

Audiologists' Perceptions of Hearing Healthcare Resources and Services in South Africa's Public Healthcare System

Telephonic Survey for Audiologists

Section A: Information about you as an audiologist employed within a public sector workplace

Respondent Number:

V0	
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1. What is your current position in the workplace?

Production level Audiologist (Grade 1, 2, or 3)	1
Production level dual-qualified Speech Therapist and Audiologist (Grade 1, 2 or 3)	2
Appointed or Acting Chief Audiologist	3
Appointed or Acting Assistant Director: Audiology	4
Other (please specify)	5

V1	
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2. Your highest qualification level obtained can best be described as:

Bachelor's Degree in Audiology	1
Master's Degree in Audiology	2
Doctoral Degree in Audiology	3
Other (please specify)	4

V2	
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3. Years of experience as an Audiologist:

Less than 2 years	1
2 to 5 years	2
5 years, 1 day to 10 years	3
10 years, 1 day to 15 years	4
More than 15 years	5

V3	
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Section B: Information about your current workplace setting

Name of the workplace site: _____

(Please note that the site's name is needed for data tracking purposes and will be omitted during data analysis)

4. In which Province is your current workplace situated?

Eastern Cape	1		V4	
Free State	2			
Gauteng	3			
KwaZulu Natal	4			
Limpopo	5			
Mpumalanga	6			
Northern Cape	7			
North West	8			
Western Cape	9			

5. Level of care of this workplace

District	1		V5	
Regional	2			
Tertiary	3			
Central	4			
Specialized Hospitals (e.g., Specialized TB hospitals)	5			

Section C: Information about the workplace site's *Personnel*

6. The total number of Audiologists currently employed at this site (please indicate the number of community service Audiologists as well as the number of permanently employed Audiologists)

Total permanently employed Audiologists			V6.1	
Total community service Audiologists			V6.2	

Section D: Information about your perception of the workplace site's **RESOURCES**

7. Based on your perceptions, does the site have adequate resources to render efficient audiology services to the patients?

No	1	V7	
Yes	2		
Unsure	3		

8. If you answered no or unsure to the previous question, please select the resources from the list below that you perceive your site requires in order to render adequate audiology services. Specify whether you don't have these resources, or if you have them, but they are not sufficient. If you don't have a specific resource, but do not require it either (based on the level of the workplace site or, for example, if you do not cochlear implant programming software as you do not have a cochlear implant program at your site, then select the 'we don't have, but we don't need' option. Thereafter, please specify (in your opinion) whether the resource requires repairs/ maintenance or calibration.

Resources	We don't have, but we need	We have but not sufficient	We don't have, but we DON'T need	We have, but it needs repairs/ maintenance/ calibration		
Screening audiometer	V8. a1	V8. a2	V8. a3	V8. a4	V8. a	
Screening standard tympanometer	V8. b1	V8. b2	V8. b3	V8. b4	V8. b	
Screening high frequency tympanometer	V8.c1	V8.c2	V8.c3	V8.c4	V8.c	
Distortion Product Otoacoustic Emissions (DPOAE) screener	V8. d1	V8. d2	V8. d3	V8. d4	V8. d	
Transient Evoked Otoacoustic Emissions (TEOAE) screener	V8. e1	V8. e2	V8. e3	V8. e4	V8. e	
Automated Auditory Brainstem Response (AABR) screener	V8. f1	V8. f2	V8. f3	V8. f4	V8. f	
Otoscope	V8. g1	V8. g2	V8. g3	V8. g4	V8. g	
Video otoscope	V8.h1	V8.h2	V8.h3	V8.h4	V8.h	
Acoustic immittance (tympanometry + acoustic reflexes)	V8. i1	V8. i2	V8. i3	V8. i4	V8. i	
Pure tone audiometer	V8. j1	V8. j2	V8. j3	V8. j4	V8. j	
Visual Reinforcement Audiometry (VRA)	V8. k1	V8. k2	V8. k3	V8. k4	V8. k	
Diagnostic DPOAE	V8. l1	V8. l2	V8. l3	V8. l4	V8. l	
Diagnostic TEOAE	V8.m1	V8.m2	V8.m3	V8.m4	V8.m	
Diagnostic ABR	V8. n1	V8. n2	V8. n3	V8. n4	V8. n	
Auditory Steady State Responses (ASSR)	V8. o1	V8. o2	V8. o3	V8. o4	V8. o	
Vestibular (electro/video-nystagmography)	V8. p1	V8. p2	V8. p3	V8. p4	V8. p	
Hi-Pro Box for programming hearing aids	V8. q1	V8. q2	V8. q3	V8. q4	V8. q	
Noah modular software for programming hearing aids	V8. r1	V8. r2	V8. r3	V8. r4	V8. r	
Hearing aid verification (real-ear measurements)	V8. s1	V8. s2	V8. s3	V8. s4	V8. s	
Cochlear implant Mapping (programming pod and software)	V8.t1	V8.t2	V8.t3	V8.t4	V8.t	
Computer/ laptop for administrative work	V8. u1	V8. u2	V8. u3	V8. u4	V8. u	

Resources	We don't have, but we need	We have but not sufficient	We don't have, but we DON'T need	We have, but it needs repairs/ maintenance/ calibration		
Computer/ laptop for audiology test equipment (for e.g. a computer-based audiometer)	V8. v1	V8. v2	V8. v3	V8. v4	V8. v	
Printer	V8. w1	V8. w2	V8. w3	V8. w4	V8. w	
Internet	V8.x1	V8.x2	V8.x3	V8.x4	V8.x	
Intranet	V8. y1	V8. y2	V8. y3	V8. y4	V8. y	

9. As an Audiologist, are there any perceived resource challenges experienced at your site, which may impact the audiological services provided to your patients?	No	Yes
	1	2

V9	
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10. If YES, please describe the perceived resource challenges you experience (for example, financial challenges, audiological equipment shortages, hearing device accessibility, etc.)

V10	
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Section E: Information about your perception of the costs, repairs and maintenance of hearing devices

11. Based on your perceptions, do you think that the site follows the Uniform Patient Fee Schedule (UPFS) system for payment of hearing devices (acoustic hearing aids, conventional bone conduction hearing devices, cochlear implants, implantable bone conduction hearing devices)?	No	Yes	Unsure
Pediatric hearing device fitting	V11a.1	V11a.2	V11a.3
Adult hearing device fitting	V11b.1	V11b.2	V11b.3

V11a	
V11b	

12. If not, please specify (in short) what you perceive the payment protocol for hearing devices at your site is

Payment protocol for pediatric hearing devices fittings:

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V12.a	
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Payment protocol for adult hearing devices fittings:

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V12.b	
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13. Based on your perceptions, who do you think covers the costs for the hearing device's repairs and/ or the replacement of these devices once their warranties are over?	HEARING AIDS (ACOUSTIC AND CONVENTIONAL BONE CONDUCTION)		COCHLEAR IMPLANTS		IMPLANTABLE BONE CONDUCTION	
	Pediatric	Adult	Pediatric	Adult	Pediatric	Adult
The site fully covers all costs	V13PSa.1	V13ASa.1	V13PSb.1	V13ASb.1	V13PSc.1	V13ASc.1
The site covers the costs in accordance with the patient's UPFS classification (subsidized cost)	V13PSa.2	V13ASa.2	V13PSb.2	V13ASb.2	V13PSc.2	V13ASc.2
The site is unable to cover the costs, and the patients are required to cover all hearing device's repairs and replacement costs	V13PSa.3	V13ASa.3	V13PSb.3	V13ASb.3	V13PSc.3	V13ASc.3
Other (please specify)	V13PSa.4	V13ASa.4	V13PSb.4	V13ASb.4	V13PSc.4	V13ASc.4

PS_13a	
AS_13a	
PS_13b	
AS_13b	
PS_13c	
AS_13c	

14. Based on your perceptions, who do you think covers the costs for the hearing device's batteries?	HEARING AIDS (ACOUSTIC AND CONVENTIONAL BONE CONDUCTION)		COCHLEAR IMPLANTS		IMPLANTABLE BONE CONDUCTION	
	Pediatric	Adult	Pediatric	Adult	Pediatric	Adult
The site fully covers all costs	V14PSa.1	V14ASa.1	V14PSb.1	V14ASb.1	V14PSc.1	V14ASc.1
The site covers the costs in accordance with the patient's UPFS classification (subsidized cost)	V14PSa.2	V14ASa.2	V14PSb.2	V14ASb.2	V14PSc.2	V14ASc.2
The is unable to cover the costs, and the patients are required to pay for the batteries	V14PSa.3	V14ASa.3	V14PSb.3	V14ASb.3	V14PSc.3	V14ASc.3
Other (please specify)	V14PSa.4	V14ASa.4	V14PSb.4	V14ASb.4	V14PSc.4	V14ASc.4

PS_14a	
AS_14a	
PS_14b	
AS_14b	
PS_14c	
AS_14c	

15. Based on your perceptions, who do you think covers the costs for earmold maintenance, including repairs, retubing, and replacement of earmoulds?	ACOUSTIC HEARING AIDS	
	Pediatric	Adult
The site fully covers all costs	V15a.1	V15b.1
The site covers the costs in accordance with the patient's UPFS classification (subsidized cost)	V15a.2	V15b.2
The site is unable to cover the costs, and the patients are required to cover all earmould-related costs	V15a.3	V15b.3
Other (please specify)	V15a.4	V15b.4

V15a	
V15b	

Section F: Perceptions about the audiology services provided at your current workplace site

16. On-site hearing screening services

16.1. Based on your perceptions, is your site currently involved in an on-site hearing screening program(s)?	No	Yes
Newborn and/ infant hearing screening program	V16.1a.1	V16.1a.2
High-risk-based adult screening (for example, for patients exposed to ototoxic or vestibulotoxic medication, exposed to recreational noise, patients with chronic health conditions, etc.?)	V16.1b.1	V16.1b.2

V16.1a	
V16.1b	

16.2. If so, what type of infant hearing screening do you perceive is provided by your site?

Universal Newborn Hearing Screening (screening directed at the whole population)	1
Targeted hearing screening (e.g., risk-based screening – screening based on established risk factors for hearing loss)	2
Other (please specify)	3

V16.2	
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17. Hearing Device Fitting

17.1. Your perceptions on the availability of acoustic loan hearing aids	Pediatric		Adults	
	No	Yes	No	Yes
Based on your perceptions, are loan hearing aids available to patients while waiting for their ordered hearing aids (initial fitting)?	V17.1.PSa.1	V17.1PS a.2	V17.1AS a.1	V17.1AS a.2
Based on your perceptions, are loan hearing aids available to patients while waiting for their hearing aids to be repaired?	V17.1PS b1	V17.1PS b2	V17.1AS b1	V17.1AS b2

PS_17.1a	
AS_17.1a	
PS_17.1b	
AS_17.1b	

17.2. Perceptions of the availability of acoustic hearing aids according to the workplace’s device fitting protocol: For each type of hearing loss, please indicate if you think that acoustic hearing aids are accessible for both the pediatric and adult population

Perceived criteria for acoustic hearing aid fittings	PEDIATRIC			ADULTS		
	UNILATERAL HEARING LOSS					
	No	Yes		No	Yes	
Permanent unilateral (normal hearing in the non-affected ear) SENSORINEURAL HEARING LOSS (SNHL) (any degree)	17.2PSa.1	17.2PSa.2		17.2ASa.1	17.2ASa.2	
Permanent unilateral (normal hearing in the non-affected ear) MIXED HEARING LOSS (HL) (any degree)	17.2PSb1	17.2PSb.2		17.2ASb.1	17.2ASb.2	
Permanent unilateral (normal hearing in the non-affected ear) CONDUCTIVE HL (any degree)	17.2PSc.1	17.2PSc.2		17.2ASc.1	17.2ASc.2	
	BILATERAL HEARING LOSS					
	No	Yes: 2 hearing aids (binaurally)	Yes: 1 hearing aid	No	Yes: 2 hearing aids (binaurally)	Yes: 1 hearing aid
Permanent bilateral SNHL (any degree)	17.2PSd.1	17.2PSd.2	17.2PSd.3	17.2ASd.1	17.2ASd.2	17.2ASd.3
Permanent bilateral MIXED HL (any degree)	17.2PSe.1	17.2PSe.2	17.2PSe.3	17.2ASe.1	17.2ASe.2	17.2ASe.3
Permanent bilateral CONDUCTIVE HL (any degree)	17.2PSf.1	17.2PSf.2	17.2PSf.3	17.2ASf.1	17.2ASf.2	17.2ASf.3

PS_17.2a	
AS_17.2a	
PS_17.2b	
AS_17.2b	
PS_17.2c	
AS_17.2c	
PS_17.2d	
AS_17.2d	
PS_17.2e	
AS_17.2e	
PS_17.2f	
AS_17.2f	

17.3. Perceptions of availability of hearing devices alternative to acoustic hearing aids: Should a patient adhere to the necessary criteria, please indicate if you think that the following hearing devices are available to be fitted for both the pediatric and adult population

Types of alternative hearing assistive devices	PEDIATRIC		ADULTS	
	No	Yes	No	Yes
Conventional Bone Conduction Hearing Devices	V17.3PSa.1	V17.3PSa.2	V17.3ASa.1	V17.3ASa.2
Implantable Bone Conduction Hearing Device	V17.3PSb.1	V17.3PSb.2	V17.3ASb.1	V17.3ASb.2
Cochlear Implants	V17.3PSc.1	V17.3PSc.2	V17.3ASc.1	V17.3ASc.2

PS_17.3a	
AS_17.3a	
PS_17.3b	
AS_17.3b	
PS_17.3c	
AS_17.3c	

