



**ASHA**  
American  
Speech-Language-Hearing  
Association

# Audiology Survey Report: Clinical Focus Patterns 2014–2018

**AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION**

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## Introduction

The American Speech-Language-Hearing Association (ASHA) conducted the *2018 Audiology Survey* to gather information about service provision, earnings, and other professional topics. Results from this survey are presented in a series of reports, including this report on clinical focus patterns. Findings from the 2014 and 2016 *ASHA Audiology Surveys* are included in this report for comparative purposes. Questions differ among surveys, so data on all topics are not available for all survey years.

## Survey Report Highlights

### Service Provision

- From 2014 to 2018, most audiologists who were clinicians provided informational counseling; fit and dispensed hearing aids; and demonstrated, fit, or dispensed hearing assistive technology on a daily or weekly basis.
- In 2018, more than one third (39%) of clinicians performed cerumen management on a daily or weekly basis—about the same as in recent past years (37% in 2014 and 2016).
- In 2018, most (61%) clinicians who fit and dispensed hearing aids daily, weekly, monthly, or less often than monthly verified the performance of hearing aids using real-ear measures—down somewhat from recent past years (78%–79% from 2014 to 2016).

### Ways of Charging for Products and Services

- In 2018, more than half (59%) of clinicians bundled charges for products and professional services—about the same as in recent past years (50%–57% from 2014 to 2016).
- In 2018, about one third (33%) of clinicians charged separately for professional services and devices—about the same as in recent past years (29%–30% from 2014 to 2016).
- In 2018, more than one third (39%) of clinicians charged for professional services when the device was purchased elsewhere—about the same as in 2014 (34%).

### Audiology Assistants

- Of the clinicians who supervised assistants in 2018, the median number being supervised was 1—the same number as in 2016.

### Expected Retirement Year

- In 2014, 2016, and 2018, audiologists were asked to indicate their age and the year in which they are most likely to retire. In 2018, their median age was 47—the same or about the same as in recent past years (46–47 from 2014 to 2016). As for the year in which they expect to retire, in 2014, the median response was 2030; in 2016, it was 2032; in 2018, it was 2033.

## Service Provision

In 2014, 2016, and 2018, audiologists who were clinicians were given a list of activities and were asked to indicate how often they performed them (daily, weekly, monthly, less often than monthly, or never). Table 1 shows the percentage of clinicians who performed the activities daily or weekly.

**Table 1.** Percentage of clinicians who perform activities on a daily or weekly basis, by year.

Activity	%		
	2014 (n ≥ 1,427)	2016 (n ≥ 1,203)	2018 (n ≥ 1,265)
<i>Audiologic/aural rehabilitation:</i>			
Demonstrate, fit, or dispense hearing assistive technology <sup>a</sup>	80	67	68
Fit and dispense hearing aids	76	82	82
Fit and dispense personal sound amplification products	—	9	7
Provide auditory training	—	—	25
Provide informational counseling <sup>b</sup>	87	94	91
Teach speechreading <sup>c</sup>	6	2	—
Perform cerumen management	37	37	39
Program cochlear implants	8	9	11
Provide hearing conservation services <sup>d</sup>	38	13	13
Provide telepractice services	—	—	4
Provide tinnitus assessment/rehabilitation	—	—	20
Provide vestibular assessment and/or rehabilitation	25	28	26
Validate treatment outcomes using self-report questionnaires	31	35	34
Validate treatment outcomes using speech-in-noise testing	30	32	34
Verify performance of hearing aids using real-ear measures <sup>e</sup>	48	52	54

*Note.* These data are from the 2014, 2016, and 2018 ASHA Audiology Surveys. Dash indicates that the item was not included in the survey. <sup>a</sup>In the 2014 survey, this item was *demonstration/fitting/orientation of hearing assistive technology*. <sup>b</sup>In the 2014 survey, this item was *counseling on communication strategies/realistic expectations*. <sup>c</sup>In the 2014 survey, this item was *speechreading/lipreading*. <sup>d</sup>In the 2014 survey, this item was *hearing conservation and prevention*. <sup>e</sup>Of the clinicians who fit and dispensed hearing aids daily, weekly, monthly, or less often than monthly, most (78% in 2014, 79% in 2016, and 61% in 2018) verified the performance of hearing aids using real-ear measures.

## Ways of Charging for Products and Services

In 2018, more than half (59%) of audiologists who were clinicians bundled charges for products and professional services—about the same as in recent past years (50%–57% from 2014 to 2016; see Table 2).

**Table 2.** *Percentage of clinicians who use ways of charging for products and services, by year.*

Way of charging	%		
	2014 ( <i>n</i> = 1,442)	2016 ( <i>n</i> = 1,237)	2018 ( <i>n</i> = 1,333)
Bundle all charges	50	57	59
Charge separately for professional services and devices	30	29	33
Charge for professional services when device was purchased elsewhere	34	1	39
Not applicable	22	18	15

*Note.* These data are from the 2014, 2016, and 2018 ASHA Audiology Surveys.

## Audiology Assistants

Of the clinicians who supervised assistants in 2018, the median number being supervised was 1—the same number as in 2016. (These data are not shown in any figure or table.)

## Expected Retirement Year

In 2014, 2016, and 2018, audiologists were asked to indicate their age and the year in which they are most likely to retire from the profession. In 2018, the median age of audiologists was 47—the same or about the same as in recent past years (47 in 2014 and 46 in 2016). (These data are not shown in any figure or table.)

As for the year in which they are most likely to retire, in 2014, the median response was 2030; in 2016, it was 2032; in 2018, it was 2033 (see Table 3).

**Table 3.** *Year that audiologists are most likely to retire, by percentile and year.*

Percentile	Year		
	2014 ( <i>n</i> = 1,635)	2016 ( <i>n</i> = 1,412)	2018 ( <i>n</i> = 1,642)
25th	2020	2023	2024
50th (median)	2030	2032	2033
75th	2040	2041	2043

*Note.* These data are from the 2014, 2016, and 2018 ASHA Audiology Surveys.

## Survey Methodology and Response Rates

A stratified random sample was used to select 4,500 ASHA-certified audiologists for the 2018 survey from a population of 8,293 audiologists. The sample was stratified by type of facility and by private practice.

The survey was mailed in September 2018. Second and third mailings followed, at approximately 4-week intervals, to individuals who had not responded to earlier mailings.

Of the original 4,500 audiologists in the sample, 44 had incorrect mailing addresses, nine were retired, and 27 were no longer employed in eligible facilities, which left 4,420 possible respondents. The actual number of respondents was 1,756—a 39.7% response rate.

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

Past *ASHA Audiology Survey* response rates were 52.0% (2010), 51.4% (2012), 45.7% (2014), and 39.5% (2016).

## Suggested Citation

American Speech-Language-Hearing Association. (2019). *Audiology Survey report: Clinical focus patterns, 2014–2018*. Available from [www.asha.org](http://www.asha.org).

## Additional Information

Audiology Survey reports are available at [www.asha.org/research/memberdata/AudiologySurvey](http://www.asha.org/research/memberdata/AudiologySurvey). Schools Survey reports, which present data for school-based audiologists, are available at [www.asha.org/research/memberdata/schoolssurvey](http://www.asha.org/research/memberdata/schoolssurvey).

## Questions?

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

## Acknowledgment

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