Characteristics of Good Audiologists – Are We Biased?

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ABSTRACT

Professional accreditation and certification agencies detail the professional competencies and minimum qualifications to enter the practice of audiology, but it is the values of audiologists that directly or indirectly influence who among the professionals advance in the professional communities. A survey of audiologists exploring the various qualities that make audiologists excel also solicited the demographic information about up to two specific audiologists whom each respondent admires. Congruity between the respondents' demographics and the demographics of those admired by the respondents will be reported, with focus on race/ethnicity, gender identity and disability status.

METHODS

Participants

Participants in this study (n=39) were recruited through social media and email distribution lists, targeting audiologists. 66 volunteers consented to participation and answered at least some questions on the survey; of which 39 provided responses that could be analyzed.

Inclusion criteria
- Audiologists with 2+ years of experience
- Audiologists who are licensed in the USA

Exclusion criteria
- Audiology students and externs
- International audiologists

Procedures

An online survey, in the REDCap platform (Harris et al. 2009; 2019), asked participants to report about the following four audiolotists:

1. "About Yourself"
2. "About Audiologist You Admire - #1"
3. "About Audiologist You Admire - #2"
4. "About A New Audiologist You Have Worked With"

Respondents were asked to list up to two strengths pertaining to each audiologist, along with the various demographic information including gender, race, and disability status.

Strengths and weaknesses were reviewed initially to identify themes, then coded into thematic categories (see Table 1). Descriptive statistics were used to observe trends.

RESULTS

Respondent Demographics

Years of Practice

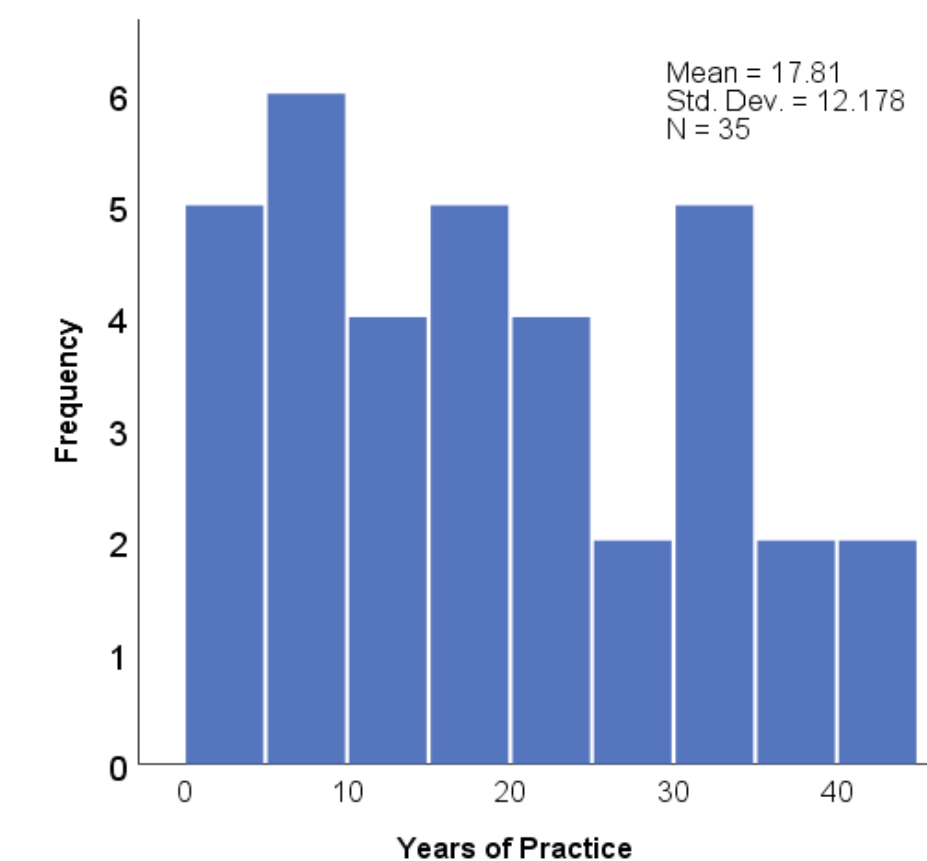*Figure 1*. Distribution of years of clinical practice reported by the respondents.
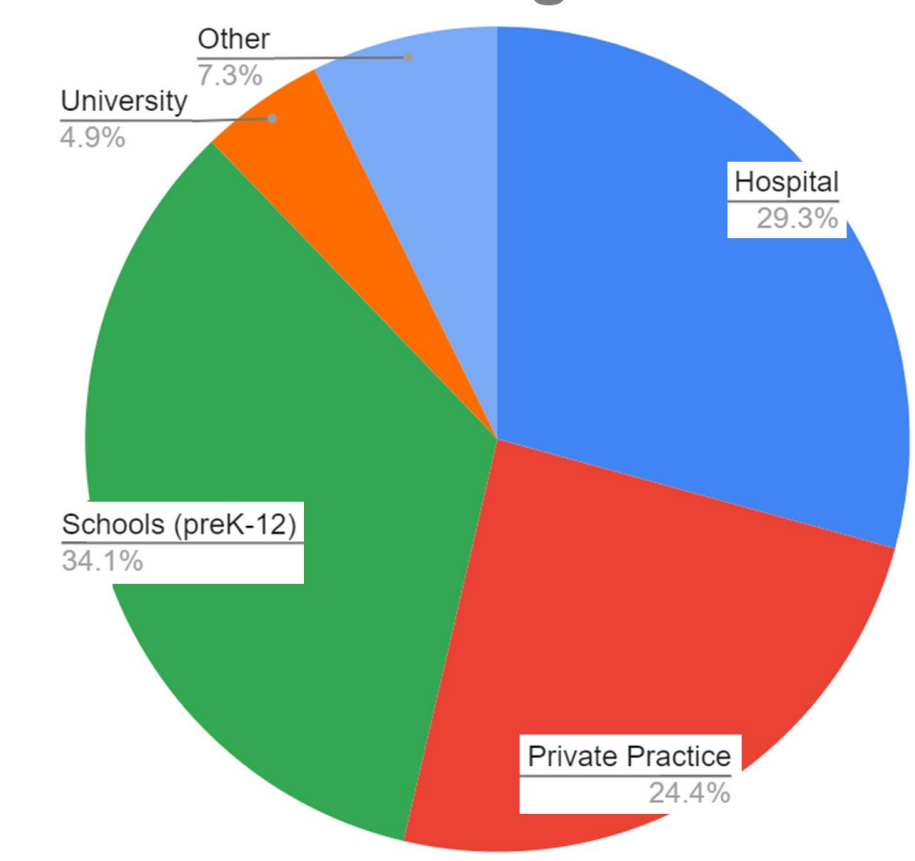
Practice Setting

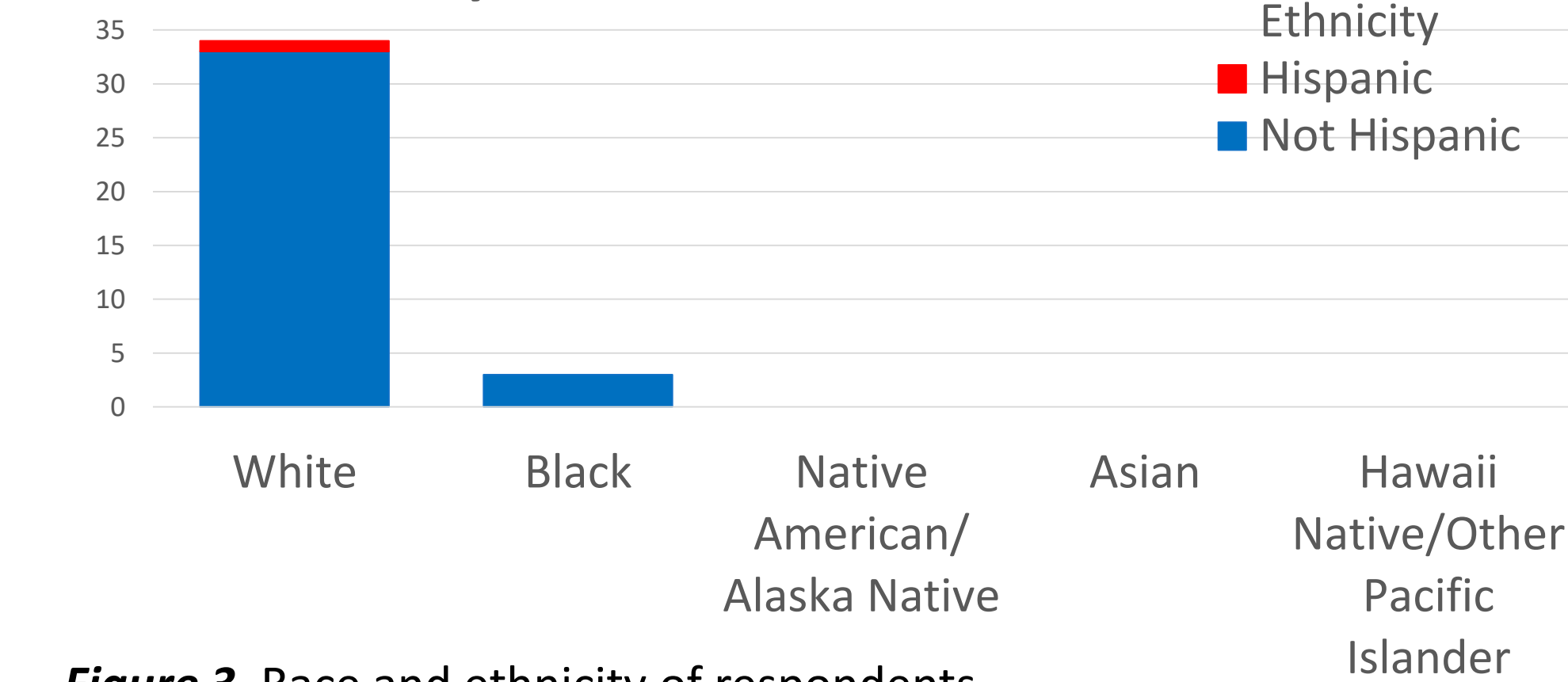*Figure 2*. Respondents' practice settings.

Race and Ethnicity

Figure 3. Race and ethnicity of respondents.

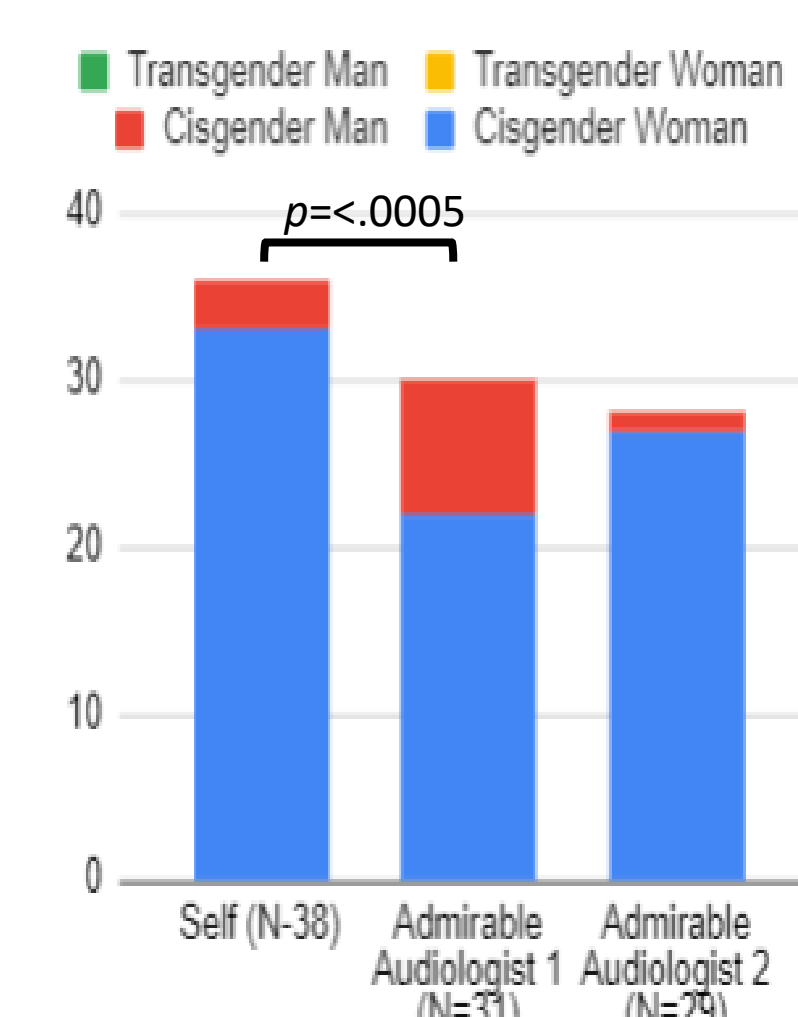### Respondents vs. Admired Audiologists

Gender

p=<.0005

Figure 4. Gender reported by respondents. Self = respondent's gender. Audiologists' genders are what was perceived by the respondents. Significant difference in distribution of gender was found between self and the first audiologist they admire.
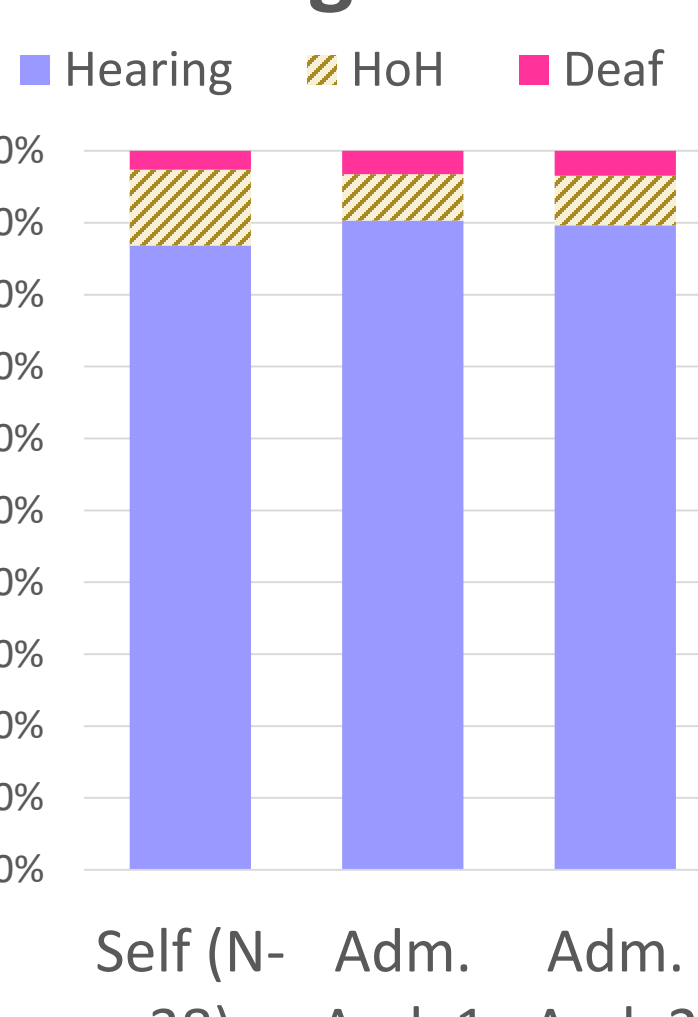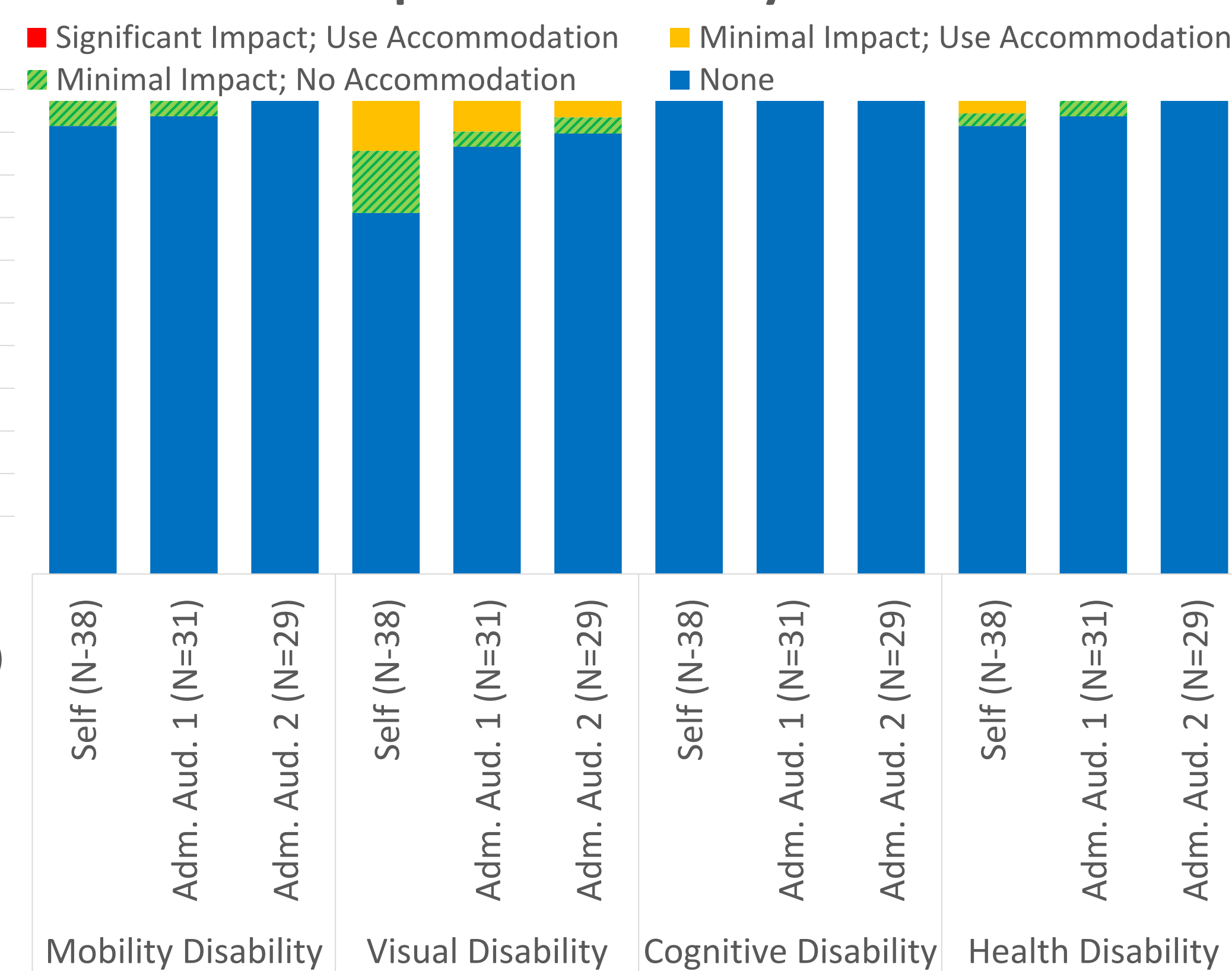
Hearing Status

Figure 5. (above). Distribution of hearing status, reported by respondents.

Figure 6. (right). Distribution of disability status, reported by respondents.

Reported Disability Status

On The Matter of Race

Table 1. *Thematic Categories and Representative Quotes from Participant Responses*

CATEGORY	SAMPLE QUOTES
Clinical skill	"Ability to accurately diagnose children (0-adult) . Verification of hearing aids via speech mapping" (Participant 20); "Vestibular care and pediatrics" (Participant 73)
Knowledge	"Strong research knowledge base that is then applied to practice…" (Participant 26)
Best practice	"Consistent use of real ear measures. Stays on top of current research" (Participant 57)
Interpersonal	"Being able to connect with patients/clients" (Participant 30) "I am a confident and clear communicator" (Participant 13) "Effective collaboration skills with clients, co-workers, and other professionals" (Participant 31)
Demeanor/ Disposition	"personable, strong-willed" (Participant 37); "Keeping calm when faced with an argumentative patient" (Participant 4); "Patience , adaptability" (Participant 70)
Counseling	"Patient counseling: encouraging but firm. The patient doesn't always know what's best for them" (Participant 6)
Business	[Weakness]"I will not push hard to close a sale" (Participant 13)
Computer skills	"Great with IT and technology" (Participant 8)
Administrative	[Weaknesses] "Documentation…mostly due to lack of time Billing coding....due to my work setting and not working with private insurance" (Participant 24)
Advocacy	"active participant in associations and advocacy for our field" (Participant 40)
Other	"Bilingual" (Participant 49); "Cultural competencies" (Participant 1); "Recognizing when to say no" (Participant 6)

Admired Audiologist 1 | **Admired Audiologist 2**
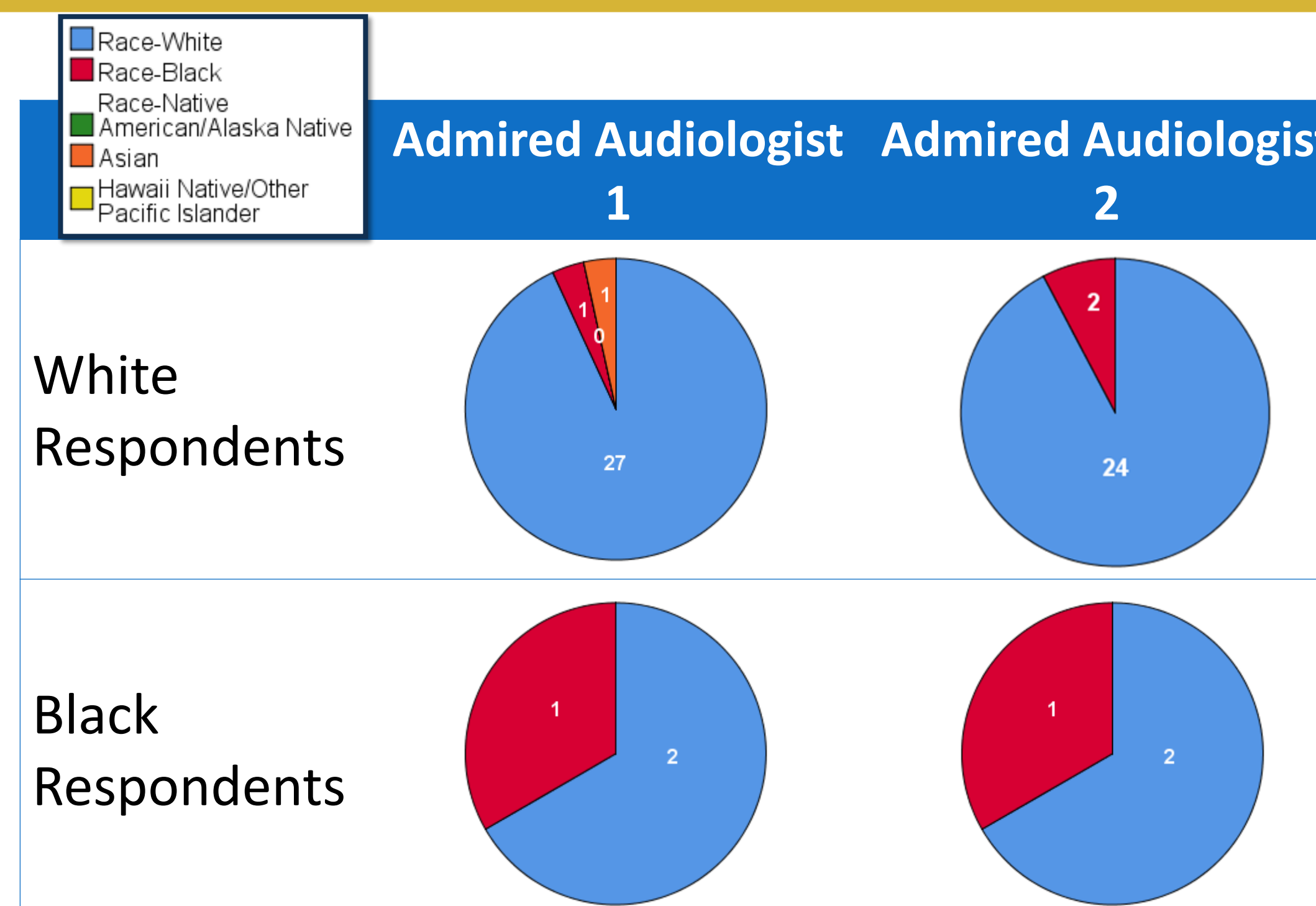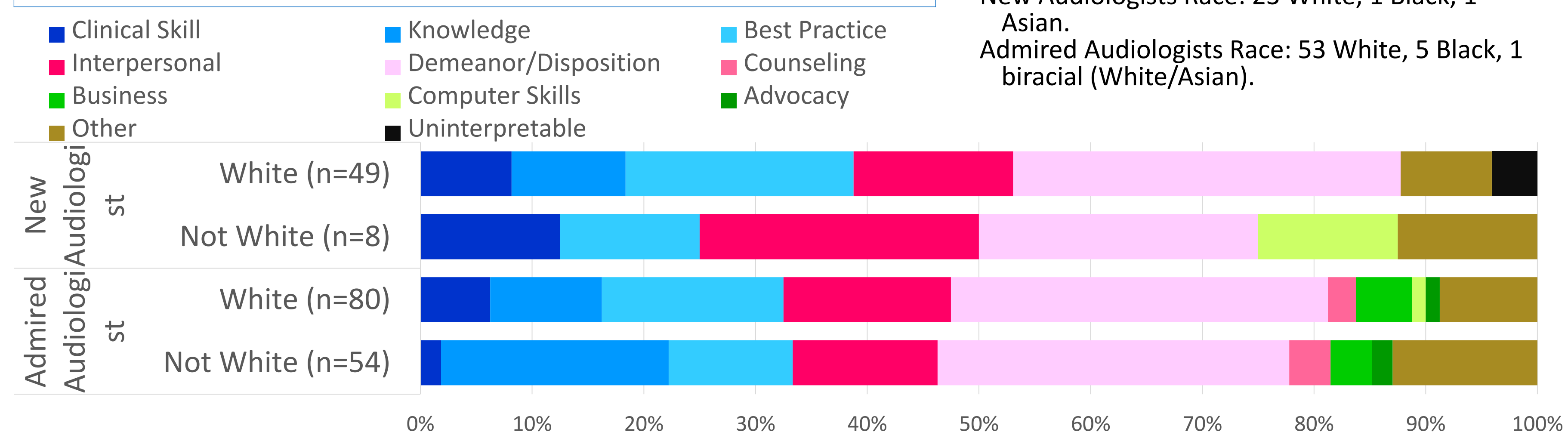
White Respondents

Black Respondents

Figure 7. (left). Race distribution of admired audiologists, by respondent's race. There were 35 White and 3 Black respondents who completed the survey on the first admired audiologist; and 28 White respondents and 3 Black respondents who completed the survey on the second admired audiologists. 6 respondents for the first admired audiologist and 4 respondents for the second admired audiologist did not report race for the audiologists they admire.

Figure 8. (below). Distribution of the categories of strengths reported for new audiologists and for admired audiologists, separated by race (White vs. non-White). Multiple categories were included per response.
New Audiologists Race: 23 White, 1 Black, 1 Asian.
Admired Audiologists Race: 53 White, 5 Black, 1 biracial (White/Asian).

CONCLUSION

GENDER (Figure 4):
The vast majority of the participants (33 out of 38 respondents; 92%) were cisgender women. Three audiologists were cisgender men. There were no respondents who reported being transgender or other gender. The proportion of women appears slightly higher than the current gender distribution among audiologists in the United States (86% women; ASHA 2019).
Out of 31 recognitions for the first audiologist respondents admire, 8 (26%) were cisgender men and remaining 23 were cisgender women; this distribution is significantly different from those of the respondents' (χ^2 (1) =13.20, p<.0005).

HEARING STATUS (Figure 5):
Out of 38 audiologists, 4 (6%) audiologists reported being hard-of-hearing and 1 (1%) reported being deaf. The proportion of the hearing status appears to be consistent among audiologists who are admired.

DISABILITY (Figure 6):
Audiologists reported minimal disability related to mobility, visual, cognitive, or general health; some use accommodations but none reported having significant impact on their job functions. Generally, fewer instances of disability were reported for audiologists they admire. This may be due to the fact that disabilities that minimally impact job functions may not be known by others.

RACE:
The vast majority of the participants (33 out of 38 respondents; 92%) were non-Hispanic White. One Hispanic While and three Black/African American audiologists also participated (**Fig 3**). The proportion of White participants in this study appears to similar to the current racial distribution among audiologists in the United States (92% White; ASHA 2019).
It is apparent that audiology is a White-dominant field. The vast majority of audiologists who were admired were also White (55 out of 61 recognitions). Although the proportion of respondents who selected White vs. non-White audiologists to be admirable were different depending on the respondents' race (**Fig 7**), a conclusion cannot be drawn due to the extremely small sample of Black audiologists (n=3).
The types of strengths recognized in other audiologists (those whom admired and those who are new in the field) did not appear to be significantly different between White and non-White audiologists (**Fig 8**). One notable exception is that, in new audiologists, fewer mentions of clinical knowledge is made, and instead a recognition is made for computer skills. This difference in distribution should be interpreted with caution due to the small number of responses that characterize new non-White audiologists.

NOW WHAT!?
The major limitation of this study is the small sample sizes, especially of the audiologists who are non-White, who have disability, and those who are men. The small sample sizes, however, may reflect the small population size, i.e., there are likely a limited number of audiologists who are not White, who have disability, and are men. Audiologists must continue to remove barriers to entry into profession. Interestingly, despite the small representation of men in the field, they are proportionally more admired than woman audiologists. The same does not hold true for disability and race. Peer recognition and admiration leads to formal recognition such as promotion and awards. Audiologists must stay cognizant of the biases and its implications, and continue to work toward equitable recognition of peers' skills and abilities.

REFERENCES

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