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Autonomy of Audiologists in Educational Settings

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Abstract

Professional autonomy continues to be an issue of major concern for practicing audiologists. Members of the Educational Audiology Association completed a written survey covering the amount of independence and authority they experience when employed in an educational setting. Four areas were explored: scope of practice; referral procedures; assessment and management activities; and employment conditions. Responses indicated that educational audiologists have a great deal of autonomy in matters relating to the scope of their practice and the implementation of daily activities. Autonomy in the area of employment conditions was much less widespread. This report provides a detailed description of the survey responses, conclusions, and implications for future training needs for audiologists who may be employed in an educational setting.

Key Words: Authority, autonomy, educational audiology, independence

For a number of years, audiologists have been concerned about the need for additional autonomy in their profession. The American Speech-Language-Hearing Association appointed an Ad Hoc Committee on Professional Autonomy that defined autonomy in this fashion in their initial report: "An autonomous profession is one in which the practitioner has the qualifications, responsibility and authority for the provision of services which fall within its scope of practice" (ASHA, 1986, p. 53). This report further delineated evidence of authority within a human service profession as occurring when its practitioners serve as a point of entry for services that fall within their scope of practice, when they have authority to select the appropriate candidates for those services, when practitioners are able to determine appropriate diagnostic methodology and suitable approaches to and duration of treatment, and, finally, when they are able to effect referrals for services to be provided by other professionals.

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Audiologists in various employment settings appear to have differing degrees of autonomy, as defined above. While those who are governmental employees typically have had minimal or no involvement in third-party reimbursement for their services, there may or may not be consistency in the amount of autonomy related to qualifications for service, responsibility for service delivery, and authority for the provision of services. As more audiologists are employed within the school setting, there appears to be a need for information about the type and degree of autonomy in this environment. The purpose of this study was to survey educational audiologists about their autonomy within the schools.

METHOD

Questionnaire

A 38-item questionnaire was developed to determine the level of independence and authority experienced by educational audiologists in making decisions related to four specific areas: job description (7 questions); referrals for service (4 questions); assessment and management of students (11 questions); employment conditions (14 questions); and training (2

questions). In addition, demographic information concerning present place of employment, time employed per week, and years of experience was elicited. All questions were in a multiple-choice format but were open-ended to elicit options that were not included in the choices provided.

Procedure

During the fall of 1991, questionnaires were mailed to members of the Educational Audiology Association. A total of 295 questionnaires were mailed, and 263 (89%) were returned. Some of the questionnaires were disqualified because they were incomplete (4%) or because the audiologist's primary employment setting was not a special school or education agency (13%). Usable responses were therefore obtained from 212 members (72%). Totals for each multiple-choice item were converted to percentages for comparison purposes, and qualitative results were summarized by the authors.

Respondents

Responses from 212 audiologists were included in the final analysis. Respondents reported an average of 12.0 years of employment in the speech-language-hearing profession (SD = 6.1 years), with a range of 1 year to 31 years of experience. Of 207 respondents who answered the question, 190 (92%) reported working full time (30 or more hours per week), 16 (8%) reported working 15–29 hours per week, and only one person reported working less than 15 hours per week. Credentials varied among the respondents, with 179 reporting they held the Certificate of Clinical Competence in Audiology (CCC-A); one held the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), and 19 individuals held dual certification from ASHA. One hundred thirty-eight individuals held state licensure or registration, 139 held a public school credential, and 36 individuals reported holding some other type of credential, such as a license to dispense hearing aids or certification by the Council on Education of the Deaf (CED).

RESULTS

Job Description

Seventy-nine percent of the respondents reported that they had a job description. This was written by the audiologist, or in conjunction with the audiologist, 80 percent of the time. However, 15 percent of the audiologists reported that one or more additional individuals, usually a special education administrator, were required to be involved in a modification of the job description, and 15 percent indicated that change in their job description could occur without their involvement.

Despite the fact that most audiologists had a job description in place, only 4 percent of the respondents followed it exactly. Seventy-eight percent reported that they followed their job description as it was written, as well as performing additional duties, while 17 percent reported performing only some of the activities included in their job description.

Referrals for Services

Ninety-six percent of the respondents reported that they received referrals from multiple sources (see Fig. 1). More than 80 percent reported receiving referrals from speech-language pathologists, special education teachers, parents, and school nurses, while slightly fewer respondents reported receiving referrals from regular education teachers, physicians, mass screenings, administrators, and school study teams. Caseload restrictions were reported by 78 percent of the respondents, but 41 percent of the audiologists reported that they were the

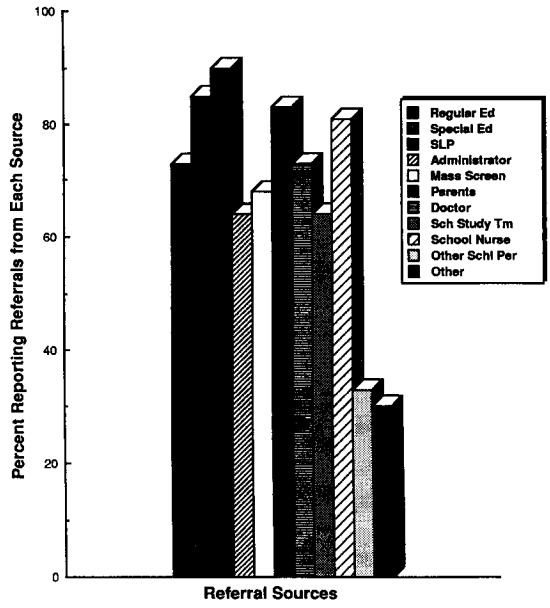

Figure 1 Sources of referrals to educational audiologists.

person who determined these restrictions. As can be seen in Figure 2, the primary reasons for caseload restrictions were specific age ranges (48%), residence requirements (43%), requirements for a specified degree of hearing loss (21%), or student placement in special education (7%) or hearing-impaired (6%) programs.

Assessment/Management

A total of 18 different assessment and/or management activities were reported by the respondents. With the exception of IEP meetings (53% reported that a team made this decision), 98 percent of the audiologists reported that they were the sole or primary individual to decide if and/or when each activity would be provided. Others involved in decisions related to assessment and management activities were IEP team members, administrators, and parents. Management of amplification, consultation with teachers, and consultation with parents were activities that were reported by 99 percent of the respondents. Hearing evaluations, recommendation of amplification, IEP meetings, and classroom observations were also listed by more than 80 percent of the respondents. A complete listing of activities identified by the responding audiologists is included in Table 1.

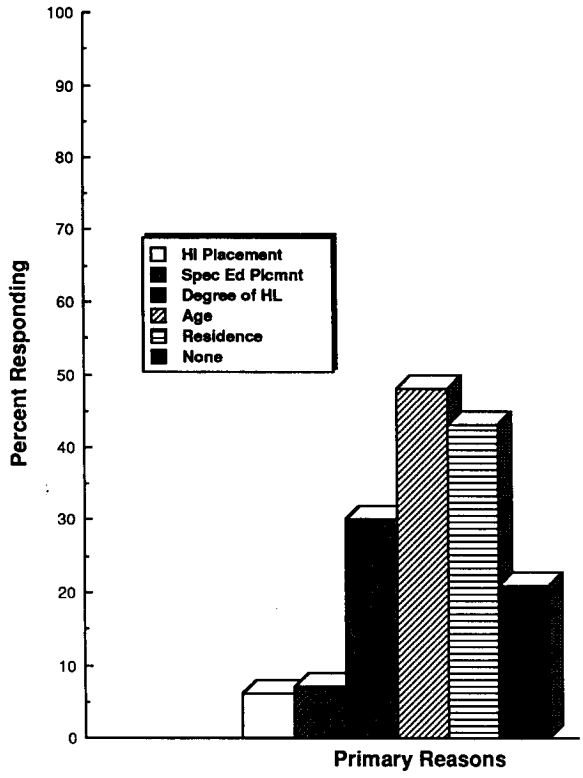

Figure 2 Primary reasons for restrictions on caseloads of educational audiologists.

Respondents indicated that they routinely report interpretations of test results to parents (98%), teachers (91%), medical personnel (61%), administrators (61%), students (60%), and others (32%). As reported by 95 percent of the respondents, test interpretation includes a description of test results, a discussion of implications, and the making of specific recommendations. Seventy-five percent of the respondents indicated that they independently determine how to report the results of their evaluations. Most audiologists indicated that they use differing formats when reporting to parents, to educators, and to medical personnel (see Table 2). Eighty-two percent indicated that they provide physicians with a written report and an audiogram, and 47 percent indicated that they use this format for reporting to educational personnel. Sixty percent provide a verbal report in addition to a written report and audiogram to parents, while only 39 percent reported using this format with educators.

When referrals to other professionals are needed, 68 percent of the respondents reported being able to do this independently. However, 32 percent reported being required to work through an administrator or a team to make a referral.

Employment Conditions

As shown in Figure 3, primary factors affecting salary of the respondents were educa-

Table 1 Percentage of Involvement in Assessment/Management Activities Reported by Survey Respondents

Activity	*% of Audiologists Involved*
Management of amplification	99
Fitting amplification	60
Recommendation of amplification	94
Hearing evaluations	95
Consultation with classroom teachers	99
Consultation with parents	99
Classroom observations	87
Aural rehabilitation	48
Tutoring	5
Evaluation of other abilities and skills	27
IEP meetings	89
Hearing screening	58
Case manager	39
Other (hearing conservation, budget, consultation with students, inservice, counselling)	28

Table 2 Percentage of Audiologists Using Various Formats When Reporting to Parents, Educators, and Medical Personnel

Reporting Format	*% Using for Parents*	*% Using for Educators*	*% Using for Medical Personnel*
Audiogram only	< 1	< 1	3
Written only	2	4	2
Verbal only	2	2	1
Audiogram plus written	19	47	82
Audiogram plus verbal	13	4	1
Written plus verbal	3	3	< 1
Audiogram plus written plus verbal	60	39	10

tional degree (89%), years of experience (86% years within the school setting; 49% total years of professional employment), and additional course work beyond degree (74%). Only 30 percent of the educational audiologists reported that they could receive merit pay increases. Seventy-five percent of the respondents reported feeling that an additional degree would not bring them more autonomy in their current position.

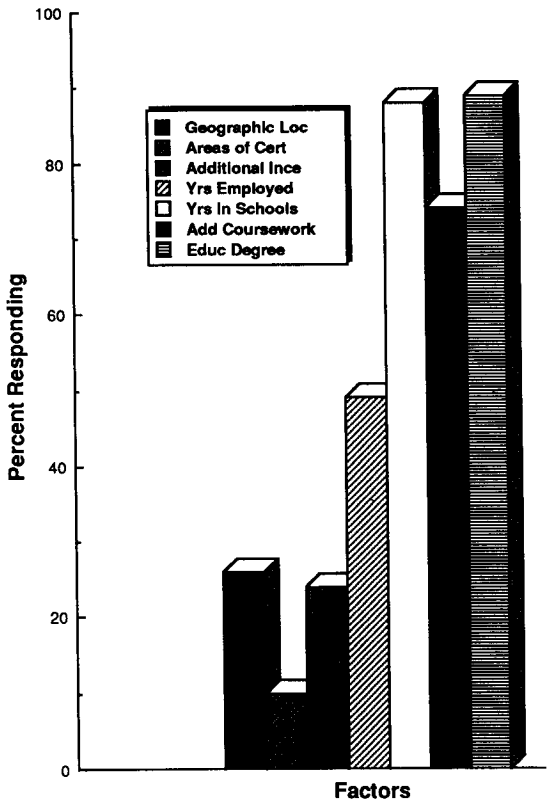

Figure 3 Factors that affect salaries of educational audiologists.

Continuing education was reported by 56 percent of the respondents as a requirement for maintaining credentials for their employment, but only 59 percent reported that release time was common. In addition, only 33 percent reported routinely receiving any reimbursement for continuing education activities.

Only 9 percent of the respondents were able to determine their work hours. This decision was made by the administration for 58 percent of the audiologists and by the administration in conjunction with the audiologist for 29 percent of the respondents.

Sixty-three percent of the audiologists reported having minimal input into the development of the budget. While slightly more had input into the use of the budget, there were still 45 percent who reported that they had minimal input into the use of the budget.

The direct supervisor for the audiologist was identified as a special education administrator by 75 percent of the respondents. Other individuals, including another audiologist, a speech-language pathologist, or a principal, were each designated by less than 1 percent of the responding audiologists.

Training

Two additional questions not directly related to autonomy requested information concerning preservice needs for educational audiologists. Seventy-two percent of the respondents felt course work was lacking in educational audiology in their graduate training program. Additionally, 42 percent felt a lack of course work in amplification, 38 percent a lack in counseling, 33 percent in special populations, and 31 percent in auditory habilitation/rehabilitation. With regard to preservice training, 68 percent of the respondents felt that an externship in an educational setting would have

been helpful, and 36 percent felt that additional course work should have been provided.

DISCUSSION

As reported by ASHA's Ad Hoc Committee on Professional Autonomy, when professionals are employees, self-government is inevitably compromised, and every employee yields autonomy in accepting whatever restrictions are imposed by his or her employer (ASHA, 1986). Turner (1992) stated that the services audiologists provide can help or hinder the development of professional autonomy, and both the financial and professional impact of these services must be considered if audiology is to become a viable autonomous occupation.

The results of the present survey suggest that educational audiologists have a great deal of autonomy relating to the scope of their practice and the implementation of daily activities. Most reported that they were not restricted by their job descriptions and that they were able to determine what services they provide. They also did not seem to be limited in receiving referrals for services and reported being involved in a wide variety of assessment and management activities that were self-selected.

Autonomy in the area of employment conditions appears to be the area of greatest compromise in the educational audiology setting. Most audiologists do not have a great deal of input into the development and use of their budget for equipment and services, and the majority have no control over working hours. Salary is most often affected by educational background and years of employment, regardless of productivity and additional responsibilities.

RECOMMENDATIONS

Audiologists seeking employment may wish to consider the amount and type of independence and authority offered by various work settings. As economic factors continue to affect our employment, differing settings may offer varying degrees of restrictions imposed by employers and/or consumers. If members of autonomous professions must be accountable for the economic implications of whatever services are recommended and/or provided, the involvement in the design and funding for educational audiology programs by the audiologist providing these programs should be increased.

Personnel preparation programs for audiologists who may elect employment in educational settings should address issues related to autonomy. Specifically, training should be included in the following areas: (a) development of job descriptions appropriate for the schools; (b) development and implementation of referral procedures; (c) deriving and managing caseloads; (d) educational interpretation and reporting of test results; (e) parent counseling; (f) techniques for consultation and collaboration with teachers and other educational personnel; and (g) budget preparation, personnel needs, and program design.

Finally, information concerning the amount and type of autonomy that occurs in other audiology work settings needs to be obtained and made available. This information would be useful to those preparing to enter the profession, as well as to audiologists who may wish to change or modify their current employment settings.

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REFERENCES

American Speech-Language-Hearing Association Ad Hoc Committee on Professional Autonomy. (1986). The autonomy of speech-language pathologists and audiologists. *ASHA* 28:53–57.

Turner, R. (1992). Editorial. *Am J Audiol* 1:2.