acoustics	34.7	16.7
Hearing conservation	18.1	7.4 <sup>2</sup>
Hyperacusis or sound intolerance	31.9	4.5 <sup>2</sup>
Tinnitus	19.4	4.4 <sup>2</sup>
Vestibular disorders	12.5	2.6 <sup>2</sup>

<sup>1</sup>Includes only audiologists who do serve these students. <sup>2</sup>This data point came from a small sample (*n* < 25) and is less reliable.

11. What are your greatest barriers to providing optimal services? *Select all that apply. Responses were randomized on the survey but are presented in descending order of frequencies for this table. (Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Educational audiologist (selected *school* for Q. 5)
- ❖ Clinical service provider
- ❖ Employed full time or part time

Challenge	Facility Type		
	All school types (n = 160)	Elementary school (n = 37)	Combination of schools (n = 87)
Paperwork burden	33.8	21.6	37.9
		Too many cells (57%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Distance / travel time	29.4	37.8	29.9
		Too many cells (57%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Lack of administration support	28.1	24.3	29.9
		Too many cells (57%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Shortage of audiologists in my area	18.8	18.9	18.4
		Too many cells (57%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	

(Question 11 continues on next page.)

11. (cont'd) What are your greatest barriers to providing optimal services? *Select all that apply. Responses were randomized on the survey but are presented in descending order of frequencies for this table. (Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Educational audiologist (selected *school* for Q. 5)
- ❖ Clinical service provider
- ❖ Employed full time or part time

Challenge	Facility Type		
	All school types (n = 160)	Elementary school (n = 37)	Combination of schools (n = 87)
Lack of support personnel such as audiology assistants	17.5	8.1	21.8
		Too many cells (57%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
Other, please specify:	34.4	29.7	39.1
		Too many cells (57%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	
No barrier to providing optimal services	8.1	8.1	8.0
		Too many cells (50%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.	

*Note.* See Appendix C, Q. 11, for the list of specified *other* responses.

## Outcome Measures

<p>12. How familiar are you with the <i>Measuring Meaningful Outcomes for Adult Hearing Health Interventions (2025)</i> report from the National Academies of Sciences, Engineering, and Medicine (NASEM)? (<i>Percentages</i>)</p> <p>Analyses limited to respondents who met the following criteria:</p> <ul style="list-style-type: none"> <li>❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)</li> <li>❖ All facilities except schools (deletes those who selected <i>school</i> for Q. 5)</li> </ul>						
Response	Facility Type					
	All facility types (n = 1,243)	College/ university (n = 208)	Hospital (n = 453)	Franchise/ retail chain (n = 32)	Nonres. health care (n = 507)	Industry (n = 43)
Not at all familiar (SKIP to Q. 14.)	67.0	54.8	71.3	43.8	69.6	67.4
Somewhat familiar	29.1	35.1	26.3	50.0	28.0	27.9
Very familiar	3.9	10.1	2.4	6.3	2.4	4.7
		<p>Statistical significance: <math>\chi^2(8) = 44.63, p &lt; .001</math>, Cramer's <math>V = .134</math></p> <p><u>Conclusion</u>: There is adequate evidence from the data to say that the responses vary by type of facility.</p>				

13. How has your clinical practice changed since the NASEM report recommended that audiologists adopt a set of core outcomes for use with adult hearing loss patients? (*Percentages*)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ All facilities except schools (deletes those who selected *school* for Q. 5)
- ❖ Familiar with the NASEM report (selected *somewhat* or *very familiar* for Q. 12)
- ❖ Clinical service provider
- ❖ Employed full time or part time

Response	Facility Type					
	All facility types (n = 248)	College/ university (n = 6)	Hospital (n = 95)	Franchise/ retail chain (n = 13)	Nonres. health care (n = 132)	Industry (n = 2)
I have not made, and do not plan to make, changes.	16.1	(n < 25)	14.7	(n < 25)	16.7	(n < 25)
I am planning to adopt the outcome measures but have not implemented them yet.	39.5		34.7		40.9	
I have adopted the outcome measures.	15.3		13.7		18.2	
Not applicable.	29.0		36.8		24.2	
<p>Too many cells (55%) have an expected count of less than 5.  <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.</p>						

14. How often do you use the following outcome measures (when clinically appropriate) in your clinical practice for adult patients? (*Percentages*)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ All facilities except schools (deletes those who selected *school* for Q. 5)
- ❖ Clinical service provider
- ❖ Employed full time or part time

Response	Facility Type					
	All facility types	College/university	Hospital	Franchise/retail chain	Nonres. health care	Industry
<b>Hearing-Related Psychosocial Health (e.g., HHIA/E, RHHI)</b>						
	<i>n</i> = 861	<i>n</i> = 17	<i>n</i> = 368	<i>n</i> = 25	<i>n</i> = 449	<i>n</i> = 2
Never	46.9	<i>(n</i> < 25)	42.7	44.0	51.4	<i>(n</i> < 25)
Sometimes	24.3		25.3	32.0	22.3	
Most of the time	9.2		7.6	16.0	9.8	
Always	7.4		6.0	8.0	33.4	
Not applicable	12.2		18.5	0.0	7.8	
		Too many cells (48%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.				
<b>Subjective Measure of Understanding Speech in Complex Listening Situations (e.g., APHAB, SSQ)</b>						
	<i>n</i> = 860	<i>n</i> = 17	<i>n</i> = 369	<i>n</i> = 25	<i>n</i> = 447	<i>n</i> = 2
Never	43.7	<i>(n</i> < 25)	41.2	48.0	45.6	<i>(n</i> < 25)
Sometimes	26.6		24.4	28.0	28.0	
Most of the time	11.5		11.7	16.0	11.2	
Always	6.4		6.8	8.0	6.3	
Not applicable	11.7		16.0	0.0	8.9	
		Too many cells (48%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.				
(Question 14 continues on next page.)						

14. (cont'd) How often do you use the following outcome measures (when clinically appropriate) in your clinical practice for adult patients? (*Percentages*)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ All facilities except schools (deletes those who selected *school* for Q. 5)
- ❖ Clinical service provider
- ❖ Employed full time or part time

Response	Facility Type					
	All facility types	College/university	Hospital	Franchise/retail chain	Nonres. health care	Industry
<b>Objective Measure of Understanding Speech in Complex Listening Situations (e.g., WIN test, Quick-SIN test, HINT)</b>						
	<i>n</i> = 859	<i>n</i> = 17	<i>n</i> = 368	<i>n</i> = 25	<i>n</i> = 447	<i>n</i> = 2
Never	16.6	<i>(n</i> < 25)	13.3	12.0	20.1	<i>(n</i> < 25)
Sometimes	32.7		30.7	28.0	34.5	
Most of the time	22.7		25.0	20.0	20.6	
Always	18.9		17.1	40.0	19.0	
Not applicable	9.1		13.9	0.0	5.8	
		Too many cells (48%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.				
<b>Cognition (e.g., Mini-Cog)</b>						
	<i>n</i> = 854	<i>n</i> = 17	<i>n</i> = 366	<i>n</i> = 22	<i>n</i> = 447	<i>n</i> = 2
Never	71.5	<i>(n</i> < 25)	65.6	<i>(n</i> < 25)	75.8	<i>(n</i> < 25)
Sometimes	12.6		12.0		13.0	
Most of the time	2.5		1.9		2.9	
Always	1.3		1.1		1.6	
Not applicable	12.1		19.4		6.7	
		Too many cells (56%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.				
(Question 14 continues on next page.)						

14. (cont'd) How often do you use the following outcome measures (when clinically appropriate) in your clinical practice for adult patients? (*Percentages*)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ All facilities except schools (deletes those who selected *school* for Q. 5)
- ❖ Clinical service provider
- ❖ Employed full time or part time

Response	Facility Type					
	All facility types	College/university	Hospital	Franchise/retail chain	Nonres. health care	Industry
<b>Real Ear Measurements</b>						
	<i>n</i> = 863	<i>n</i> = 17	<i>n</i> = 369	<i>n</i> = 25	<i>n</i> = 450	<i>n</i> = 2
Never	11.2	<i>(n</i> < 25)	8.1	16.0	13.8	<i>(n</i> < 25)
Sometimes	11.9		4.1	24.0	17.8	
Most of the time	12.9		9.8	12.0	15.3	
Always	49.9		59.3	48.0	42.0	
Not applicable	14.0		18.7	0.0	11.1	
		Too many cells (52%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.				

*Note.* HHIA/E= Hearing Handicap Inventory for Adults/Elderly; RHHI = Revised Hearing Handicap Inventory; APHAB = Abbreviated Profile of Hearing Aid Benefit; SSQ = Speech and Spatial Qualities of Hearing; WIN = Words-in-Noise; QuickSIN = Quick Speech-in-Noise test; HINT = Hearing in Noise Test.

## Hearing Aids

<p>15. Do you currently work with third-party administrators for hearing aid dispensing and related services? (<i>Percentages</i>)                  Analyses limited to respondents who met the following criteria:</p> <ul style="list-style-type: none"> <li>❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)</li> <li>❖ All facilities except schools (deletes those who selected <i>school</i> for Q. 5)</li> <li>❖ Employed full time or part time</li> </ul>						
Third-party	Facility Type					
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry
	<i>n</i> = 1,196	<i>n</i> = 202	<i>n</i> = 436	<i>n</i> = 31	<i>n</i> = 485	<i>n</i> = 42
Yes	28.0	25.2	14.4	51.6	41.4	9.5
No	55.2	46.0	71.1	41.9	49.1	14.3
Not applicable	16.8	28.7	14.4	6.5	9.5	76.2
Statistical significance: $\chi^2(8) = 235.85, p < .001$ , Cramer's <i>V</i> = .314 <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by type of facility.						
Deleted Not Applicable						
	<i>n</i> = 995	<i>n</i> = 144	<i>n</i> = 373	<i>n</i> = 29	<i>n</i> = 439	<i>n</i> = 10
Yes	33.7	35.4	16.9	55.2	45.8	(n < 25)
No	66.3	64.6	83.1	44.8	54.2	
Statistical significance: $\chi^2(4) = 82.26, p < .001$ , Cramer's <i>V</i> = .288 <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by type of facility.						

16. Do you provide follow-up care for patients who purchased hearing aids over the counter? ( <i>Percentages</i> )						
Analyses limited to respondents who met the following criteria:						
❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)						
❖ All facilities except schools (deletes those who selected <i>school</i> for Q. 5)						
❖ Employed full time or part time						
Response	Facility Type					
	All facility types (n = 1,196)	College/ university (n = 202)	Hospital (n = 436)	Franchise/ retail chain (n = 31)	Nonres. health care (n = 485)	Industry (n = 42)
No, we do not provide this service and are not planning to provide it.	45.2	17.8	52.1	67.7	52.6	2.4
No, we do not provide this service; we are considering it but have not made a decision.	9.4	15.8	6.4	12.9	9.9	0.0
No, we do not provide this service but have plans to provide it.	1.9	2.5	1.1	0.0	2.7	0.0
Yes, we provide this service now.	15.7	24.3	9.2	12.9	19.0	7.1
Not applicable.	27.8	39.6	31.2	6.5	15.9	90.5
	Too many cells (24%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					

## Employment and Earnings

Income data are used to provide information to members, students, policymakers, and others with a vested interest in the topic. Your responses will be reported in aggregate form only.

17. When considering your annual compensation, how are you paid in your main job? *Select only one response.*  
 (Percentages)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Salary basis	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
	<i>n</i> = 1,392	<i>n</i> = 201	<i>n</i> = 436	<i>n</i> = 31	<i>n</i> = 485	<i>n</i> = 42	<i>n</i> = 154
Primarily per hour	15.2	2.5	13.3	16.1	23.3	4.8	9.7
Primarily annual salary (SKIP to Q. 20.)	82.7	97.5	86.7	71.0	72.4	90.5	90.3
Primarily commission (SKIP to Q. 22.)	2.1	0.0	0.0	12.9	4.3	4.8	0.0
	Too many cells (28%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
Deleted <i>Primarily Commission</i>							
	<i>n</i> = 1,363	<i>n</i> = 201	<i>n</i> = 436	<i>n</i> = 27	<i>n</i> = 464	<i>n</i> = 40	<i>n</i> = 154
Primarily per hour	15.6	2.5	13.3	18.5	24.4	5.0	9.7
Primarily annual salary (SKIP to Q. 20.)	84.4	97.5	86.7	81.5	75.6	95.0	90.3
	Statistical significance: $\chi^2(5) = 64.33$ , $p < .001$ , Cramer's $V = .221$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.						

18. If you are paid on an hourly basis, what is the hourly rate you receive at your main job? *Include your hourly rate before all deductions. Round to the nearest dollar. Bonuses and commissions will be asked about in a separate question.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Paid primarily per hour
- ❖ Hourly wage of at least \$1

Hourly rate	Facility Type						
	All facility types (n = 99)	College/ university (n = 1)	Hospital (n = 39)	Franchise/ retail chain (n = 2)	Nonres. health care (n = 49)	Industry (n = 1)	School (n = 4)
<b>Employed Full Time</b>							
25th percentile	\$41.00	(n < 25)	\$46.00	(n < 25)	\$38.00	(n < 25)	(n < 25)
50th percentile <b>(Median)</b>	\$50.00		\$56.00		\$44.00		
75th percentile	\$61.00		\$62.00		\$55.00		
Mean	\$66.65		\$59.62		\$71.71		
Standard deviation	\$76.63		\$22.23		\$105.90		
Mode	\$50.00		\$50.00		\$40.00		
		Statistical significance: $F(5, 90) = 0.22, p = .952$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.					
(Question 18 continues on next page.)							

18. (cont'd) If you are paid on an hourly basis, what is the hourly rate you receive at your main job? *Include your hourly rate before all deductions. Round to the nearest dollar. Bonuses and commissions will be asked about in a separate question.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Paid primarily per hour
- ❖ Hourly wage of at least \$1

Hourly rate	Facility Type						
	All facility types (n = 97)	College/ university (n = 3)	Hospital (n = 16)	Franchise/ retail chain (n = 3)	Nonres. health care (n = 54)	Industry (n = 1)	School (n = 9)
<b>Employed Part Time</b>							
25th percentile	\$50.00	(n < 25)	(n < 25)	(n < 25)	\$50.00	(n < 25)	(n < 25)
50th percentile <b>(Median)</b>	\$60.00				\$55.00		
75th percentile	\$75.00				\$68.00		
Mean	\$71.87				\$62.69		
Standard deviation	\$39.72				\$31.52		
Mode	\$50.00				\$50.00		
		Statistical significance: $F(5, 80) = 3.05, p = .014$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					

19. On average, how many hours do you work in a typical week for the hourly rate you entered in Q. 18? (*Hours:minutes*)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time
- ❖ Paid primarily per hour
- ❖ Hourly wage of at least \$1
- ❖ Worked for at least 1 hour per week

Weekly hours	Facility Type							
	All facility types (n = 195)	College/ university (n = 4)	Hospital (n = 55)	Franchise/ retail chain (n = 5)	Nonres. health care (n = 103)	Industry (n = 2)	School (n = 12)	
25th percentile	16:00	(n < 25)	26:00	(n < 25)	16:00	(n < 25)	(n < 25)	
50th percentile <b>(Median)</b>	30:00		37:30		28:00			
75th percentile	40:00		40:00		40:00			
Mean	27:23		33:15		27:14			
Standard deviation	13:00		11:08		12:19			
Mode	40:00		40:00		40:00			
		Statistical significance: $F(5, 175) = 3.78, p = .003$						
		<u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.						

20. What is your base annual salary, before deductions, for your main job? *Bonuses and commissions will be asked about in a separate question.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time
- ❖ Paid primarily an annual salary
- ❖ Annual salary of at least \$1

Annual salary	Facility Type						
	All facility types (n = 1,011)	College/ university (n = 180)	Hospital (n = 337)	Franchise/ retail chain (n = 18)	Nonres. health care (n = 299)	Industry (n = 36)	School (n = 124)
25th percentile	\$82,000	\$85,000	\$90,000	(n < 25)	\$79,500	\$94,088	\$73,000
50th percentile <b>(Median)</b>	\$95,000	\$96,000	\$103,000		\$89,700	\$110,000	\$87,513
75th percentile	\$112,548	\$114,000	\$122,000		\$102,000	\$138,500	\$101,000
Mean	\$101,669	\$104,392	\$109,230		\$96,066	\$117,602	\$85,337
Standard deviation	\$52,294	\$41,573	\$32,680		\$79,221	\$33,411	\$24,985
Mode	\$90,000	\$90,000	\$100,000		\$80,000	\$100,000	\$100,000
		Statistical significance: $F(5, 988) = 5.50, p < .001$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					

21. For what period of work is this? If you work for 9–10 months but are paid over a 12-month period, select “Work 9 or 10 months per year.”

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time
- ❖ Paid primarily an annual salary
- ❖ Annual salary of at least \$1

Period of work	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
	<i>n</i> = 1,009	<i>n</i> = 179	<i>n</i> = 337	<i>n</i> = 18	<i>n</i> = 298	<i>n</i> = 36	<i>n</i> = 124
Work 9 or 10 months per year	15.0	28.5	0.3	<i>n</i> < 25	0.7	0.0	76.6
Work 11 or 12 months per year	84.8	71.5	99.7		99.3	100.0	21.8
Work other period	0.2	0.0	0.0		0.0	0.0	1.6
<b>Deleted Work Other Period</b>							
	<i>n</i> = 1,007	<i>n</i> = 179	<i>n</i> = 337	<i>n</i> = 18	<i>n</i> = 298	<i>n</i> = 36	<i>n</i> = 122
Work 9 or 10 months per year	15.0	28.5	0.3	<i>n</i> < 25	0.7	0.0	77.9
Work 11 or 12 months per year	85.0	71.5	99.7		99.3	100.0	22.1
		Statistical significance: $\chi^2(5) = 512.23, p < .001$ , Cramer's <i>V</i> = .719 <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by type of facility.					

22. What is the total amount you received as bonuses and commissions during the past 12 months? *Please enter the entire amount (e.g., "12000"), not an abbreviation (e.g., "12" or "12K"). Enter "0" if none.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Amount	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
<b>Bonus of at Least \$1; Salary Basis, Q. 17, Primarily Hourly Wage</b>							
	<i>n</i> = 49	<i>n</i> = 0	<i>n</i> = 16	<i>n</i> = 2	<i>n</i> = 31	<i>n</i> = 0	<i>n</i> = 0
25th percentile	\$500	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)	\$500	<i>(n</i> < 25)	<i>(n</i> < 25)
50th percentile <b>(Median)</b>	\$1,500				\$1,500		
75th percentile	\$5,000				\$5,000		
Mean	\$5,494				\$6,115		
Standard deviation	\$12,278				\$14,682		
Mode	\$500				\$500		
		Statistical significance: $F(2, 46) = 0.11, p = .896$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.					
<b>Commission of at Least \$1; Salary Basis, Q. 17, Primarily Hourly Wage</b>							
	<i>n</i> = 29	<i>n</i> = 0	<i>n</i> = 0	<i>n</i> = 1	<i>n</i> = 28	<i>n</i> = 0	<i>n</i> = 0
25th percentile	\$7,784	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)	\$7,784	<i>(n</i> < 25)	<i>(n</i> < 25)
50th percentile <b>(Median)</b>	\$15,000				\$16,000		
75th percentile	\$21,000				\$21,000		
Mean	\$16,058				\$16,310		
Standard deviation	\$11,586				\$11,717		
Mode	\$20,000				\$20,000		
		Statistical significance: $F(1, 27) = 0.37, p = .545$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.					
(Question 22 continues on next page.)							

22. (cont'd) What is the total amount you received as bonuses and commissions during the past 12 months? *Please enter the entire amount (e.g., "12000"), not an abbreviation (e.g., "12" or "12K"). Enter "0" if none.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Amount	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
<b>Bonus of at Least \$1; Salary Basis, Q. 17, Primarily Annual Salary</b>							
	<i>n</i> = 327	<i>n</i> = 26	<i>n</i> = 116	<i>n</i> = 4	<i>n</i> = 137	<i>n</i> = 20	<i>n</i> = 18
25th percentile	\$1,500	\$1,500	\$1,670	<i>(n</i> < 25)	\$1,000	<i>(n</i> < 25)	<i>(n</i> < 25)
50th percentile <b>(Median)</b>	\$5,000	\$3,750	\$5,000		\$5,000		
75th percentile	\$10,000	\$10,000	\$10,000		\$12,000		
Mean	\$10,230	\$6,313	\$9,486		\$11,426		
Standard deviation	\$17,186	\$8,482	\$17,050		\$18,708		
Mode	\$10,000	\$10,000	\$10,000		\$10,000		
		Statistical significance: $F(6, 315) = 0.62, p = .685$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.					
<b>Commission of at Least \$1; Salary Basis, Q. 17, Primarily Annual Salary</b>							
	<i>n</i> = 125	<i>n</i> = 1	<i>n</i> = 3	<i>n</i> = 8	<i>n</i> = 99	<i>n</i> = 12	<i>n</i> = 0
25th percentile	\$12,000	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)	\$12,000	<i>(n</i> < 25)	<i>(n</i> < 25)
50th percentile <b>(Median)</b>	\$20,000				\$20,000		
75th percentile	\$40,000				\$30,000		
Mean	\$27,504				\$24,929		
Standard deviation	\$21,741				\$19,216		
Mode	\$12,000				\$12,000		
		Statistical significance: $F(4, 118) = 3.22, p = .015$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					
(Question 22 continues on next page.)							

22. (cont'd) What is the total amount you received as bonuses and commissions during the past 12 months? *Please enter the entire amount (e.g., "12000"), not an abbreviation (e.g., "12" or "12K"). Enter "0" if none.*  
 Analyses limited to respondents who met the following criteria:  
 ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)  
 ❖ Employed full time or part time

Amount	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
<b>Bonus of at Least \$1; Salary Basis, Q. 17, Primarily Commission</b>							
	<i>n</i> = 3	<i>n</i> = 0	<i>n</i> = 0	<i>n</i> = 2	<i>n</i> = 1	<i>n</i> = 0	<i>n</i> = 0
25th percentile	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)
50th percentile <b>(Median)</b>							
75th percentile							
Mean							
Standard deviation							
Mode							
<b>Commission of at Least \$1; Salary Basis, Q. 17, Primarily Commission</b>							
	<i>n</i> = 12	<i>n</i> = 0	<i>n</i> = 0	<i>n</i> = 3	<i>n</i> = 8	<i>n</i> = 1	<i>n</i> = 0
25th percentile	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)
50th percentile <b>(Median)</b>							
75th percentile							
Mean							
Standard deviation							
Mode							

23. What salary supplement, stipend, or other type of “salary upgrade” did you receive for any of the following reasons during the past 12 months? *Please enter the entire amount (e.g., “12,000”), not an abbreviation (e.g., “12” or “12K”). Enter “0” if none.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time
- ❖ Upgrade for ASHA CCCs of at least \$1

Upgrade	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
<b>ASHA CCCs</b>							
	<i>n</i> = 313	<i>n</i> = 39	<i>n</i> = 86	<i>n</i> = 7	<i>n</i> = 110	<i>n</i> = 11	<i>n</i> = 53
25th percentile	\$250	\$250	\$250	<i>(n</i> < 25)	\$250	<i>(n</i> < 25)	\$250
50th percentile <b>(Median)</b>	\$300	\$278	\$300		\$300		\$1,000
75th percentile	\$600	\$400	\$500		\$500		\$2,000
Mean	\$785	\$584	\$880		\$486		\$1,551
Standard deviation	\$1,200	\$1,117	\$1,392		\$459		\$1,730
Mode	\$250	\$250	\$250		\$250		\$250
		Statistical significance: $F(5, 300) = 6.69, p < .001$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					
(Question 23 continues on next page.)							

23. (cont'd) What salary supplement, stipend, or other type of “salary upgrade” did you receive for any of the following reasons during the past 12 months? *Please enter the entire amount (e.g., “12,000”), not an abbreviation (e.g., “12” or “12K”). Enter “0” if none.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time
- ❖ Upgrade for administrative tasks of at least \$1

Upgrade	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
<b>Administrative Tasks</b>							
	<i>n</i> = 64	<i>n</i> = 33	<i>n</i> = 9	<i>n</i> = 2	<i>n</i> = 10	<i>n</i> = 1	<i>n</i> = 7
25th percentile	\$1,000	\$3,000	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)	<i>(n</i> < 25)
50th percentile <b>(Median)</b>	\$3,000	\$5,000					
75th percentile	\$7,375	\$12,000					
Mean	\$7,116	\$10,567					
Standard deviation	\$11,655	\$14,546					
Mode	\$1,000	\$5,000					
		Statistical significance: $F(5, 56) = 1.51, p = .200$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.					
(Question 23 continues on next page.)							

23. (cont'd) What salary supplement, stipend, or other type of “salary upgrade” did you receive for any of the following reasons during the past 12 months? *Please enter the entire amount (e.g., “12,000”), not an abbreviation (e.g., “12” or “12K”). Enter “0” if none.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time
- ❖ Upgrade for multilingual services of at least \$1

Upgrade	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
<b>Multilingual Services</b>							
	<i>n</i> = 2	<i>n</i> = 0	<i>n</i> = 0	<i>n</i> = 0	<i>n</i> = 1	<i>n</i> = 0	<i>n</i> = 0
25th percentile	( <i>n</i> < 25)	( <i>n</i> < 25)	( <i>n</i> < 25)	( <i>n</i> < 25)	( <i>n</i> < 25)	( <i>n</i> < 25)	( <i>n</i> < 25)
50th percentile <b>(Median)</b>							
75th percentile							
Mean							
Standard deviation							
Mode							
<b>Supervision</b>							
	<i>n</i> = 18	<i>n</i> = 4	<i>n</i> = 3	<i>n</i> = 1	<i>n</i> = 7	<i>n</i> = 0	<i>n</i> = 2
25th percentile	( <i>n</i> < 25)	( <i>n</i> < 25)	( <i>n</i> < 25)	( <i>n</i> < 25)	( <i>n</i> < 25)	( <i>n</i> < 25)	( <i>n</i> < 25)
50th percentile <b>(Median)</b>							
75th percentile							
Mean							
Standard deviation							
Mode							

24. Indicate whether the following expenses are paid by you, your employer, a combination, or are not applicable.  
(Percentages)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Expenses	Facility Type						
	All facility types	College/university	Hospital	Franchise/retail chain	Nonres. health care	Industry	School
<b>ASHA Dues</b>							
	<i>n</i> = 1,327	<i>n</i> = 197	<i>n</i> = 421	<i>n</i> = 29	<i>n</i> = 452	<i>n</i> = 38	<i>n</i> = 149
Self	41.9	42.1	42.5	41.4	30.8	18.4	72.5
Employer	52.0	54.3	49.6	55.2	63.7	76.3	20.1
Combination	5.7	3.6	7.6	3.4	4.6	5.3	7.4
Not applicable	0.4	0.0	0.2	0.0	0.9	0.0	0.0
	Too many cells (33%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
<b>Deleted Not applicable</b>							
	<i>n</i> = 1,322	<i>n</i> = 197	<i>n</i> = 420	<i>n</i> = 29	<i>n</i> = 448	<i>n</i> = 38	<i>n</i> = 149
Self	42.1	42.1	42.6	41.4	31.0	18.4	72.5
Employer	52.2	54.3	49.8	55.2	64.3	76.3	20.1
Combination	5.7	3.6	7.6	3.4	4.7	5.3	7.4
	Statistical significance: $\chi^2(10) = 103.63, p < .001$ , Cramer's <i>V</i> = .201 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.						
(Question 24 continues on next page.)							

24. (cont'd) Indicate whether the following expenses are paid by you, your employer, a combination, or are not applicable. (Percentages)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Expenses	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
<b>Professional Development</b>							
	<i>n</i> = 1,326	<i>n</i> = 197	<i>n</i> = 421	<i>n</i> = 28	<i>n</i> = 453	<i>n</i> = 38	<i>n</i> = 148
Self	30.6	23.4	26.6	25.0	32.0	18.4	45.9
Employer	43.7	40.6	44.9	57.1	50.6	55.3	20.9
Combination	24.8	35.5	28.3	17.9	15.7	21.1	33.1
Not applicable	0.9	0.5	0.2	0.0	1.8	5.3	0.0
	Too many cells (25%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
<b>Deleted Not applicable</b>							
	<i>n</i> = 1,314	<i>n</i> = 196	<i>n</i> = 420	<i>n</i> = 28	<i>n</i> = 445	<i>n</i> = 36	<i>n</i> = 148
Self	30.9	23.5	26.7	25.0	32.6	19.4	45.9
Employer	44.1	40.8	45.0	57.1	51.5	58.3	20.9
Combination	25.0	35.7	28.3	17.9	16.0	22.2	33.1
	Statistical significance: $\chi^2(10) = 75.37, p < .001$ , Cramer's <i>V</i> = .172 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.						
(Question 24 continues on next page.)							

24. (cont'd) Indicate whether the following expenses are paid by you, your employer, a combination, or are not applicable. (Percentages)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Expenses	Facility Type						
	All facility types	College/university	Hospital	Franchise/retail chain	Nonres. health care	Industry	School
<b>State Licensing Fees</b>							
	<i>n</i> = 1,326	<i>n</i> = 197	<i>n</i> = 421	<i>n</i> = 29	<i>n</i> = 451	<i>n</i> = 38	<i>n</i> = 149
Self	46.2	55.3	46.3	34.5	30.6	31.6	81.2
Employer	48.7	38.6	48.5	62.1	65.0	55.3	15.4
Combination	3.9	4.1	4.8	3.4	3.5	5.3	2.7
Not applicable	1.2	2.0	0.5	0.0	0.9	7.9	0.7
	Too many cells (33%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
<b>Deleted Not applicable</b>							
	<i>n</i> = 1,310	<i>n</i> = 193	<i>n</i> = 419	<i>n</i> = 29	<i>n</i> = 447	<i>n</i> = 35	<i>n</i> = 148
Self	46.7	56.5	46.5	34.5	30.9	34.3	81.8
Employer	49.3	39.4	48.7	62.1	65.5	60.0	15.5
Combination	4.0	4.1	4.8	3.4	3.6	5.7	2.7
	Statistical significance: $\chi^2(10) = 134.43, p < .001$ , Cramer's <i>V</i> = .230 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.						
(Question 24 continues on next page.)							

24. (cont'd) Indicate whether the following expenses are paid by you, your employer, a combination, or are not applicable. (Percentages)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Expenses	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
<b>Leave Time to Volunteer</b>							
	<i>n</i> = 1,309	<i>n</i> = 197	<i>n</i> = 416	<i>n</i> = 28	<i>n</i> = 443	<i>n</i> = 38	<i>n</i> = 146
Self	41.9	32.5	47.8	28.6	39.5	44.7	45.2
Employer	16.4	31.0	13.2	17.9	14.9	34.2	6.8
Combination	3.8	7.1	4.6	0.0	2.0	2.6	3.4
Not applicable	37.9	29.4	34.4	53.6	43.6	18.4	44.5
	Statistical significance: $\chi^2(15) = 81.04, p < .001$ , Cramer's <i>V</i> = .146 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.						
<b>Deleted Not applicable</b>							
	<i>n</i> = 813	<i>n</i> = 139	<i>n</i> = 273	<i>n</i> = 13	<i>n</i> = 250	<i>n</i> = 31	<i>n</i> = 81
Self	67.4	46.0	72.9	( <i>n</i> < 25)	70.0	54.8	81.5
Employer	26.4	43.9	20.1		26.4	41.9	12.3
Combination	6.2	10.1	7.0		3.6	3.2	6.2
	Too many cells (22%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
(Question 24 continues on next page.)							

24. (cont'd) Indicate whether the following expenses are paid by you, your employer, a combination, or are not applicable. (Percentages)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Expenses	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
	<b>Other</b>						
	<i>n</i> = 667	<i>n</i> = 97	<i>n</i> = 215	<i>n</i> = 15	<i>n</i> = 246	<i>n</i> = 26	<i>n</i> = 48
Self	9.6	9.3	10.2	<i>(n</i> < 25)	7.3	19.2	10.4
Employer	7.5	5.2	7.4		8.9	3.8	6.3
Combination	1.3	3.1	1.4		0.4	3.8	0.0
Not applicable	81.6	82.5	80.9		83.3	73.1	83.3
		Too many cells (50%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
	<b>Deleted Not applicable</b>						
	<i>n</i> = 123	<i>n</i> = 17	<i>n</i> = 41	<i>n</i> = 1	<i>n</i> = 41	<i>n</i> = 7	<i>n</i> = 8
Self	52.0	<i>(n</i> < 25)	53.7	<i>(n</i> < 25)	43.9	<i>(n</i> < 25)	<i>(n</i> < 25)
Employer	40.7		39.0		53.7		
Combination	7.3		7.3		2.4		
		Too many cells (67%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					

Note. See Appendix C, Q. 24, for the list of specified *other* responses, by facility.

25. How much unpaid student debt do you have for your education? *Please enter the entire amount (e.g., “12,000”), not an abbreviation (e.g., “12” or “12K”). Enter “0” if none.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Student debt of at least \$1

Debt	Facility Type						
	All facility types (n = 381)	College/ university (n = 40)	Hospital (n = 143)	Franchise/ retail chain (n = 8)	Nonres. health care (n = 141)	Industry (n = 10)	School (n = 34)
25th percentile	\$35,000	\$16,000	\$55,000	(n < 25)	\$32,000	(n < 25)	\$17,000
50th percentile <b>(Median)</b>	\$88,000	\$48,500	\$100,000		\$80,000		\$72,000
75th percentile	\$150,000	\$132,500	\$160,000		\$140,000		\$150,000
Mean	\$102,236	\$78,731	\$120,165		\$96,717		\$93,954
Standard deviation	\$93,315	\$72,552	\$113,806		\$77,857		\$87,766
Mode	\$100,000	\$100,000	\$100,000		\$200,000		\$10,000
		Statistical significance: $F(5, 370) = 1.77, p = .118$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.					

## Service Provision

26. Does your workplace offer telepractice services? <i>Select only <u>one</u> response. (Percentages)</i>							
Analyses limited to respondents who met the following criteria:							
❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)							
❖ Employed full time or part time							
Telepractice	Facility Type						
	All facility types (n = 1,312)	College/ university (n = 190)	Hospital (n = 422)	Franchise/ retail chain (n = 29)	Nonres. health care (n = 452)	Industry (n = 32)	School (n = 148)
No, we do not provide—and do not currently plan to provide—telepractice services.	52.3	37.9	46.9	34.5	53.8	53.1	83.1
No, but we are considering providing telepractice services in the future.	14.7	16.8	17.8	17.2	15.5	3.1	4.1
We began providing telepractice services on or after January 1, 2024.	6.6	8.4	6.9	17.2	6.4	12.5	0.7
We currently provide telepractice services and have been doing so since before January 1, 2024.	26.4	36.8	28.4	31.0	24.3	31.3	12.2
		Statistical significance: $\chi^2(15) = 93.21, p < .001$ , Cramer's $V = .156$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					

<p>27. How often do you perform each of the following activities? (<i>Percentages</i>)                  Analyses limited to respondents who met the following criteria:                  ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)                  ❖ Clinical service provider                  ❖ Employed full time or part time</p>							
Frequency	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
<b>Demonstrate, Fit, or Dispense Hearing Assistive Technology</b>							
	<i>n</i> = 953	<i>n</i> = 17	<i>n</i> = 354	<i>n</i> = 23	<i>n</i> = 413	<i>n</i> = 2	<i>n</i> = 135
Daily	29.8	<i>(n</i> < 25)	25.4	<i>(n</i> < 25)	35.8	<i>(n</i> < 25)	19.3
Weekly	26.1		27.4		20.1		45.9
Monthly	14.9		13.8		13.8		22.2
Less than monthly	13.0		12.7		14.5		5.9
Rarely or never	16.2		20.6		15.7		6.7
		Too many cells (40%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
<b>Fit and Dispense Hearing Aids</b>							
	<i>n</i> = 950	<i>n</i> = 17	<i>n</i> = 353	<i>n</i> = 23	<i>n</i> = 411	<i>n</i> = 2	<i>n</i> = 135
Daily	43.4	<i>(n</i> < 25)	39.9	<i>(n</i> < 25)	58.4	<i>(n</i> < 25)	1.5
Weekly	25.4		33.4		24.3		6.7
Monthly	4.8		5.7		2.9		9.6
Less than monthly	3.7		3.1		1.0		13.3
Rarely or never	22.7		17.8		13.4		68.9
		Too many cells (37%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
(Question 27 continues on next page.)							

27. (cont'd) How often do you perform each of the following activities? (Percentages)							
Analyses limited to respondents who met the following criteria:							
❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)							
❖ Clinical service provider							
❖ Employed full time or part time							
Frequency	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
<b>Perform Cerumen Management</b>							
	<i>n</i> = 951	<i>n</i> = 17	<i>n</i> = 354	<i>n</i> = 23	<i>n</i> = 411	<i>n</i> = 2	<i>n</i> = 135
Daily	15.6	( <i>n</i> < 25)	11.0	( <i>n</i> < 25)	24.3	( <i>n</i> < 25)	0.7
Weekly	18.6		16.7		24.8		2.2
Monthly	10.2		11.0		9.7		8.1
Less than monthly	10.9		14.4		8.5		9.6
Rarely or never	44.7		46.9		32.6		79.3
		Too many cells (43%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
<b>Perform Diagnostic Hearing Assessment</b>							
	<i>n</i> = 955	<i>n</i> = 17	<i>n</i> = 354	<i>n</i> = 23	<i>n</i> = 413	<i>n</i> = 2	<i>n</i> = 137
Daily	80.6	( <i>n</i> < 25)	86.4	( <i>n</i> < 25)	91.3	( <i>n</i> < 25)	34.3
Weekly	11.4		8.5		6.1		34.3
Monthly	2.6		0.8		1.2		12.4
Less than monthly	1.6		0.3		0.2		8.8
Rarely or never	3.8		4.0		1.2		10.2
		Too many cells (53%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
(Question 27 continues on next page.)							

27. (cont'd) How often do you perform each of the following activities? ( <i>Percentages</i> )							
Analyses limited to respondents who met the following criteria:							
❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)							
❖ Clinical service provider							
❖ Employed full time or part time							
Frequency	Facility Type						
	All facility types	College/university	Hospital	Franchise/retail chain	Nonres. health care	Industry	School
<b>Perform Evoked Potential Testing</b>							
	<i>n</i> = 951	<i>n</i> = 16	<i>n</i> = 353	<i>n</i> = 23	<i>n</i> = 413	<i>n</i> = 2	<i>n</i> = 135
Daily	10.4	<i>(n</i> < 25)	18.1	<i>(n</i> < 25)	7.3	<i>(n</i> < 25)	2.2
Weekly	19.9		32.6		15.5		4.4
Monthly	7.7		10.8		7.3		0.7
Less than monthly	4.9		5.1		5.3		3.0
Rarely or never	57.1		33.4		64.6		89.6
		Too many cells (43%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
<b>Program Cochlear Implants</b>							
	<i>n</i> = 951	<i>n</i> = 16	<i>n</i> = 354	<i>n</i> = 23	<i>n</i> = 412	<i>n</i> = 2	<i>n</i> = 135
Daily	9.4	<i>(n</i> < 25)	16.7	<i>(n</i> < 25)	6.1	<i>(n</i> < 25)	0.7
Weekly	9.6		13.3		9.7		1.5
Monthly	4.7		3.4		6.8		1.5
Less than monthly	2.2		2.5		2.7		0.0
Rarely or never	74.1		64.1		74.8		96.3
		Too many cells (47%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
(Question 27 continues on next page.)							

27. (cont'd) How often do you perform each of the following activities? ( <i>Percentages</i> )							
Analyses limited to respondents who met the following criteria:							
❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)							
❖ Clinical service provider							
❖ Employed full time or part time							
Frequency	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
<b>Provide Audiologic/Aural Rehabilitation</b>							
	<i>n</i> = 948	<i>n</i> = 16	<i>n</i> = 351	<i>n</i> = 23	<i>n</i> = 412	<i>n</i> = 2	<i>n</i> = 135
Daily	26.2	<i>(n</i> < 25)	29.3	<i>(n</i> < 25)	28.4	<i>(n</i> < 25)	11.1
Weekly	18.7		12.0		20.9		26.7
Monthly	8.1		6.3		8.5		11.9
Less than monthly	10.1		7.7		9.5		18.5
Rarely or never	36.9		44.7		32.8		31.9
		Too many cells (40%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
<b>Provide Hearing Conservation Services</b>							
	<i>n</i> = 952	<i>n</i> = 16	<i>n</i> = 353	<i>n</i> = 23	<i>n</i> = 413	<i>n</i> = 2	<i>n</i> = 136
Daily	5.4	<i>(n</i> < 25)	5.1	<i>(n</i> < 25)	6.3	<i>(n</i> < 25)	2.9
Weekly	8.3		6.5		11.4		4.4
Monthly	13.7		11.0		16.0		14.0
Less than monthly	21.6		22.4		19.4		27.2
Rarely or never	51.1		55.0		47.0		51.5
		Too many cells (43%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
(Question 27 continues on next page.)							

27. (cont'd) How often do you perform each of the following activities? (Percentages)							
Analyses limited to respondents who met the following criteria:							
❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)							
❖ Clinical service provider							
❖ Employed full time or part time							
Frequency	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
<b>Provide Tinnitus Assessment/Rehabilitation</b>							
	<i>n</i> = 949	<i>n</i> = 16	<i>n</i> = 354	<i>n</i> = 23	<i>n</i> = 410	<i>n</i> = 2	<i>n</i> = 135
Daily	9.7	<i>(n</i> < 25)	11.0	<i>(n</i> < 25)	12.4	<i>(n</i> < 25)	0.0
Weekly	17.5		13.6		26.3		0.7
Monthly	10.7		7.6		15.9		1.5
Less than monthly	13.2		14.1		13.9		7.4
Rarely or never	48.9		53.7		31.5		90.4
		Too many cells (43%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
<b>Provide Vestibular Assessment and/or Rehabilitation</b>							
	<i>n</i> = 949	<i>n</i> = 16	<i>n</i> = 354	<i>n</i> = 22	<i>n</i> = 411	<i>n</i> = 2	<i>n</i> = 135
Daily	7.6	<i>(n</i> < 25)	8.8	<i>(n</i> < 25)	9.7	<i>(n</i> < 25)	0.0
Weekly	11.5		15.8		12.2		0.0
Monthly	3.9		4.2		5.1		0.7
Less than monthly	3.1		2.5		4.1		0.7
Rarely or never	74.0		68.6		68.9		98.5
		Too many cells (47%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
(Question 27 continues on next page.)							

27. (cont'd) How often do you perform each of the following activities? ( <i>Percentages</i> )							
Analyses limited to respondents who met the following criteria:							
❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)							
❖ Clinical service provider							
❖ Employed full time or part time							
Frequency	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
<b>Verify Performance of Hearing Aids Using Real Ear Measurements</b>							
	<i>n</i> = 952	<i>n</i> = 17	<i>n</i> = 354	<i>n</i> = 23	<i>n</i> = 412	<i>n</i> = 2	<i>n</i> = 135
Daily	33.2	<i>(n</i> < 25)	41.5	<i>(n</i> < 25)	35.7	<i>(n</i> < 25)	6.7
Weekly	25.0		31.1		23.5		12.6
Monthly	8.7		5.1		7.8		20.7
Less than monthly	6.4		2.5		6.3		15.6
Rarely or never	26.7		19.8		26.7		44.4
		Too many cells (37%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					

## Supervision

28. What is your experience with supervising final year externship students? ( <i>Percentages</i> )							
Analyses limited to respondents who met the following criteria:							
❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)							
❖ Clinical service provider							
❖ Employed full time or part time							
Experience	Facility Type						
	All facility types (n = 947)	College/ university (n = 17)	Hospital (n = 352)	Franchise/ retail chain (n = 23)	Nonres. health care (n = 408)	Industry (n = 2)	School (n = 136)
I am currently supervising one or more.	21.0	(n < 25)	34.9	(n < 25)	15.2	(n < 25)	2.9
I have supervised in the past but am not currently.	43.1		36.1		46.3		49.3
I have never supervised.	35.9		29.0		38.5		47.8
		Too many cells (28%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					

29. What would or does encourage you to supervise a final year externship student in the future, regardless of whether you are currently supervising one? *Select all that apply. Responses were randomized on the survey but are presented in descending order of frequencies for this table. (Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Clinical service provider
- ❖ Employed full time or part time

Encouragement Source	Facility Type						
	All facility types (n = 1,076)	College/ university (n = 17)	Hospital (n = 385)	Franchise/ retail chain (n = 27)	Nonres. health care (n = 469)	Industry (n = 2)	School (n = 160)
Financial compensation for my time	37.2	(n < 25)	40.0	44.4	34.5	(n < 25)	41.3
	Statistical significance: $\chi^2(5) = 9.24, p = .100$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.						
Release time from other duties	36.0	(n < 25)	42.1	33.3	33.9	(n < 25)	29.4
	Statistical significance: $\chi^2(5) = 11.47, p = .043$ , Cramer's V = .104 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.						
Training in supervision	31.2	(n < 25)	35.6	18.5	29.4	(n < 25)	30.0
	Statistical significance: $\chi^2(5) = 6.54, p = .257$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.						
Free ASHA continuing education courses	27.4	(n < 25)	32.2	18.5	25.6	(n < 25)	25.0
	Too many cells (25%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
Question 29 continues on next page.)							

29. (cont'd) What would or does encourage you to supervise a final year externship student in the future, regardless of whether you are currently supervising one? *Select all that apply. Responses were randomized on the survey but are presented in descending order of frequencies for this table. (Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Clinical service provider
- ❖ Employed full time or part time

Encouragement Source	Facility Type						
	All facility types (n = 1,076)	College/ university (n = 17)	Hospital (n = 385)	Franchise/ retail chain (n = 27)	Nonres. health care (n = 469)	Industry (n = 2)	School (n = 160)
Insurance reimbursement for services	9.6	(n < 25)	9.4	7.4	12.45	(n < 25)	1.9
	Too many cells (33%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
Other, please specify:	5.1	(n < 25)	0.0	0.0	0.0	(n < 25)	34.4
	Too many cells (33%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						

Note. See Appendix C, Q. 29, for the list of specified *other* responses, by facility.

30. What would or does discourage you from supervising a final year externship student, regardless of whether you are currently supervising one? *Select all that apply. Responses were randomized on the survey but are presented in descending order of frequencies for this table. (Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Clinical service provider
- ❖ Employed full time or part time

Discouragement Source	Facility Type						
	All facility types (n = 1,076)	College/ university (n = 17)	Hospital (n = 385)	Franchise/ retail chain (n = 27)	Nonres. health care (n = 469)	Industry (n = 2)	School (n = 160)
Insufficient time	54.7	(n < 25)	59.0	55.6	54.8	(n < 25)	50.0
	Statistical significance: $\chi^2(5) = 13.67, p = .018$ , Cramer's $V = .114$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.						
Lack of financial compensation for my time	30.3	(n < 25)	33.5	29.6	27.1	(n < 25)	34.4
	Statistical significance: $\chi^2(5) = 6.11, p = .295$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.						
Lack of administrative support	29.5	(n < 25)	39.2	29.6	24.1	(n < 25)	24.4
	Statistical significance: $\chi^2(5) = 26.92, p < .001$ , Cramer's $V = .159$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.						
Poor student quality	26.0	(n < 25)	31.9	18.5	26.2	(n < 25)	15.6
	Too many cells (25%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
Question 30 continues on next page.)							

30. (cont'd) What would or does discourage you from supervising a final year externship student, regardless of whether you are currently supervising one? *Select all that apply. Responses were randomized on the survey but are presented in descending order of frequencies for this table. (Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Clinical service provider
- ❖ Employed full time or part time

Discouragement Source	Facility Type						
	All facility types (n = 1,076)	College/ university (n = 17)	Hospital (n = 385)	Franchise/ retail chain (n = 27)	Nonres. health care (n = 469)	Industry (n = 2)	School (n = 160)
Lack of financial compensation for the student	24.7	(n < 25)	27.0	7.4	22.4	(n < 25)	30.0
	Too many cells (25%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
Other, please specify:	10.2	(n < 25)	7.3	7.4	10.9	(n < 25)	14.4
	Too many cells (33%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						

Note. See Appendix C, Q. 30, for the list of specified *other* responses, by facility.

31. Do you <u>currently</u> supervise an audiology assistant or aide? (Percentages)							
Analyses limited to respondents who met the following criteria:							
❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)							
❖ Clinical service provider							
❖ Employed full time or part time							
Experience	Facility Type						
	All facility types (n = 947)	College/ university (n = 17)	Hospital (n = 352)	Franchise/ retail chain (n = 23)	Nonres. health care (n = 408)	Industry (n = 2)	School (n = 136)
Yes, I do.	24.3	(n < 25)	23.0	(n < 25)	29.7	(n < 25)	14.0
No, my workplace employs them, but I do not supervise any.	24.6		35.8		20.1		8.1
No, my workplace does not employ them.	51.1		41.2		50.2		77.9
		Too many cells (28%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					

## Workplace

32. Based on your own observations and experiences, how would you rate the current job market for audiologists in your type of employment facility and in your geographic area? (*Percentages*)  
 Analyses limited to respondents who met the following criteria:  
 ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)  
 ❖ Employed full time or part time

Job Market	Facility Type						
	All facility types (n = 1,278)	College/ university (n = 189)	Hospital (n = 412)	Franchise/ retail chain (n = 29)	Nonres. health care (n = 429)	Industry (n = 36)	School (n = 147)
More job openings than job seekers	36.2	36.0	31.1	34.5	45.7	33.3	25.9
Job openings and job seekers in balance	34.3	43.4	37.1	48.3	29.1	25.0	28.6
Fewer job openings than job seekers	29.5	20.6	31.8	17.2	25.2	41.7	45.6
		Statistical significance: $\chi^2(10) = 55.60, p < .001$ , Cramer's $V = .150$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					

33. How challenging is it to recruit and retain qualified audiologists in your type of employment facility and in your geographic area? (*Percentages*)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Challenge	Facility Type						
	All facility types (n = 1,275)	College/ university (n = 189)	Hospital (n = 414)	Franchise/ retail chain (n = 29)	Nonres. health care (n = 426)	Industry (n = 35)	School (n = 146)
Not at all challenging	14.0	14.3	15.9	6.9	9.6	5.7	22.6
Slightly challenging	23.5	23.3	26.8	17.2	21.6	20.0	21.2
Somewhat challenging	31.5	31.2	31.9	31.0	31.7	34.3	32.2
Very challenging	19.2	18.5	15.2	27.6	24.2	31.4	11.6
Extremely challenging	11.8	12.7	10.1	17.2	12.9	8.6	12.3
		Statistical significance: $\chi^2(20) = 41.08, p = .004$ , Cramer's V = .091 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					

34. Is professional burnout prompting you to consider changing careers or retiring? ( <i>Percentages</i> )							
Analyses limited to respondents who met the following criterion:							
❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)							
❖ Employed full time or part time							
Burnout	Facility Type						
	All facility types (n = 1,285)	College/ university (n = 191)	Hospital (n = 412)	Franchise/ retail chain (n = 29)	Nonres. health care (n = 435)	Industry (n = 36)	School (n = 145)
Not experiencing burnout	46.5	41.9	44.9	34.5	49.9	36.1	48.3
Considering changing to a different work setting because of burnout	20.4	25.1	23.3	27.6	18.9	25.0	11.7
Considering leaving the profession because of burnout	12.6	12.6	16.3	17.2	10.3	22.2	8.3
Considering a career change but not because of burnout	4.7	5.8	4.9	0.0	3.4	11.1	6.2
Considering retiring because of burnout	7.5	7.3	5.8	10.3	9.2	2.8	9.7
Considering retiring but not because of burnout	8.2	7.3	4.9	10.3	8.3	2.8	15.9
		Too many cells (22%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					

35. What are the TOP TWO initiatives that your employer could offer to help retain audiologists? *Select up to two.*  
*Responses were randomized on the survey but are presented in descending order of frequencies for this table.*  
*(Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Initiative	Facility Type						
	All facility types (n = 1,480)	College/ university (n = 208)	Hospital (n = 457)	Franchise/ retail chain (n = 33)	Nonres. health care (n = 507)	Industry (n = 43)	School (n = 174)
Provide step increases	37.1	43.8	40.3	36.4	40.4	30.2	18.4
		Statistical significance: $\chi^2(5) = 34.78$ , $p < .001$ , Cramer's $V = .156$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					
Provide professional development funding	21.3	22.1	26.0	15.2	17.0	25.6	21.3
		Statistical significance: $\chi^2(5) = 13.07$ , $p = .023$ , Cramer's $V = .096$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					
Reimburse ASHA dues	19.0	18.3	24.1	15.2	10.8	9.3	33.3
		Statistical significance: $\chi^2(5) = 55.80$ , $p < .001$ , Cramer's $V = .198$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					
Reimburse state licensure fees	15.9	16.3	19.9	6.1	10.1	11.6	27.6
		Statistical significance: $\chi^2(5) = 38.42$ , $p < .001$ , Cramer's $V = .164$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					
(Question 35 continues on next page.)							

35. (cont'd) What are the TOP TWO initiatives that your employer could offer to help retain audiologists? *Select up to two. Responses were randomized on the survey but are presented in descending order of frequencies for this table. (Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Initiative	Facility Type						
	All facility types (n = 1,480)	College/ university (n = 208)	Hospital (n = 457)	Franchise/ retail chain (n = 33)	Nonres. health care (n = 507)	Industry (n = 43)	School (n = 174)
Place audiologists on a separate salary schedule from teachers	9.1	8.2	5.3	9.1	3.4	4.7	36.8
		Statistical significance: $\chi^2(5) = 194.06$ , $p < .001$ , Cramer's $V = .369$ <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by type of facility.					
Other, please specify:	24.8	26.0	29.3	18.2	26.0	25.6	12.6
		Statistical significance: $\chi^2(5) = 19.76$ , $p = .001$ , Cramer's $V = .118$ <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by type of facility.					
Not applicable	14.4	15.4	7.7	18.2	21.9	20.9	6.3
		Statistical significance: $\chi^2(5) = 51.35$ , $p < .001$ , Cramer's $V = .190$ <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by type of facility.					

Note. See Appendix C, Q. 35, for the list of specified *other* responses, by facility.

36. Is union representation available to you through your employer? ( <i>Percentages</i> )							
Analyses limited to respondents who met the following criteria:							
❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)							
❖ Employed full time or part time							
Response	Facility Type						
	All facility types	College/university	Hospital	Franchise/retail chain	Nonres. health care	Industry	School
	(n = 1,300)	(n = 193)	(n = 418)	(n = 28)	(n = 438)	(n = 36)	(n = 148)
Yes.	13.4	22.3	10.0	0.0	2.1	0.0	49.3
No.	74.9	64.8	76.8	92.9	86.5	97.2	40.5
I don't know.	11.7	13.0	13.2	7.1	11.4	2.8	10.1
		Too many cells (22%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
<b>Deleted / Don't Know</b>							
	(n = 1,148)	(n = 168)	(n = 363)	(n = 26)	(n = 388)	(n = 35)	(n = 133)
Yes.	15.2	25.6	11.6	0.0	2.3	0.0	54.9
No.	84.8	74.4	88.4	100.0	97.7	100.0	45.1
		Statistical significance: $\chi^2(5) = 243.74, p < .001$ , Cramer's V = .468 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					

## Demographics

37. Identify the degrees you have earned. (Select all that apply.) <i>Count only actual degrees—not equivalencies or certificates—and do not include degrees expected but not yet conferred. (Percentages)</i>							
Analyses limited to respondents who met the following criterion: ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)							
Degree	Facility Type						
	All facility types (n = 1,302)	College/ university (n = 194)	Hospital (n = 418)	Franchise/ retail chain (n = 28)	Nonres. health care (n = 439)	Industry (n = 36)	School (n = 148)
Earned Degree							
Master’s (e.g., MS, MA, MBA)	10.8	4.6	4.5	28.6	12.8	8.3	26.4
AuD as only doctorate	78.3	57.2	89.2	71.4	81.5	86.1	69.6
PhD as only doctorate	5.9	22.7	1.7	0.0	3.4	2.8	2.7
Other doctorate as only doctorate	0.8	1.5	0.7	0.0	0.5	2.8	0.7
Multiple doctorates	4.2	13.9	3.8	0.0	1.8	0.0	0.7
Highest Degree: Combines Doctoral Degrees							
Master’s	10.8	4.6	4.5	28.6	12.8	8.3	26.4
Doctorate	89.2	95.4	95.5	71.4	87.2	91.7	73.6
		Statistical significance: $\chi^2(5) = 74.02$ , $p < .001$ , Cramer’s $V = .242$ <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by type of facility.					

Note. See Appendix C, Q. 37, for the list of specified *other* responses, by facility.

38. In what state are most of the patients/students whom you serve located?  
 Analyses limited to respondents who met the following criteria:  
 ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)  
 ❖ Clinical service provider  
 ❖ Employed full time or part time

State	n	State	n	State	n
Alabama	17	Kentucky	9	North Dakota	4
Alaska	7	Louisiana	23	Ohio	39
Arizona	24	Maine	4	Oklahoma	15
Arkansas	6	Maryland	31	Oregon	16
California	54	Massachusetts	32	Pennsylvania	46
Colorado	39	Michigan	30	Rhode Island	4
Connecticut	12	Minnesota	38	South Carolina	23
Delaware	5	Mississippi	14	South Dakota	4
District of Columbia	5	Missouri	28	Tennessee	18
Florida	52	Montana	5	Texas	55
Georgia	32	Nebraska	12	Utah	13
Hawaii	3	Nevada	1	Vermont	5
Idaho	5	New Hampshire	5	Virginia	42
Illinois	44	New Jersey	31	Washington	29
Indiana	22	New Mexico	12	West Virginia	4
Iowa	21	New York	61	Wisconsin	22
Kansas	19	North Carolina	30	Wyoming	3
				<b>Total</b>	<b>1,075</b>

(Question 38 continues on next page.)

38. (cont'd) In what state are most of the patients/students whom you serve located? Analyses limited to respondents who met the following criteria: ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist) ❖ Clinical service provider ❖ Employed full time or part time							
Response	Facility Type						
	All facility types (n = 1,075)	College/ university (n = 17)	Hospital (n = 384)	Franchise/ retail chain (n = 27)	Nonres. health care (n = 469)	Industry (n = 2)	School (n = 160)
<b>Northeast</b>	<b>20.0</b>	(n < 25)	<b>14.6</b>	<b>14.8</b>	<b>22.4</b>	(n < 25)	<b>24.4</b>
Middle Atlantic	4.3		3.1	7.4	4.7		4.4
New England	15.7		11.5	7.4	17.7		20.0
<b>Midwest</b>	<b>20.7</b>		<b>22.4</b>	<b>14.8</b>	<b>20.7</b>		<b>20.6</b>
East North Central	11.0		8.6	3.7	12.8		14.4
West North Central	9.8		13.8	11.1	7.9		6.3
<b>South</b>	<b>30.4</b>		<b>29.9</b>	<b>29.6</b>	<b>32.0</b>		<b>26.3</b>
East South Central	11.4		11.2	3.7	11.3		11.3
South Atlantic	15.3		14.6	22.2	17.1		11.9
West South Central	3.6		4.2	3.7	3.6		3.1
<b>West</b>	<b>28.8</b>		<b>33.1</b>	<b>40.7</b>	<b>24.9</b>		<b>28.7</b>
Mountain	18.0		19.5	25.9	15.1		21.3
Pacific	10.9		13.5	14.8	9.8		7.5
		Statistical significance: FOR 4 REGIONS: Too many cells (29%) have an expected count of less than 5. FOR 9 DIVISIONS: Too many cells (50%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					

39. Where are most of the patients/students whom you serve located? (*Percentages*)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Clinical service provider
- ❖ Employed full time or part time

Area	Facility Type						
	All facility types (n = 936)	College/ university (n = 17)	Hospital (n = 346)	Franchise/ retail chain (n = 22)	Nonres. health care (n = 404)	Industry (n = 2)	School (n = 136)
City/urban area	37.3	(n < 25)	47.1	(n < 25)	32.4	(n < 25)	26.5
Suburban area	44.6		35.5		50.7		49.3
Rural area	18.2		17.3		16.8		24.3
		Statistical significance: Too many cells (28%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					

40. How many years have you been employed in the audiology profession? *Enter the number of years employed as a whole number, rounded to the nearest year.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Response greater than “0”

Experience	Facility Type						
	All facility types (n = 1,284)	College/ university (n = 191)	Hospital (n = 410)	Franchise/ retail chain (n = 28)	Nonres. health care (n = 434)	Industry (n = 36)	School (n = 147)
25th percentile	7	11	5	12	6	10	12
50th percentile <b>(Median)</b>	16	20	12	21	15	21	25
75th percentile	29	30	23	34	30	29	32
Mean	19	21	15	22	19	20	22
Standard deviation	13	11	11	14	14	10	12
Mode	5	8	1	30	1	30	30
		Statistical significance: $F(5, 1240) = 11.58, p < .001$ <u>Conclusion:</u> There is adequate evidence from the data to say that the means vary by facility type.					

41. How many years have you been employed in the schools as an audiologist? *Enter the number of years employed as a whole number, rounded to the nearest year.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Educational audiologist (selected *school* for Q. 5)
- ❖ Response greater than “0”

Experience	Facility Type							
	All facility types (n = 144)	Special Day/ Residential (n = 14)	Elementary (n = 33)	Secondary (n = 6)	Student's home (n = 0)	Administrative office (n = 5)	Office for Tele-practice (n = 0)	Combination of the above (n = 78)
25th percentile	5	(n < 25)	4	(n < 25)	(n < 25)	(n < 25)	(n < 25)	4
50th percentile <b>(Median)</b>	15		15					12
75th percentile	25		23					22
Mean	16		15					14
Standard deviation	11		11					11
Mode	3		2					3
		Statistical significance: $F(5, 138) = 2.69, p = .023$ <u>Conclusion</u> : There is adequate evidence from the data to say that the means vary by facility type.						

## Survey Data Collection

42. On what type of device are you taking this survey? *If more than one, please select the device you used to complete most of the survey. (Percentages)*  
 Analyses limited to respondents who met the following criterion:  
 ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)

Device	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
	(n = 1,290)	(n = 191)	(n = 416)	(n = 28)	(n = 434)	(n = 36)	(n = 146)
Desktop computer	32.8	33.5	37.7	39.3	37.1	11.1	15.8
Laptop computer	28.1	43.5	17.3	10.7	20.3	38.9	56.8
Phone	37.4	20.9	43.5	50.0	40.6	50.0	26.0
Tablet	1.7	2.1	1.4	0.0	2.1	0.0	1.4
		Statistical significance: $\chi^2(15) = 144.30, p < .001$ , Cramer's $V = .196$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					
Deleted Tablet							
	(n = 1,268)	(n = 187)	(n = 410)	(n = 28)	(n = 425)	(n = 36)	(n = 144)
Desktop computer	33.4	34.2	38.3	39.3	37.9	11.1	16.0
Laptop computer	28.6	44.4	17.6	10.7	20.7	38.9	57.6
Phone	38.0	21.4	44.1	50.0	41.4	50.0	26.4
		Statistical significance: $\chi^2(10) = 142.07, p < .001$ , Cramer's $V = .240$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					

43. What are the main reasons you decided to complete the survey? *Select all that apply. Responses were randomized on the survey but are presented in descending order of frequencies for this table. (Percentages)*

Analyses limited to respondents who met the following criterion:

❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)

Reason	Facility Type						
	All facility types (n = 1,525)	College/ university (n = 208)	Hospital (n = 457)	Franchise/ retail chain (n = 33)	Nonres. health care (n = 507)	Industry (n = 43)	School (n = 174)
I believe ASHA will use this survey to help audiologists.	38.9	51.4	37.0	45.5	37.1	39.5	44.3
		Statistical significance: $\chi^2(5) = 16.52, p = .006$ , Cramer's $V = .108$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					
Hopeful that the survey results in increased support from ASHA.	36.3	43.3	36.1	39.4	35.7	53.5	40.8
		Statistical significance: $\chi^2(5) = 9.23, p = .100$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.					
Hopeful that ASHA hears our concerns.	32.5	31.7	35.7	33.3	31.8	37.2	38.5
		Statistical significance: $\chi^2(5) = 3.96, p = .556$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.					
Invitation email for the survey.	32.3	42.8	33.9	33.3	32.9	25.6	24.1
		Statistical significance: $\chi^2(5) = 16.24, p = .006$ , Cramer's $V = .107$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					
(Question 43 continues on next page.)							

43. (cont'd) What are the main reasons you decided to complete the survey? *Select all that apply. Responses were randomized on the survey but are presented in descending order of frequencies for this table. (Percentages)*  
 Analyses limited to respondents who met the following criterion:  
 ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)

Reason	Facility Type						
	All facility types (n = 1,525)	College/ university (n = 208)	Hospital (n = 457)	Franchise/ retail chain (n = 33)	Nonres. health care (n = 507)	Industry (n = 43)	School (n = 174)
I wanted to share my experiences.	28.9	27.4	30.9	42.4	29.2	34.9	31.0
		Statistical significance: $\chi^2(5) = 3.96, p = .556$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.					
I believe ASHA will use the survey to help the CSD professions.	22.7	40.9	18.6	39.4	20.7	18.6	23.0
		Statistical significance: $\chi^2(5) = 48.23, p < .001$ , Cramer's $V = .184$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					
Reminder emails about the survey.	21.4	29.3	19.0	24.2	21.5	14.0	23.6
		Statistical significance: $\chi^2(5) = 10.90, p = .053$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.					
I have used previous ASHA survey results.	14.2	23.1	13.6	18.2	12.2	18.6	13.2
		Statistical significance: $\chi^2(5) = 15.73, p = .008$ , Cramer's $V = .105$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					

(Question 43 continues on next page.)

43. (cont'd) What are the main reasons you decided to complete the survey? *Select all that apply. Responses were randomized on the survey but are presented in descending order of frequencies for this table. (Percentages)*  
 Analyses limited to respondents who met the following criterion:  
 ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)

Reason	Facility Type						
	All facility types (n = 1,525)	College/ university (n = 208)	Hospital (n = 457)	Franchise/ retail chain (n = 33)	Nonres. health care (n = 507)	Industry (n = 43)	School (n = 174)
Learning about how the survey results will be used in the future.	13.5	19.2	14.0	15.2	12.4	11.6	14.4
	Statistical significance: $\chi^2(5) = 5.91, p = .316$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.						
Email from ASHA telling me the survey was coming.	12.1	13.9	14.4	6.1	11.2	11.6	9.2
	Statistical significance: $\chi^2(5) = 5.75, p = .331$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.						
Reminders on social media.	1.2	1.9	0.2	0.0	1.6	0.0	2.3
	Statistical significance: Too many cells (33%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
Other, please specify:	4.3	3.8	4.8	3.0	4.5	0.0	4.6
	Statistical significance: $\chi^2(5) = 2.52, p = .774$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.						

Note. See Appendix C, Q. 43, for the list of specified *other* responses, by facility.

## **Appendix A**

### **Regions of the Country**

## Regions of the Country

### Northeast

- ◆ Middle Atlantic
  - New Jersey
  - New York
  - Pennsylvania
- ◆ New England
  - Connecticut
  - Maine
  - Massachusetts
  - New Hampshire
  - Rhode Island
  - Vermont

### South

- ◆ East South Central
  - Alabama
  - Kentucky
  - Mississippi
  - Tennessee
- ◆ South Atlantic
  - Delaware
  - District of Columbia
  - Florida
  - Georgia
  - Maryland
  - North Carolina
  - South Carolina
  - Virginia
  - West Virginia
- ◆ West South Central
  - Arkansas
  - Louisiana
  - Oklahoma
  - Texas

### Midwest

- ◆ East North Central
  - Illinois
  - Indiana
  - Michigan
  - Ohio
  - Wisconsin
- ◆ West North Central
  - Iowa
  - Kansas
  - Minnesota
  - Missouri
  - Nebraska
  - North Dakota
  - South Dakota

### West

- ◆ Mountain
  - Arizona
  - Colorado
  - Idaho
  - Montana
  - Nevada
  - New Mexico
  - Utah
  - Wyoming
- ◆ Pacific
  - Alaska
  - California
  - Hawaii
  - Oregon
  - Washington

## **Appendix B**

### **Statistics**

Statistics used in this summary report include the following notations and descriptions:

Notation	Description
Response rate	<p>The percentage of individuals who were included in the sample, minus any who were ineligible</p> $RR = \frac{(C + P)}{S - (Ret + I)}$ <p>Where</p> <ul style="list-style-type: none"> <li>RR = Response rate</li> <li>C = Number of completed surveys</li> <li>P = Number of partial surveys</li> <li>S = Sample size</li> <li>Ret = Ineligible because of retirement</li> <li>I = Ineligible for other reasons (e.g., no longer in the profession, on leave of absence)</li> </ul> $RR = \frac{1,525}{11,514 - (470)} = 13.8\%$
<i>n</i>	The number in the sample. In this report, the number of people who answered a particular question.
Mean	<p>A measure of central tendency; an average. Add the total of all the values and divide by the number of items.</p> <p>Example: <math>(1 + 1 + 7 + 34 + 88) / 5 = 26.2</math></p>
Standard deviation	<p>A statistic that shows the spread of scores in a distribution. Used with means. The larger the standard deviation, the more widely the scores are spread out around the mean.<sup>1</sup></p> <p>About 68% of the measurement is between 1 standard deviation greater than and 1 standard deviation smaller than the mean; 95% are plus/minus 2 standard deviations.</p> <p>Example: <math>(1 + 1 + 7 + 34 + 88)</math>                      Standard deviation = 37.1</p> <p>Therefore, 68% of the responses are between -10.9 and 63.3</p>
Median	<p>A measure of central tendency. Arrange the values in order, from lowest to highest. Select the value in the middle position.</p> <p>Example: 1, 1, 7, 34, 88                      Median = 7</p>
(Appendix table continues on next page.)	

Notation	Description
Mode	A measure of central tendency; an average. The value that occurs more frequently than any other value.  Example: 1, 1, 7, 34, 88                      Mode = 1
Statistical significance	Describes whether a value is larger or smaller than would be expected by chance alone.  Note that a large sample size can lead to results that are “statistically significant” even though the results themselves may not have substantive or practical significance. This is particularly true for chi-square ( $\chi^2$ ) tests. <sup>1</sup>
Chi-square ( $\chi^2$ )	A test used to assess the statistical significance of a finding where the variables being assessed are nominal (e.g., annual salary and hourly salary) or ordinal (e.g., excellent, good, fair, and poor). It measures whether there are statistically significant differences between the observed frequencies and the expected frequencies of two variables. The larger the observed frequency is in comparison with the expected frequency, the larger the $\chi^2$ statistic and the more likely the difference is statistically significant. When the sample size is large, large $\chi^2$ values (that is, ones that are statistically significant) can be obtained even for weak associations. <sup>1</sup>
Cramer's <i>V</i>	A measure of the <u>strength</u> of the association, used with $\chi^2$ statistics to identify the meaningfulness of a relationship. The $\chi^2$ value may be large with a small probability ( $p < .05$ ) of having occurred by chance. That is, it is “statistically significant at the .05 level.” Cramer's <i>V</i> is a measure of how strong (practically important) the relationship is between the variables. The larger the Cramer's <i>V</i> , the stronger the association.
ANOVA ( <i>F</i> )	<i>F</i> is the statistic computed when conducting an analysis of variance (ANOVA). <i>Analysis of variance</i> measures the differences between means on two or more variables. It is used when independent variables are categorical and a dependent variable is continuous. <sup>1</sup>
<i>p</i>	Probability. Found in expressions such as $p = .003$ meaning “The probability that this result could have been produced by chance is 1 in 3/1000ths. The smaller the number, the less likely that the result was due to chance. The <i>p</i> value is the actual probability associated with an obtained statistical result, such as $\chi^2$ or <i>F</i> . <sup>1</sup>
<i>df</i>	Degrees of freedom. The number of values that are free to vary when computing a statistic. Used in interpreting both a $\chi^2$ and an <i>F</i> ratio. It is calculated in a cross-tabulation as $(R - 1)(C - 1)$ or (the number of rows minus 1) times (the number of columns minus 1). In a $3 \times 4$ table, <i>df</i> would be 6.

<sup>1</sup> Vogt, W. P. (1993). *Dictionary of statistics and methodology*. Newbury Park, CA: Sage.

## **Appendix C**

### **Open-Ended Responses**

#### **Q. 4. Other Function**

##### **College/university**

- Clinician who is also a clinical educator and clinical faculty member (not liking my perceived lack of specificity in 2nd radio button choice)
- Researcher and hospital chief
- Staff Development Training at State Psychiatric Hospital

##### **Hospital**

- Administrator and clinical provider
- 50% clinician, 50% research ( $n = 2$ )

##### **Franchise/retail chain**

- Rehabilitative Audiology- Hearing aid fitting and sales

##### **Nonresidential health care facility**

- Forensic audiologist
- Industry

##### **Industry**

- Industry ( $n = 2$ )
- Manufacturing
- Marketing for hearing device company
- Product manager, audiology

##### **School**

- Teacher for the deaf and hard of hearing

##### **Other facility**

- Medical legal consultant on hearing and sound
- Non clinic/association
- Public health
- School, hearing conservation, clinical evaluations equally

#### **Q. 5. Other Facility**

- All of the above
- Association ( $n = 3$ )
- CAOHC course director I have a PLLC
- Family homes
- Government
- Government research lab ( $n = 2$ )
- Health Department
- Legal office or courthouse
- Non-profit
- Nursing homes
- Public health

- Public health – government
- Remote
- Remote services
- Research non-profit
- Residential healthcare facility ( $n = 3$ )
- Residential care facility and from home
- Residential homes
- Residential state facility
- Retirement community
- Sales all of the above
- Self employed
- State agency ( $n = 2$ )
- State/ government
- State Department of Education
- State EHDI Program
- State health and human services department
- State health dept
- Telehealth—work from home
- Work from home

#### **Q. 6. Other School Types**

- Educational service unit
- Office on a school campus

#### **Q. 11. Other Barriers, School Based, to Providing Optimal Services**

##### **Special day/residential school**

- Caseload size
- Cost coverage for hearing aids & earmolds
- Lack of ENTs in the area
- Short staffed

##### **Pre-elementary school (preschool)**

- Poor family support, broken equipment, poverty

##### **Elementary school**

- Budgets
- Funding to provide hearing aids and direct mics
- Equipment – I am not able to fit/adjust hearing aids and have no sound booth and diagnostic audiometer
- Lack of caregiver support
- Lack of family involvement
- Meetings
- Need another educational audiologist for my district

- No dispensing audiologists in my area
- Quantity of students
- Too high a caseload to do more than just the minimum for students
- Rural areas; not enough peers for our students, but this is not a solvable issue per se

### **Secondary school (middle, junior high, senior high)**

- Audiologists understanding of their roles and responsibilities in an educational setting. WE need a framework of services, not just monitoring the hearing screening which large districts do not participate in.
- Hearing screening which large districts do not participate in.
- Not having a booth for testing in county

### **Administrative office**

- Inadequate facilities
- Local population extremely neglected and oppressed by all levels of government for all of American history

### **Combination of the above**

- Advocating for equipment
- Being under contract, I am not on-site on a daily basis for little problems or to get to know classes/teachers/students as much as I think would be helpful to the students I serve
- Budget
- Budget limitations and available resources
- Small Budget
- Financial constraints
- Caseload size - feel like you have time to scratch the surface of what is actual role of an educational audiologist
- High caseload and TCDHH/Early Intervention support/staff
- Large caseloads ( $n = 2$ )
- Changes in state law affecting who we serve
- Clerical work scheduling
- Collaboration with clinicians, there are barriers to gathering medical records
- Lack of collaboration with DHH teachers
- Not having a booth or another audiologist to talk through tough cases or just to understand what I do each day.
- Communication with outside providers
- Compliance
- Families that are in poverty
- I'm limited to providing services only to those in Special Education rather than all kids with hearing differences
- Insurance coverage and availability of (timely) appointments
- Lack of clinical Medicaid providers
- Lack of access to ENT and dispensing audiologists, economic factors for families of students
- Lack of follow-up by parents
- Lack of parent involvement ( $n = 2$ )
- Lack of parental support/follow through

- Parent/ family involvement
- Lack of staff follow through, poor parental support
- Teacher/staff support
- Student and teacher understanding of the importance of hearing
- Lack of testing facilities
- Outdated equipment and assistive technology
- Meetings
- Other job responsibilities that are not in audiology
- My state underfunds education as a whole (disgracefully so). This doesn't match my population, which is low SES and very high needs. It is frustrating to see not only school programs being cut, but social supports in the community as well
- Never enough hours in the day
- Time constraints
- Updating educational training
- These are all barriers, which I hope I overcome by working more than I should/want.

**Q. 24. Other Expense (and who pays)**

**College/university**

- Interprofessional development Self
- Liability insurance Self
- National Service to Organizations Self
- Parking Self
- The reason I am not full time so I can volunteer with professionally related activities that they do not monetarily support Self
- Additional supplement to attend/present at conferences to cover fees, hotels, travel costs Employer
- Not penalized for time off to participate in meetings for our state Board of Examiners and the Governor's Council for the Deaf/HOH. Employer
- Retirement and health insurance Employer
- Travel and conference fees Employer
- I receive \$2000 per fiscal year to cover the above services. Anything above that is my responsibility. Combination
- Professional conference expenses Combination
- Retirement Combination
- No dues or expenses paid by employer (and I have two) (No answer)

**Hospital**

- AAA Membership and ABA Membership Self
- ABA, ACIA, state org, SENTAC, specialty certifications Self
- Educational travel (conferences) Self
- AuD online, laptop Self
- Illinois Academy of Audiology dues Self

- \$1000 professional development fund to use for certification, etc. Any excess cost is paid out of pocket. Employer
- AAA Employer
- AAA Dues Employer
- Educational time Employer
- Professional education days Employer
- Leave time for CEUs Employer
- Hearing Aid Licensing Exam Proctor Employer
- Inference attendance Employer
- Liability insurance Employer
- Limited Convention expenses Employer
- Secondary license for other states, subscription fees for professional journals and organizations Employer
- Student loan reimbursement (10,000 per year) Employer
- Time is leased by university for course instruction and administrative tasks Employer
- Travel expenses (gas, food, hotel) for conferences etc. Employer
  
- Trainings and conferences Combination
- Very limited education time Combination
  
- \$1000 professional development with +\$500 if presenting. Does not roll over. Must be relevant to job. NA
- Employer and research grant funding pays for professional development NA

**Nonresidential health care facility**

- AAA dues Employer
- AAA, ATA Employer
- AAA, NBCHIS Employer
- ADA Membership Employer
- Minnesota Academy of Audiology dues Employer
- Employer pays AAA membership dues, not ASHA Employer
- State license and AAA membership Employer
- All Conferences Employer
- Annual conference (AAA or ADA), professional development conference (Audigy), and state conference (FLAA) Employer
- Miles reimbursement for marketing; parking reimbursement when traveling for trainings/conferences Employer
- Travel/Conferences Employer
- Parking, gas Employer
- Professional time Employer
- Finger printing frey Employer
- Health insurance; SEP retirement plan; professional liability insurance Employer
- I AM SELF-EMPLOYED Employer
- Liability insurance (n = 3) Employer
- Scrubs Employer

- Healthcare Combination
- Fingerprinting- self NA
- \$2500 annually for CME (No answer)
- I am the employer so this is also self (No answer)
- Owner/Self-employed, covered by organization (No answer)
- Self employed (No answer)
- Purchase professional manuals (No answer)
- None of your business (No answer)

**Industry**

- AAA Dues Self
- CE Broker fees, State Speech and Hearing Self
  
- AAA Employer

**Occupational/environmental safety program**

- All office expenses Self
- CD certification CAOHC Self

**School**

- HIS license Self
  
- Mileage Employer
- Travel Employer
- Gas/mileage reimbursement Employer

**Other facility**

- AAA dues Employer
- Membership in state org and other professional orgs Employer
- Work from home stipend for office expenses Employer
  
- Travel for Cont. Ed. not covered by employer (No answer)

**Q. 29. Other . . . encourage . . . . supervising final year externship student**

**College/university**

- Attempting to ensure the next generation does better than we're doing.
- A sense that I'm supporting the next generation of health care providers
- Commitment to the profession
- Commitment to the future of our profession
- Contributing to the future of our field
- Help our future audiologists learn from seasoned audiologist
- I get personal satisfaction from their "aha" moments in learning. That is what precipitated me to consider a future in staff development/training.

- It is a job responsibility
- Job satisfaction
- It is an expectation of my clinical supervisor position.
- Approval by the university and more patients available
- Enjoyment & satisfaction, professional responsibility, improves the efficiency of our clinic
- Continued support from my university
- Support from dept head who is an SLP
- Currently supervising 1st and 2nd years
- I am currently supervising second year students in the university clinic so this does not apply to me.
- Facility does not take 4th year students.
- I am a research audiologist and we don't currently take fourth year externship students.
- I am at a college clinic setting (no AuD program), so it's not an appropriate place for a final year externship student.
- I am a university instructor and do not work on the clinical side.
- I work at a university so I am in charge of the extern process, but we do not have one ourselves
- I'm already in academia supervising many levels of students.
- I work in a university. Our goal is to find them other placements for their final year.
- I work in an AuD program. I supervise students year 1 - 3, but we do not have externship positions available
- Nothing. I teach 1st-3rd year students on campus only.
- I teach in a SLP only program.
- No audiology program at my university. SLP only.
- No full clinic in main position
- I supervise students, but not externs. Our clinic would not be a good learning setting for an extern. Not enough going on.
- In my current role, which primarily involves teaching classes a small amount of on-campus clinical supervision, it is not possible for me to supervise an externship student.
- I only provide hearing evaluations so I could offer an extern wide enough clinical experience.
- We are unable to accommodate an extern due to having an undergraduate clinical practicum course.
- We do not have a graduate audiology program at our university.
- We generally do not have 4th year externs on campus.
- ASHA dues paid by University if they want the CCC's
- Having my ASHA membership paid for since the CCC is required to supervise
- Required by employer
- The ability to pay the student
- Change in jobs.
- N/A ( $n = 4$ )
- n/a — my position is university administration
- N/A as I rarely precept students as I am the AUD program director
- N/A in my work setting
- NA as a clinical educator

- NA part of my job is to help students secure positions
- NA to my work setting, not enough clinical opportunities
- Not applicable for my current role.
- Not applicable, I work with students earlier in their education
- Not in a position to supervise at this time
- Not in my job description

## Hospital

- Contributing to the education of the profession
- Contribution to the training of future colleagues in the field
- Ability to train future audiologists
- Helping future audiologists
- Helping a student
- Giving back to the field
- Giving back to the field of audiology
- Giving back to the field; part of the job
- Giving back to the profession
- I like to give back to the profession
- I love giving back. It's great learning for all. Great recruiting. We are down staff which is why we don't have a student right now.
- I was a student once and needed supervision.
- The desire to pay it forward. Others did this for me and I want to support current students.
- I enjoy learning from students and teaching them.
- I just like teaching
- Opportunity to share knowledge
- To better the profession
- To give back to the profession and produce competent audiologists
- I supervise because I believe in helping the next generation of audiologists
- To teach and inspire them in their final year
- To teach new students — no compensation for this
- Teach the next generation
- Training for the future of our professions
- Training future professionals
- Taking part in training up the next generation of audiologists
- Mentoring and assisting the next generation of audiologists
- Mentorship
- I think it would be great opportunity.
- It's the right thing to do
- I think it is our professional responsibility to help train future providers
- It allows us to train competent audiologists who we then often hire on to join our team.
- I'll do it regardless because of a sense of duty, but these sound particularly really nice.
- Community benefit to learn pediatric audiology
- Ability to train future audiologists
- To provide a full rounded experience

- Career satisfaction
- Employer approval
- Availability of a student for this location well-rounded clinical experiences available for the student here
- Helping the profession continue with good placements
- Our facility has one extern annually.
- Potential future employment.
- We have taken a student with intent to hire.
- I have no choice.
- It is required at my job.
- It is written in organizational objective as a teaching hospital.
- It's an expectation of my workplace.
- Mandatory
- Required
- Required as a senior audiologist
- Requirement for job/mission of hospital
- Supervising is an expectation of everyone
- Limited clinical effort
- I work in a large hospital department and the more senior audiologists supervise.
- In my administrative role this would not happen, but if I went back to more routine clinical practice I would love to.
- My facility does not offer compensation for a final year externship student
- Our hospital does not want to do this
- Our hospital system does but they do not rotate through our location
- Excellent extern candidates with support from their graduate programs
- Patient care and admin assistance
- Support from business office
- Support from hospital — currently, our hospital sees an extern as a person that can't improve productivity, so does not support us having a student
- Support from my employer to do so
- Schedule and administration support to supervise
- Peers also sharing supervision responsibilities
- Proctor evaluation materials or portal simplified.
- Have enough time
- Time available to supervise.
- Extended time allowed for appointments that include teaching
- Reduced schedule
- Would love ASHA to cover my dues for CCC-A
- Ability to pay the student
- Free courses sound nice, but expecting to be reimbursed seems a bit much (doctors aren't reimbursed for training residents).
- N/A ( $n = 3$ )
- n/a. I'm obligated to supervise when there is a student at my practice.
- Not applicable to current job
- None ( $n = 2$ )

- I don't need motivation/encouragement.

### **Franchise/retail chain**

- It is my way of giving back.
- 0 students available would like to supervise. No new students.
- I train HIS. NOT Audiology students.
- Possible future employment
- More space to accommodate student
- Free/discounted ASHA Dues
- Don't really need motivation, I enjoy it.

### **Nonresidential health care facility**

- Contribute to the field of audiology
- Contributing positively to the field of audiology
- Contributing to the development of the field
- My contribution to the profession
- Develop future audiologists utilizing best practices and expand access to audiology services in our area
- Giving back to the profession
- Giving back and helping our local AUD program.
- Giving back to the future generation and love of teaching
- Giving back to the profession is the main reason. Also, it keeps me motivated and interested in the profession after 50 years.
- For the good of the profession
- Helping the future of audiology
- Helping the profession
- Helping the future professionals of audiology
- Helping the next generation
- Paying it forward for when I was supervised
- Paying it forward, someone did it for me
- Training the next generation clinicians
- Contributing to student education and growth
- To give back and these Aud-wannabes NEED the mentoring
- Being involved in training future AuDs — but the new students are getting harder to work with!
- Just wanted to make sure the student comes out as an efficient audiologist
- Teaching future AuDs
- I like to teach.
- Love of teaching
- Helping future providers be confident in skill development
- Just want to better the profession
- Being able to contribute to the profession
- Also learning from the extern
- Learning from current students, knowledge sharing
- Focusing on a positive experience in audiology
- A student is a wonderful tool for a supervisor, and the experience is great for the student, less "supervision requirement" would help with general flow, the students need handholding at the

beginning, but most are very quick learners — they have been in school for 6-7 years at this point and are adults.

- A good student.
- THE STUDENT'S DESIRE TO LEARN THE "ART" OF HEARING AID FITTING.
- A way to find an Audiologist that wants to be employed here.
- Hiring potential audiologists
- Ability to take an extern as a sole provider practice
- A work setting that allows for it. Not allowed for disability evaluations, which is all I do.
- As private practice, the universities generally discourage this as a viable career option and do not send 4th yrs.
- Because mine is a private practice, there is no financial benefit — if an audiologist is interested in learning and understanding auditory processing and how to appropriately evaluate, interpret, or diagnose, I am happy to supervise that student.
- Too small, not equipped to have a student
- I am sole provider/owner with no other employees
- Approval from executive director of the business
- Clinical setting needs to accept an extern
- I am not in a position to have the time to supervise and my clinical environment is not conducive to it.
- I do not dispense at this time, so I am not a candidate to supervise in my current employment.
- It's simply a matter of being able to accommodate the student, considering limited space and current staffing
- Mentoring is OK but my practice is not conducive to taking EXTERNS.
- Our office set-up does not physically allow for students in the space.
- Students do not have their professional degree or provisional license.
- Externs' ability to bill independently with supervision on site
- Medicare restrictions prevent me.
- Cannot due to legal requirements of our work.
- I now work from home and not seeing patients so I am not in a place to do supervision.
- My clinic does not supervise.
- I believe it is our responsibility to mentor our students; however, my boss does not
- I absolutely would if I worked full time.
- I would need to be working full time again.
- Close to retirement
- I'm 70 years old and mostly retired. I won't be supervising any more.
- Retiring this year so NA
- Supervising next year. Needed to be graduated for 1 year before supervising.
- More time working
- Corporate office offering a stipend
- Stipend for extern pay
- The help I need due to being overworked
- Do not need compensation.
- Don't want them and don't need them. University training programs are too poor to warrant use of such students
- Provide pt care
- Reason why I was hired in the past
- Something's got to give. We are expected to provide 4th year externships and even pay these individuals, but we get nothing in return from the universities.

- I don't know.
- It applicable
- Will not supervise
- No time for this
- Not interested ( $n = 3$ )
- N/A — I'm not in a place where I can supervise
- None ( $n = 2$ )
- None apply ( $n = 2$ )
- None — too small a clinic
- None, it's part of my job.
- None. Part time employment.
- None of the above, I only work one day a week. Always enjoyed supervision of externs and students in the past.
- Nothing
- Nothing; this is part of having a long career in audiology and preparing new clinicians.

### Industry

- If I was in a clinical setting, I would supervise without hesitation. Mentoring is a way to give back to the field.
- Having an extern in industry
- Industry staff don't supervise.
- My environment is not appropriate for externship students.
- Industry
- None
- Not applicable

### Occupational/environmental safety program

- Would prefer not to supervise
- We do not qualify for supervising externship students.

### Schools

- Giving back
- Helping AuD students grow
- Help train new individuals
- Just to be helpful
- To support the future of our profession
- Availability of students in our area
- Decision is made by my employer, not me.
- My coworker supervises the extern student.
- Help with caseload
- My caseload would need to be lower
- More time
- We only work 10 months so this will never be an option.
- This job does not provide enough clinical experience for a 4th year.
- Administrative support for extern position
- Facilities make supervision not possible.
- Not sure my varied schedule as an itinerant contractor with rural & charter schools is conducive to having an extern.

- I just always do it. I've never thought about being compensated.
- Employer allowance
- Nothing at this point
- Nothing. I cannot support a final year extern in my current business model.
- Am not interested currently
- As
- N/A
- None
- Not interested in supervision
- Not interested regardless of incentive

**Other facility**

- The ability to contribute to the profession
- Helping candidates with practical experiences not taught in books
- I love mentoring young professionals.
- Nearing end of career
- N/A (*n* = 2)
- Not interested at this time
- Not interested in students at this time.

**Q. 30. Other . . . discourage . . . supervising final year externship student**

**College/university**

- Already supervising students in the clinic, no space for additional students
- Currently supervising 1st and 2nd years
- We house an AuD program and do not have capacity to add 4th year externs.
- We do not offer a 4th year due to our setting.
- I'm already in academia supervising many levels of students.
- We are an undergraduate audiology clinic. We only supervise college seniors in our audiology clinic.
- We are unable to accommodate an extern due to having an undergraduate clinical practicum course.
- No audiology program at my university. SLP only.
- I teach in an SLP only program.
- I am a research audiologist and we don't currently take fourth year externship students.
- I am a university instructor and do not work on the clinical side.
- Not possible in my current role; the barrier isn't just "insufficient time," but instead that my role is primarily academic.
- I'm primarily a researcher and academic professor. Many of your survey questions requested a response but are not applicable to me. Therefore, not answered.
- I work at a university so we work with our students to help them obtain their externship positions. We do not have externs here.
- Nothing. I teach 1st-3rd year students on campus only.
- Lack of Capacity. Setting is a university clinic training year 1-3 students.
- The clinic doesn't do enough to train an extern.

- Lack of clinic
- Not enough variety in my clinic
- Insufficient patient load in the university clinic
- No full clinic in main position
- Not a position at my location
- University would be the best place for weak students coming out but not supported by dept head.
- N/A ( $n = 6$ )
- N/A — my position is university administration
- N/A as I rarely precept students as I am the AUD program director.
- N/A I encourage sites to employ students
- Not applicable for my current role.
- Not applicable, I work with students earlier in their education.
- Not in a position to supervise at this time
- Not in my job description
- Not wide enough clinical experience.
- Nothing would discourage me, though time is precious, I wouldn't get paid, and our admin doesn't care about the future of the profession.
- Nothing, I am happy to supervise externs
- Variety of experiences that my student could obtain

### Hospital

- I am not interested in supervision of students.
- Not wanting to work with local school dept chair
- We supervise first and second years.
- Supervision of 1st thru 3rd yr students already occurring in clinical setting
- There is a primary audiologist who supervises.
- Current administrative role
- Work duties as an administrator
- New clinician, not yet eligible to supervise
- I am a new audiologist just getting started.
- I am a recent grad and need more experience.
- I am too new to the field to supervise.
- Lack of all clinic experiences
- Lack of clinical experience the student may receive in regard to vestib.
- Lack of knowledge/experience how to supervise a student properly.
- Lack of interested students in my field (neuromonitoring)
- Variability with students (the unknown)
- Lack of variety of experiences for students to encounter.
- Lack of shared peer responsibilities and dividing time with student. Externs benefit from being exposed to more than 1 preceptor.
- My past expectations were considered arduous to the Externs: I actually expected them to prepare and read for pediatric AR --an area totally out of their comfort zone. Pity!
- Not the experience a student needs
- We did not have students this year.

- Not currently assigned a student.
- VA employee had its own rules.
- Lack of space for additional provider
- I spend a lot of time supervising and will continue to provide this service for our future professionals.
- Lack of complete participation in the ACEN by all organizations who offer externships. Similar with ENT residency and fellowships, there should be a REQUIRED participation in ACEN. This is fair to both preceptors and students.
- N/A ( $n = 3$ )
- None
- Nothing
- Not applicable to current job
- Not all experiences are positive and we get no support here.

### **Franchise/retail chain**

- No students the AuD closed a lot of programs.
- C&P Exams are great for audiological assessment and report writing, but not for teaching about hearing aids or treatment side of audiology.

### **Nonresidential health care facilities**

- I already supervise second year students 100% of the time.
- I'm already teaching an undergrad course and precepting year 2 grad students.
- Has not been asked of our clinic
- I haven't been asked.
- Company does not allow.
- My setting doesn't allow students.
- My clinic does not supervise.
- Office management not seeing the value
- Programs do not allow me to take full time extern students.
- University does not see our amazing value so will only place students for a semester.
- It was a requirement at my previous job.
- Want licensed provider
- I am not an AuD.
- New professional who does not meet the requirement to supervise yet
- Not enough experienced — just graduated
- Lack of experience
- Lack of training
- I have a lot of administrative duties which would not be beneficial to a student.
- My work is a neural network approach to learning, integrating vision, hearing, balance and rhythmic movement. It is not a traditional approach to audiology.
- I'm only part time in veteran's clinic.
- Finding the student
- Lack of applicants
- LACK OF STUDENTS IN OUR IMMEDIATE AREA
- Poor student programs and supervisors

- Too small of a practice
- Our clinic doesn't offer a wide enough range of experience. I wouldn't recommend coming here. My own practice is restricted and is a struggle.
- I don't enough services in the scope of audiology practice to make my office a good placement for someone who needs to learn.
- Not wanting to sacrifice quality of care to my patients
- University pushing speed over quality of work and no shortcuts
- Too small a client base in Audiology
- Not a great environment for new students (ENT setting)
- Space constraints
- Lack of space
- Insufficient space
- Solo practice would need space and financial support.
- Practice is not conducive to providing an externship experience.
- I am sole provider/owner with no other employees.
- Slows down the pace of appointment
- Location
- Added "requirements" on the supervisor such as ethics training, they become barriers to allowing a student to come on board.
- N/A ( $n = 2$ )
- None
- Not applicable
- Not applicable at current job
- Not appropriate for current work. I am performing C&P exams exclusively.
- Not available
- Not recently requested by university
- Not interested in employment here, if things go correctly.
- Not interested in supervision
- Nothing
- NOTHING DISCOURAGES US FROM ACCEPTING 4TH YEAR STUDENTS.
- Nothing. I would do it.
- Nothing; love supervising
- Cost of stipend has been an unreimbursed expense for the practice
- Lack of available student/affordable housing
- Lack of financial compensation for my employer. I don't care about me getting compensated. This is basically a residence and the student is still paying the university. Most of that money should go to the institution provide the 4th year externship. Also, the student doesn't have a professional degree or provisional license.
- Some Universities will not provide Associate Professor Titles even though they are not paid positions.

### Industry

- I'm not working clinically
- Not a clinical setting

- My job as a product manager would not give them the necessary experience they are seeking.
- Industry location not appropriate
- In industry currently
- Industry
- Understanding the billing of Medicare surrounds students
- Poor past student experience
- Not applicable

### **Occupational/environmental safety program**

- A student cannot acquire the necessary requirements for an externship.

### **School**

- I don't work full time and most interns are looking for full time positions.
- Current work setting is not conducive to student placements.
- We don't offer that in our setting.
- Employer barrier
- Lack of opportunities for student
- Not enough hours in Educational Audiology
- Not a typical externship to be in educational audiology
- 10 month work schedule
- I am only in the schools. I do not think that would be a well-rounded extern year. But I would be open to offering a portion of time.
- As a contract employee, not sure how to obtain permission to allow a student into districts.
- Educational Audiology should not be a full year externship as we do not complete diagnostic testing at my school district.
- Facilities make supervision not possible.
- Space to work
- It is hard to have someone full time when you are never in the same place.
- Inconsistency of schedule and frequent travel
- Not sure my varied schedule as an itinerant contractor with rural & charter schools is conducive to having an extern.
- High caseload — wouldn't be able to provide an appropriate 4th year experience.
- Much of my time involves paperwork, so would be difficult to fill the student's time effectively if full-time.
- My career as an educational audiologist would not provide the externship student a wide variety of opportunities (ie limited opportunities to fit or program hearing aids or cochlear implants). I always take 2nd and 3rd year students and am hesitant to offer a 4th year opportunity.
- Not enough daily work. I don't believe Ed Audiology is a good 4th year placement unless the student has no intentions of working in the clinical side of things.
- Creates more work
- Need for training in current supervision practices.

- There are 2 universities near me. There is a drastic difference between the students from one vs the other in terms of skills, preparedness, etc.
- Too close to retirement and am working part time
- Sorry, I am retiring soon.
- Not interested in supervision
- N/A

### **No facility identified**

- Do not work in a clinical setting
- I don't perform enough direct clinical services to offer enough hours.
- My practice would not provide them the necessary experience they need to have during Externship. Unless it's just hearing conservation.
- Not a good opportunity for a student to learn much
- I'm a remote audiologist.
- Poor working environment
- Insufficient documentation of expectations from the program
- I am semi-retired
- N/A ( $n = 2$ )

## **Q. 35. Other initiatives to help retain audiologists**

### **College/university**

- Annual COLA as a minimum with additional merit increases
- Annual salary increases
- Appropriate pay, appropriate staffing of support staff
- Better compensation — period.
- Higher pay ( $n = 2$ )
- Higher salary
- Higher starting salary
- Increased salary ( $n = 2$ )
- More competitive pay/salary ( $n = 2$ )
- Bonuses
- Offer bonuses
- More bonus
- Pay at a rate comparable to what they can make in the private sector
- Provide competitive salaries
- Pay at level commensurate with other allied health professionals, provide recognition for value of services
- Perform salary market analysis BEFORE staff exodus
- Salary review — increase re: state/national averages and specialties
- Place audiologists on different salary schedules from SLPs
- Salaries more supportive of student loan debt
- Employer talks all the time about money, so we know it means a lot to them. Perhaps do a better job of ensuring the employees get some?
- Balance workloads

- Reduce workload
- More balanced/reasonable workloads
- Decrease expected workload
- Workload policy needs serious updates.
- Decrease FTE workload
- Help with workload, but this is very specific to my position.
- Variety in daily work
- Realign expectations for # of students each Aud clinical educator supervises per semester and how much more time that takes in a university clinic with Y1—Y2 compared to Y3 or Y4.
- Hire another audiologist.
- Hire additional audiologist and support staff.
- Don't overbook us; don't demand us to do more than there is time to do it. Give us time away from work so not working late and weekends.
- Better vacation time
- More time off
- Better time management
- Flexible schedule
- Flexible schedule, more time per patient
- Schedule flexibility
- Support expansion of scope of practice
- In a university setting: equal treatment/respect for clinical/teaching faculty
- In academia, we do not have enough PhD with clinical experience, yet 50% of the coursework needs to be taught by PhDs. This needs to adapt to changing markets so AuD students have access to classroom knowledge by faculty who are clinically trained.
- Offer clinical practice as an alternative responsibility for academic faculty.
- More admin support
- More time for administrative duties
- Only one AuD program in state, so incentives to move here
- Provide comp time/reduced workload when number of hours needed to complete basic duties are excessive
- Reimburse ASHA dues, provide professional development funding, provide step increases
- More money, more admin time and more support staff and cost of living adjustment
- Reprimand non complaint audiologist who won't retire
- Workplace environment improvements
- My employer already provides many of the short-term incentives people often suggest, but while helpful, they only make a small dent in a much broader issue. The real problems are under-compensation and lack of sufficient support. Even when salaries are adjusted, the increasing pressure to see more patients with fewer administrative and clinical resources makes the work unsustainable. Another critical gap is teaching. Outside of AuD programs, most institutions do not provide adequate support for teaching, leading to poorly prepared trainees, limited high-quality placements, and ultimately a diluted workforce. From my own experience, I hire fewer than 2% of AuDs I interview because of insufficient preparedness and fundamental knowledge. The underlying challenge is that there are no clear, enforceable standards for our work product or how we operate. Without these, it is nearly impossible to standardize compensation or define the level of clinical support needed to improve retention. Nursing is a good example of how this can be done: clear standards in practice, support needs,

and professional pathways have enabled more equitable compensation models, consistent workforce development, and better patient care. To truly improve retention, audiologists must be appropriately compensated for the full scope of their contributions, and institutions must formally recognize and support the essential role of clinical educators in developing the workforce. The outdated view of clinical teaching as a “civic duty” has only deepened shortages of high-quality training sites and mentors. Unless we set standards for our profession similar to those in nursing, we will continue to face a cycle of workforce variability, undervaluation, and poor retention.

## School

- Better pay ( $n = 4$ )
- Bonus/bonuses ( $n = 2$ )
- Productivity bonuses
- Initiative bonus
- Fair compensation
- Higher salaries ( $n = 2$ )
- Higher salary ( $n = 2$ )
- Higher base salary
- Higher pay
- More adequate pay
- Higher wage
- Increase compensation
- Increase salary ( $n = 5$ )
- increase salary cap
- Increase salary for audiologists
- Increased base compensation
- Increase base salary to fair market value
- Market analysis
- Increase hourly wage
- More competitive salary
- Pay more ( $n = 2$ )
- Pay more money.
- Pay us more.
- Better research compensation
- Salary that is reflective of a doctorate
- Student loan stipend/payments
- Student loan assistance, higher salary commensurate with doctoral education
- \*More money\*, providing more resources such as new audiology equipment and making processes more efficient
- (1) salary, (2) duties, get administrative support so that it does not fall on audiologist
- Annual salary raises
- Higher salaries and better benefits
- Higher salary in general at pediatric hospital setting
- Improved salary and reduced administrative responsibility
- Increase pay and time off
- Make audiologists salaried
- More aggressive compensation

- OFFER A COMPETITIVE SALARY WORTHY OF RETENTION AND ATTRACTING KNOWLEDGEABLE AND LOYAL EMPLOYEES
- Place audiologists on separate salary schedule from nurses
- Pay audiologists appropriately — pay in line with cost of living here.
- Pay comparable to our local school district ed AuDs (Seattle, Edmonds, etc.)
- Pay competitively with nationwide average salaries, not just compare to other children's hospitals.
- Pay increases. Our degree costs are not worth the salary.
- Provide cost of living increases, pay us a wage that recognizes our level of responsibility
- Provide salary increases and more administrative support
- Raise, productivity bonus, bonus for supervising 3rd or 4th year students
- Reimbursement Dues/Fees and CEUs.
- Salary increase, flexibility with work schedule
- Salary increase; treat me like a billing provider with incentives to see the patients they keep trying to squeeze onto my schedule
- Salary increases, better benefits
- Significant increase in salary, flexibility in PTO, better overall support
- Significant pay raise—get paid like we went to grad school for 4 years
- Funding to attend conferences
- Administrative time ( $n = 3$ )
- Better administrator support
- Admin support
- Dedicated administrative time for indirect patient care tasks (determining insurance coverage, LMNs, responding to patient calls and messages)
- More admin time
- More time for administrative tasks
- More administrative time and flexible schedules
- More admin time so paperwork, emails, phone cards, ordering, tracking, insurance, teaching materials, and research aren't happening after hours.
- Provide admin time or expand our appointment times to include the time it takes to write a report, fill out insurance paperwork, order hearing aids, etc.
- Appropriate appointment length and admin time
- Weigh administrative time/tasks fairly
- Reduce admin duties or allocate administrative time
- Allow promotion and titles
- Career ladder
- Offer opportunities for promotion
- Opportunities for advancement
- Provide career growth opportunity.
- Room for growth within an organization.
- Recognize AuD for the professional degree it is
- Better benefits / time off for staff audiologists
- Better time off policy
- Every other Friday off
- Flexible schedules
- Flexible schedules; 4/10s
- More flexible/personalized schedule—opportunity for 4x10
- Let me reduce hours slightly

- More flexibility with leave
- More flexible schedules and offer part time
- More flexible work hours/weekly schedule
- More flexible work schedule/hours & annual salary increases
- Offer more schedule flexibility for part time or remote work
- Provide flexibility in schedules, locations
- Better work—life balance
- Better work—life balance/compensation
- More breaks during the day
- Childcare
- Good health insurance
- Provide release time to volunteer with state and national associations
- Work with audiologist on not overwhelming the schedule
- Better Organization and support
- Better work environment/better leadership
- Burnout stems from dealing with multitudes of personality and inherent human bias as a manager.
- Consideration of audiologists as treatment providers like physicians, APPs, etc.
- Follow best practices / gold standards (real ear), and updating protocols to reflect current gold standard
- Give allied health conferences similar respect to medical ones
- Improve relationships w/ medical providers (MDs under university leadership and AuDs under hospital leadership)
- Respect scope of practice
- Improve culture
- Support for growth from management and acknowledgement of issues brought up to management
- Streamlined leadership
- Make us our own department and less administrative positions moaning about productivity
- Provide marketing support, better support for the department
- More manpower support; less personal demand in job
- Hire more audiologists as my department is currently short-staffed
- More time for projects and research
- Pay for more membership dues, especially those of us required to have them. Hospital requires ASHA for students though it is otherwise of minimal benefit to me.
- Provide adequate equipment, resources and staffing
- Provide equipment and admin support needed to provide patient care
- Provide real support in form of audiology tech / assistant
- Provide tools/equipment
- Serving pediatric population
- Offer wider variety of audiology services
- Stop requiring audiologists to be jack of all trades at HMOs or PPOs that function like HMOs. As the years go by, I can't keep up with all areas of audiology

- There is a change in the work ethic of our profession. We offer competitive salary, great hours, clinical ladder and variety of services. Audiologist want to work part time for over full time pay when reimbursement doesn't match and they don't work hard.
- Follow best practices/gold standards (real ear), and updating protocols to reflect current gold standard.
- Not allow walk-ins and drop-offs, or at least limit them.
- These options are out of touch
- My employer does all of these currently and more
- My employer does all the above expect pay staff ASHA dues
- Prodal To h b no

### Franchise

- Good and fair PTO
- Increased compensation to keep up with cost of living
- Pay Audiologists on the same level as pharmacists.
- Pat incentives for years of experience and/or education.
- Weekly work hours should be less for the same compensation.
- Less pressure to “sell.”

### Nonresidential health care facility

- Better pay ( $n = 3$ )
- Better pay and support
- Competitive salary
- Pay competitive salary
- Competitive salary (NOT from hearing aid sales, but base salary)
- Higher compensation
- Increase compensation
- higher pay
- Pay more ( $n = 3$ )
- Pay me more money
- Pay them higher
- Pay higher base salaries
- Higher salaries
- Salary increase
- Higher reimbursement
- Higher rate of pay, more PTO
- PTO
- Salary, patient treatment
- Provide better compensation and better benefits (PTO)
- Provide more time off
- Higher pay, improve work/life balance with more non-patient time
- Work Life Balance ( $n = 2$ )
- Salary pay vs hourly
- Improve pay
- Increase pay ( $n = 2$ )
- Increase salary
- Increase salary in general

- Salary increase, we should all be making at least 6 figures but don't
- Pay increases based on diagnostic testing, not just hearing aid sales
- Salary needs to be in line with other Doctoral Professions
- Better reimbursement from insurance in order to pay AuDs more appropriately for level of education
- The salary and compensation doesn't match the commitment and work
- Annual raises consistent with inflation changes
- Increase salary or commission.
- Increase the salary to commission ratio.
- Improve pay of audiologists.
- Increase hourly rate.
- Provide yearly raises/profit shares.
- Have a consistent plan in place for raises.
- Pay weekly salary and provide insurance.
- More money
- The pay at my organization is low for full time employment.
- Money and only money. I don't work for free!
- More money and profit sharing
- More money, more time off
- More work/home balance
- Change the bonus structure
- Provide better salaries/ hourly wages/ health insurance, respecting audiologists as professionals and not just technicians
- (1) Put us on 100% production. (2) Better administrative support. Better training for audiology assistant.
- Tuition repayment
- Loan repayment assistance (to keep others)
- Student debt payment
- Student loan help
- Student loan reimbursement
- Provide loan forgiveness or relief
- Parking
- Provide housing
- 401k
- Increased pay and vacation time
- Increase vacation time.
- Increase PTO.
- More PTO ( $n = 3$ ).
- Increased PTO for work/life balance
- Increased work life balance and longer appointment times
- More vacation time or lighter schedule
- Greater flexibility; i.e. work from home admin days, closing early on Fridays, etc.
- Allow flexible hours and more vacation time. Higher pay
- Higher compensation, full medical/dental/vision PPO benefits, flexibility for time off and child daycare.
- Better healthcare benefits, vacation, salary

- Compensation for my time. I supervise students and AuD assistants and perform administrative tasks for the department while maintaining a full patient load, yet I am not compensated for my additional roles and responsibilities.
- Offer partnership/ ownership opportunities, and give us more time for diagnostic testing.
- Full healthcare insurance
- Healthcare benefits
- Acknowledge need for more time with the patients to provide quality counselling.
- Allow adequate time to counsel patients/ less patients per day.
- Better ETO package, lower case loads
- See less patients daily/more time per patient.
- Time to complete work
- More time with patients
- Reduce patient load/extend appointment times.
- Address scheduling and support staff issues to lessen burden on professionals.
- Administrative work support
- Assistance with charting from home
- Consider more support personnel for audiology staffing, consider more of a medical model where patients are triaged better like on a medical side.
- Help manage the workload, offer more support.
- Manageable caseloads
- Fix broken equipment in a timely manner, purchase more equipment to reduce overlap between providers.
- Provide needed, expensive, equipment.
- Fund best practice requirements (real-ear, updated equipment), increased salaries, increased PTO, checks & balances re: MD demands
- Have dedicated Audiology-only time.
- Hire/assign additional staff to offset my workload.
- More admin time
- More administration time
- More admin time or AI tools to assist in writing clinical notes.
- Protected admin time
- Provide dedicated admin time in daily schedule
- Provide time for documentation and administrative duties.
- More admin time, more PTO
- Improve work culture and communication from management.
- More flexibility
- Provide flexible hours.
- (1) Provide professional development time off (2) value the education and role of the audiologists, not just use them as sales mules
- ASHA work with payers to acknowledge the services audiologists provide
- Autonomy from physicians
- Autonomy in job setting (ENT)
- Be managed by individuals who are trained in Audiology rather than be managed by nurses. Also better recognition as a licensed care provider.
- More autonomy to not participate with awful insurance contracts
- More independence from supervision
- Offer more understanding of what we do.
- Respect Audiologists as providers not just technicians. Let us operate at top of scope.

- Respect audiologists as providers with doctorates and not treat us like techs
- See the work audiologists do as important and understand all that we do for patients.
- They do not recognize audiologists as professionals for IOM oversight as stated in our scope. Many of us went to school specifically for IOM studying the IOM tract, spine, neuroanatomy neurophysiology and are now lumped in with any other “IOM tech” who may not even have attended college. There is no support for AUDs.
- Validate complaints about inter-office conflicts.
- Union membership opportunity
- Team building activities/show of work ethic and team appreciation
- Cut the red tape to growth of the department
- Diversify services.
- Family understanding environment
- Less stressful schedule
- More department structure
- Provide a clear path of progress in employment (staff to senior staff, etc.).
- Self employed: I love my work, and seek out and pay for the new learning I want.
- I am self employed.

### **Industry**

- Higher salary ( $n = 2$ )
- Higher wages
- Increase salary
- Pay me a wage commiserate with my knowledge and experience.
- Student loan relief
- Hire another audiologist.
- Hire more people.
- More PTO with requirement to use
- Treat me accordingly as a provider.
- Encourage development.

### **Occupational/environmental safety program**

- Higher salary
- We have no problem retaining audiologists.

### **School**

- Salary schedule is less than teachers ....that is a problem.
- Place audiologists on the SAME salary schedule as teachers.
- Provide doctoral level step
- Recognize audiologists on a Pay Grade consistent with the education required.
- Take us off of the administrative salary schedule.
- Increase audiologist salary.
- Match 10% for retirement
- Increase mileage reimbursement rates.
- Pay ALL professional fees.
- Pay stipend for national certification with ASHA.
- Provide financial support for student loan debt.

- Employ another audiologist or audiology assistant instead of paraprofessional.
- Hire another audiologist. Improved administrative support.
- Employ para support for clerical busy work and/or Aud Asst for tasks that can be delegated
- Give better clerical help, and ease the low incidence ordering process.
- Improved workload
- Reduce caseload.
- Protect caseloads with administrative assistants.
- Professional development activities that are applicable to me. I have brought this up recently with admin and hope for change
- Respect the profession.
- Provide increased funding for equipment and assistive technology.
- Improve testing facilities.

### **Other facility**

- Provide an increase in salary and PTO.
- Educational audiologists need to have a higher starting pay, to allow them to cover their student loans, etc.
- Increase pay and benefits to reflect amount and quality of work that is done.
- Offer benefits.
- Take a certain percentage of overage when the class is larger than a certain size that I have to teach hearing conservation course.
- Not treat audiologists like ENT nurses.

### **Q. 37. Other doctoral degree**

#### **College/university**

- EdD
- ScD ( $n = 2$ )

#### **Hospital**

- EdD
- ScD ( $n = 2$ )

#### **Nonresidential health care facility**

- EdD ( $n = 2$ )

#### **Industry**

- ScD

#### **Occupational/environmental safety program**

- ScD

### **Q. 38. Other state**

**Hospital**

- I am licensed in 13 states and work in all of them.
- Nation-wide

**Nonresidential health care facility**

- I am not interested in disclosing this information.
- Remote care in U.S.

**Industry**

- All
- Work with all 50 states
- We are a global manufacturer.

**Occupational/environmental safety program**

- Across the USA

**Q. 43. Other reason to complete the survey****College/university**

- Hope for pay range data
- Facilities may use surveys like this to base their salary structure.
- Better awareness to agencies about the need for salary increases for audiologists
- Interested in data sharing
- I was hopeful the questions would ask about current clinical practices.
- Want to make sure a larger sample size is obtained
- ROI and readiness outcomes of current AuD students very poor and unrealistic for monetary gain passionless and uninvolved new professionals all why I want to leave this
- I like to vent, although this survey didn't really satisfy me in that regard.

**Hospital**

- For the few of us who are Dually certified -- I was forced to select Audiology or SLP and I am Both for a reason -- pediatric auditory teaching. Consider the filtering for CCC-SLP/A not needing to just be asked about one profession.
- Overall I have not felt supported as an audiologist from ASHA, expect that it helps waive the need to take the Praxis again. I wish it was not a condition of my employment. The dues are too expensive and fall on me.
- Hopefully ASHA will allow use of Dr. on communication not Mrs.
- Hoping to eventually see the value in ASHA. What you are doing now is not it.
- To ensure subspecialties are represented in Audiology
- You didn't mention services and pediatric audiology in this survey. Answers of NA were related to the focus of you asking about adult care.
- I am hoping ASHA makes the CCC-A more worthwhile.
- I wanted ASHA to know that supporting OTC was a huge mistake. It's hurting people and degrading our profession. Stop supporting OTC benefits.
- I had hoped I'd have opportunity to ask for support from ASHA for legislation requiring CMS to pay audiologists for intraoperative monitoring codes, especially G-0453.

- I am concerned about using Automated testing and boothless technology just to compensate for the lack of hiring audiologists. I feel without strict guidelines on using these, they are just "dumming down" audiology. AMTAS testing does not use normed speech testing and is being used as a comprehensive hearing test. boothless technology use is just a way to cut costs and provide less than ideal hearing exams. ASHA needs to protect best clinical practices and not allow what we have worked for to be "dummied down."
- Specifically, to support the regular collection of salary data
- Published data helps with determining appropriate salaries for audiologists.
- Our hospital only increases salary based on these survey results (which are not reported annually).
- Our institution relies on professional organization salary surveys when setting yearly base salaries.
- Hoping it helps us advocate for higher salary.
- I know it provides important salary information.
- To advocate for higher pay for audiologists. Current salaries failed to track inflation and the time commitment for the AuD.
- We need to be reimbursed better, for consulting time.
- Work in research and understand importance of max responses
- Peer completed survey
- I had a no show and had saw the email reminder.
- Bored while waiting for a patient to arrive

### **Franchise/retail chain**

- I can't afford my student loans.

### **Nonresidential health care facility**

- Audiologists are wildly undeserved by ASHA due to antiquated processes. If my employer didn't pay my dues, I would absolutely drop my CCCs. In no way is it valuable to me as a provider or to my patients.
- Hope ASHA provides better education for AuD students. Quality of student is poor. AuDs are trained to be technicians for ENTs.
- I believe ASHA is a relatively useless organization
- I'm
- I'm tired of ASHA only listening to professors and school audiologists!!!!
- To get something out of my ASHA investment
- You guys will email incessantly if I don't!
- ASHA has taken some great steps to help move the Aud field to a treatment model which I really think is a good thing. The previous diagnostic approach left a lot of desire for revenue options that were not recognized by the insurance companies - and if the insurance companies don't recognize its value, it is hard to get a patient to recognize it, especially when there are a lot of box stores and OTC shouting that audiology care and follow up services are not needed.
- Not sure that what I do is represented. Only see peds, but wanted to share
- There seems to be a shortage of Audiologists; it seems as if fewer are entering the profession. I have expressed my concerns many times in the past about the path to becoming an audiologist. Unless there are changes; there may be more Hearing Instrument specialists on the scene to fill the gap. There need to be levels of education, it may seem like going backwards, but what is wrong with a Master's degree audiologist,

with the Doctorate still an option, with further specialties, which have limited sites available for those skills. I have enjoyed my career, and want to see more people choosing this field, without the extreme debt, and extended years of study, without the compensation commensurate with a Doctorate degree.

- Bringing light to the issue of AUDs not being viewed as IOM professionals. It is very disheartening to go through our rigorous training to be set on the same playing field as someone who did not attend college. I traveled across state lines working over 40 hours without pay during my AUD studies, studied coursework, examinations through the school and through externship, for no extra incentive in IOM as an AUD than a non grad.
- Re: the burnout question. I wanted to clarify that I experienced burnout at my last position (where I had to constantly supervise students on top of my busy schedule). I left that position and joined a smaller practice and have never been happier.
- Helps report salary data to improve chances of raise as I feel underpaid vs new grads in the area
- Hopeful that the survey results in an overall increase of salary for the profession.
- Hopefully my salary information will help new audiologists negotiate for better pay.
- Our employer uses the survey results to determine if we deserve raises based on the average salary and bonuses in our state.
- Thought it was mandatory
- I always complete surveys.
- I am involved in ASHA committee work and believe it is important to participate
- Supporting my colleagues at ASHA
- Colleague took the survey
- Lindsay Creed reminded me!
- Lindsay Creed made sure I remembered to do it. :)

### **School**

- Hopefully, there will be more support for educational audiologists
- Hopeful that ASHA takes a stance to work for Audiologists just as equally as they work and advocate for SLPs.
- ASHA does not advocate well for audiologists as most of your members are SLPs. I would prefer to support AAA, but my employer does not reimburse for any professional dues so I am limited and hope ASHA will help educational audiologists more than clinical audiologists. Thanks.
- Hoping ASHA will approve more Audiology Online courses
- I hope the info can help future professionals.
- Useful for research purposes
- EAA reminder
- Honestly killing time

### **Other facility**

- This is the only survey like this for audiology.
- Would like to have more focus on hearing loss prevention and hearing conservation programs
- Lindsay Creed shared a post.