Canadian Audiologist
The Official Publication of the Canadian Academy of Audiology

Perceived Benefits of the AuD Degree among Canadian Audiologists

Published May 5th, 2021

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Abstract

Background

The United States is the only country that requires a doctoral degree (AuD or PhD) as the entry-level requirement for audiology professionals. Currently, Canada requires a master's degree to practice. However, an increasing number of Canadian audiologists with a master's degree have enrolled in and completed an online doctorate in audiology in recent years.

Purpose

The purpose of the current survey study was to assess perceptions of Canadian audiologists with an AuD degree who previously practiced with a master’s degree.

Research Design

Our online survey was available through the Canadian Academy of Audiology and Speech-Language and Audiology Canada websites. Links to the online survey were also sent to Canadian alumni of A.T. Still University’s online doctor of audiology program and posted to the Audiology 911-Canada Facebook group.

Participants

Seventy-five audiologists responded to the survey, but only 62 previously practiced with a master’s

degree and were currently practicing with an AuD degree. Those 62 respondents were eligible to complete the survey.

Data Analysis

Survey responses were summarized using frequency and percentage for items related to years of practice, perceptions since obtaining the AuD degree, potential barriers, and potential salary benefits.

Results

Of the 62 eligible participants, 53 (85%) completed the survey. The majority of respondents reported that their skill level moderately improved after completing the AuD degree, confidence level improved substantially, provider perception and staff/personnel perception improved moderately, and colleague perception improved moderately or slightly. Time commitment was reported as the most significant barrier to obtaining the advanced degree. The least significant barrier was a negative perception of the degree by physicians.

Conclusions

Our survey results suggested an overall belief in the value of the AuD degree. Respondents reported an increase in clinical confidence and improved perception by providers, colleagues, staff/personnel, and patients. Increased salary was not reported by a majority of participants, but future studies should investigate this further. The barriers of time commitment and cost of tuition may present opportunities for review by academic programs to reduce these barriers.

Introduction

In 2008, the United States revised the entry-level requirement for the audiology profession; the doctor of audiology (AuD) degree became the minimum requirement for state licensure (ADA, n.d.). Before then, the entry-level degree to practice audiology was a master's degree (MS or MA) (ADA, n.d.). In other countries, the entry-level requirement for licensure, certification, or registration is typically a master's degree. In some countries, such as the United Kingdom, India, Israel, Ireland, and South Africa, a bachelor's degree meets established requirements.

Before its name change to the Academy of Doctors of Audiology (ADA), the Academy of Dispensing Audiologists had a notable 30-year history of leadership in advancing the audiology profession (AudiologyOnline, 2006). For instance, the Academy launched the AuD degree movement in the United States in 1988 when it sponsored the Conference on Professional Education for Audiology (ADA, n.d.). One outcome of this conference was agreement that audiology's educational and clinical training must improve (ADA, n.d.). Therefore, to meet the needs of contemporary audiology practice in the United States, the group decided educational requirements should be changed from a two-year master's degree to a four-year professional doctoral degree. Another outcome was the establishment of the Audiology Foundation of America, which was charged with the difficult task of transforming audiology to a patient-centered healthcare profession with the AuD degree as the requirement for clinical practice (ADA, n.d.).

Although the AuD degree has been required to practice in the United States since 2008, other countries have not adopted this advanced degree requirement. Generally, master's level coursework, clinical practicum requirements, and continuing education hours are deemed

appropriate to meet the educational needs of the profession in other countries, such as Canada. However, an increasing number of Canadian audiologists with a master's degree have enrolled in and completed an online doctorate in audiology in recent years.(Hall, 2015)

Therefore, the purpose of the current survey study was to assess perceptions of Canadian audiologists with an AuD degree who previously practiced with a master's degree. We specifically focused our survey on clinicians who had initially practiced with a master's degree and then obtained the AuD degree through an online program to better understand the perceived difference in skills and perceptions of others after obtaining the degree. We also wanted to identify potential barriers to obtaining an AuD degree.

Methods

Survey Design and Distribution

The Qualtrics survey platform (www.qualtrics.com) was used to create and distribute the study survey. To reduce the burden on participants, we tried to keep the survey brief and use straightforward, unbiased wording. Specifically, the survey asked about years of practice, perceptions since obtaining the AuD degree, and potential barriers. Years of practice items asked about years of practice with a master's degree and an AuD degree and about Canadian province of practice and AuD completion date. Perception items asked about skill level; confidence; and perceptions of providers (e.g., physicians, nurses, physical therapists, occupational therapists), colleagues (e.g., audiology peers), staff/personnel, and patients. Survey items related to potential barriers were rated by significance as a barrier from 1 (most significant) to 5 (least significant). The final survey item asked about increased salary from obtaining the AuD degree. Most survey items used Likert-like scales. A comments section was also available for respondents to provide additional information.

If participants began the survey but did not have an AuD degree, the survey ended. If participants obtained their AuD degree through a residential program rather than online, meaning they had not practiced with a master's degree, the survey ended. The survey took approximately five minutes to complete. Skipping questions did not limit participation or completion of the survey. Survey responses were summarized using frequency and percentage.

After reviewing the survey content, two professional organizations, Canadian Academy of Audiology and Speech-Language and Audiology Canada, agreed to post a link to the survey on their websites for one month (February 2020). The survey link included an introductory explanation about the study, detailing requirements for participation and the study purpose. Since both organizations were aware that study investigators were employed by A.T. Still University, which has an online Post-Professional Doctor of Audiology program, the survey link on their websites stated this potential bias. Because the investigators had access to A.T. Still University's audiology alumni database, 78 Canadian alumni were emailed the survey to increase our response rate. The link was also posted to the Audiology 911-Canada Facebook group for the same reason. The local institutional review board considered the current study exempt, and participants were informed that they provided their consent by clicking on the link to the survey. The survey was completed anonymously, and no incentives were offered for participation.

Respondents

The survey population was Canadian audiologists who initially obtained and practiced with a master's degree and subsequently obtained an online AuD degree. According to data from 2019 and 2020 from Canadian provincial regulatory bodies and from association audiology member information, there were approximately 2178 audiologists in Canada when the study survey was distributed. Only Alberta, Ontario, and Nova Scotia, indicated the degree of the audiologist (e.g., MA or MS, AuD, or PhD). These provinces reported 176 AuD-level audiologists, which represented 8% of the total number of audiologists in Canada. Although the total number is unknown, there are likely more than 176 AuD-level audiologists in Canada. Furthermore, where data was available, there was no differentiation between audiologists obtaining their AuD degree from a residential or online program.

Results

Seventy-five audiologists responded to the survey, but only 62 previously practiced with a master's degree and were currently practicing with an AuD degree. Of those 62 eligible participants, 53 (85%) completed the survey. We were unable to calculate to what degree our 62 participants represented the total number of Canadian audiologists with an AuD degree. Overall, they represented 3% (62/2178) of the total number of audiologists practicing in Canada.

Years of Practice

Half of respondents (50.0%,24/48) practiced with a master's degree for 6-15 years (Table 1). The largest numberof respondents practiced with an AuD degree for 11-15 years (35%,17/48) and completed their AuD degree in 2006-2010 (44%,20/45).

Survey Item	**No. (%)**
Years of practice with a master's degree	
0-5 years	11 (22.9)
6-10 years	12 (25.0)
11-15 years	12 (25.0)
16-20 years	8 (16.7)
21-25 years	5 (10.4)
Years of practice with an AuD degree	
0-5 years	11 (22.9)
6-10 years	16 (33.3)
11-15 years	17 (35.4)
16-20 years	4 (8.3)
21-25 years	0 (0)
AuD completion date	
2000-2005	10 (22.2)
2006-2010	20 (44.4)
2011-2015	5 (11.1)
2016-2019	10 (22.2)

Table 1. Survey Responses Related to Years of Practice of Canadian Audiologists with a Doctor of Audiology (AuD) Degree (N=53)

Perceptions Since Obtaining the AuD Degree

In general, perceptions improved substantially or moderately for skill level; confidence; and perceptions of providers, staff/personnel, and patients (Table 2). Patient perception was most improved after obtaining an AuD degree; 51% (23/45) of respondents indicated patient perception improved substantially and 36% (16/45) indicated perception improved moderately. Perceptions of colleagues had the least improvement; the majority indicated colleagues' perceptions improved moderately 29% (13/45) or slightly 29%(13/45).

Survey Item	**No. (%)**			
	Improved Substantially	**Improved Moderately**	**Improved Slightly**	**Remained Unchanged**
Skill level	12 (26.7)	21 (46.7)	9 (20.0)	3 (6.7)
Confidence	15 (33.3)	14 (31.1)	11 (24.4)	5 (11.1)
Provider perception	17 (37.8)	12 (26.7)	6 (13.3)	10 (22.2)
Colleague perception	10 (22.2)	13 (28.9)	13 (28.9)	9 (20.0)
Staff/personnel perception	13 (28.9)	15 (33.3)	8 (17.8)	9 (20.0)
Patient perception	23 (51.1)	16 (35.6)	3 (6.7)	3 (6.7)

Table 2. Survey Responses of Canadian Audiologists Related to Perceptions Since Obtaining the Doctor of Audiology (AuD) Degree (N=45)

Potential Barriers

The two barriers to pursuing an AuD degree rated as most significant were time commitment (38.6%,17/44) and cost of tuition (34.1%,15/44) (Table 3). The barriers rated as least significant were negative perception of the degree by providers (61.4%, 27/44) and colleagues (46.5%,20/44).

Potential Barrier	**No. (%)**				
	1	**2**	**3**	**4**	**5**
Time commitment (n=44)	17 (38.6)	10 (22.7)	12 (27.3)	5 (11.4)	0 (0)
Cost of tuition (n=44)	15 (34.1)	10 (22.7)	9 (20.5)	6 (13.6)	4 (9.1)
Difficulty of coursework (n=45)	6 (13.3)	11 (24.4)	7 (15.6)	15 (33.3)	6 (13.3)
Negative perception of AuD degree by colleagues (n=43)	4 (9.3)	3 (7.0)	4 (9.3)	12 (27.9)	20 (46.5)
Negative perception of AuD degree by providers (n=44)	4 (9.1)	2 (4.5)	3 (6.8)	8 (18.2)	27 (61.4)
Use of title (n=45)	6 (13.3)	11 (24.4)	9 (20.0)	4 (8.9)	15 (33.3)
Value of AuD degree (n=45)	3 (6.7)	9 (20.0)	8 (17.8)	10 (22.2)	15 (33.3)

Table 3. Potential Barriers to Obtaining a Doctor of Audiology (AuD) Degree Rated by Canadian Audiologists

Potential barriers were rated from 1-5, where 1 was most significant and 5 was least significant.

Percentages may not add to 100% because of rounding.

Salary Benefit from Obtaining an AuD Degree

For the survey question related to salary, 63.4% (26/41) indicated that they had not benefited from

a salary increase directly related to the AuD degree, and 36.6% (15/41) indicated that they did benefit.

Discussion

Worldwide, there are differences of opinion regarding the necessity of a clinical AuD degree to practice audiology (Hall, 2015). Since 2008, the United States has required a doctoral degree (AuD or PhD) for entry into the profession, but most other countries require a master's degree and some countries only a bachelor's degree to obtain licensure, registration, and/or certification to practice. Therefore, the purpose of the current study was to investigate whether Canadian audiologists perceived a difference in their clinical practice after successfully completing an AuD degree. Although our response rate was rather small, results were mostly positive about the benefits of an AuD degree. Although study investigators are faculty of an online AuD program, our intention was not to suggest that the AuD degree requirement should be adopted in other countries. We simply wanted to determine to what degree clinicians perceived a difference in their skills and the perception of others after obtaining the degree.

Half of survey respondents had practiced with a master's degree for 6-15 years, and just over a third had practiced with an AuD degree for 11-15 years. These results suggested our respondents spent a considerable time practicing with each of the degrees, likely leading to better evaluations of perceived benefit. Regarding survey items related to confidence and perceptions of other providers, the overall responses suggested a substantial improvement after obtaining the AuD degree. Perceptions of skill level and staff/personnel perceptions improved moderately, and the majority of responses for colleague perceptions were split between improved moderately and slightly improved. The most interesting finding related to perceived benefit was for patient perception. More than half of respondents indicated patient perception had improved substantially after obtaining the AuD degree.

Survey results suggested that time commitment was the greatest barrier to obtaining an AuD degree. Cost of tuition was the second most highly ranked barrier. The least significant barriers were negative perceptions of the AuD degree by providers and colleagues.

Another low rated barrier was use of title. Results for this potential barrier may be problematic since the use of title (doctor) is limited in some Canadian provinces. For instance, results may be biased if the respondent practiced in Ontario where use of the doctor title is restricted. Future research should explore the impact of the title restriction on this potential barrier.

Our study survey also assessed whether respondents benefited from a salary increase that was directly related to obtaining the AuD degree. While the majority indicated no salary benefit, 36.6% reported a salary increase. Interestingly, this survey item resulted in more written comments than any other item. A frequent comment from private practice owners was that salary benefit was not easily discernible in their practice setting. However, comments indicated that obtaining the AuD degree increased the community profile of private practice owners, which increased their financial benefit. Given these results, a future study could investigate whether reported salary increases are related to the respondent's work environment.

The current study had several limitations. Our response rate was low, and the small sample size did not allow comparison analyses of perceived benefits for years of practice between those with a master's degree and those with an AuD degree. We were also unable to correlate the degree of

perceived benefits based on where (which institution) respondents received their AuD degree. Fewer respondents with an AuD completion date from 2011-2015 completed the survey. Although the reason for this decrease is unknown, a future study could investigate whether the decreased response rate of this cohort is replicated.

Conclusion

In 2008, an AuD degree became the required entry-level degree for practice of audiology in the United States. Other countries do not typically offer the AuD degree because of system barriers or a general satisfaction with the current academic standards and practice requirements. Although many audiologists and organizations have considered whether there is enough time in a master's program to provide audiology students with the essential skill set to practice, masters programs offer sufficient academic and practicum opportunities to ensure that clinicians meet licensure, certification, and registration requirements for their respective regions of practice. Further, continuing education credit requirements allow practitioners to update and expand on their knowledge base and skill set. The purpose of the current study was to investigate whether Canadian audiologists perceived a difference in their clinical practice after successfully completing an AuD degree, and it was not our intention to suggest that clinicians are ill prepared for patient care with a master's degree. Responses to our study survey suggested there was perceived improvement in clinical skills; confidence; and perceptions of providers, colleagues, staff/personnel, and patients after obtaining an AuD degree. Results from this study may be helpful for master-level audiologists considering pursuit of an AuD degree.

Acknowledgments

The authors thank Curt Bay, PhD, Kelly Reavis, PhD, and Deborah Goggin, MA for their input and guidance.

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