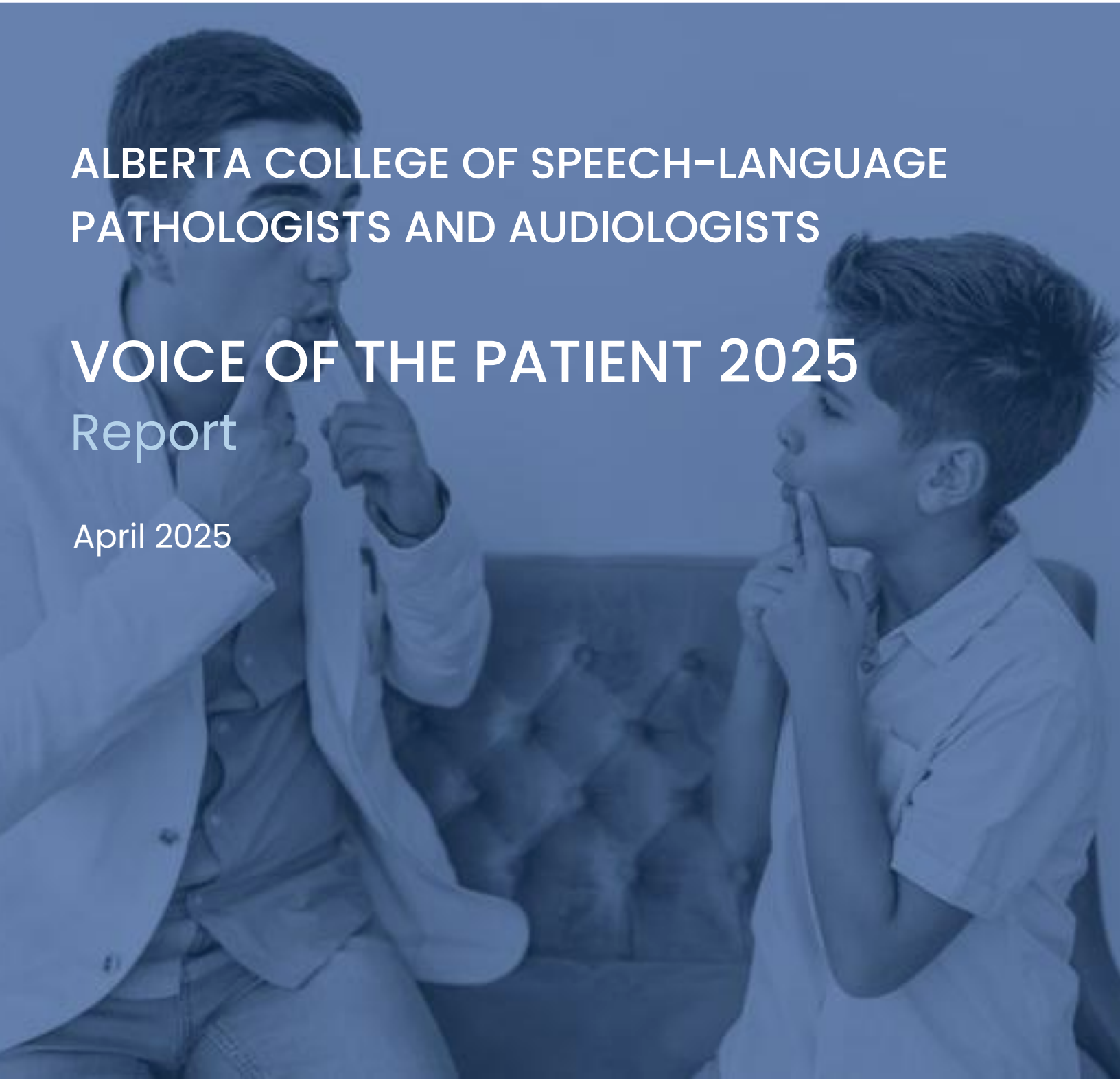

ALBERTA COLLEGE OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

VOICE OF THE PATIENT 2025

Report

April 2025

AC SLP A

PIVOTAL RESEARCH Inc.™

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SUMMARY OF FINDINGS

Most were satisfied with their overall experience receiving care from an audiologist or speech-language pathologist. This includes 84% of those who visited an audiologist and 76% who received care from an SLP, indicating a positive overall experience across both professions.

Cost-related communication received some of the lowest satisfaction scores. Only 61% of audiology patients and 50% of SLP patients felt costs were as estimated or clearly explained. Slightly more were satisfied with information about treatment costs (65% audiology, 60% SLP), pointing to a need for greater transparency.

Satisfaction with recent care was lower among certain demographic groups. Younger adults and those whose first language is not English consistently reported lower satisfaction throughout the patient journey for both audiologist and SLP care, compared to their respective counterparts.

Respondents who have accessed audiology or speech-language pathology services generally perceive the quality of care in the province to be high. Nearly seven in ten respondents agreed or strongly agreed with this assessment, including 70% of audiology patients and 67% of SLP patients. These perceptions point to a broadly positive public view of regulated care in these professions.

Familiarity with ACSLPA was strongest among those with direct care experience, with 30% of audiology patients and 39% of SLP patients aware of the College, in contrast to only 11% of non-patients.

For the most part, patients felt respected, informed, and engaged in their care. Roughly two-thirds reported feeling comfortable raising concerns, knowing what to expect, and having the tools to make informed decisions. In addition, four in five recent SLP and audiologist patients agreed that the care they received was respectful and unbiased.

Most respondents who hadn't accessed care in the past two years (73%) felt it wasn't needed. However, 20% believed such care would have been beneficial. Key barriers included uncertainty about the right provider, lack of insurance, and discomfort seeking care.

RESEARCH BACKGROUND AND METHODOLOGY

Background and Research Objectives

The Alberta College Of Speech-language Pathologists and Audiologists (ACSLPA or College) is the regulatory and licensing body for the profession of speech-language pathology and audiology in Alberta.

The College is mandated by the *Health Professions Act* to protect and serve the public interest through the establishment, maintenance, and enforcement of Standards of Practice, a Code of Ethics, registration requirements, and continuing competence to ensure that speech-language pathologists and audiologists practice their profession in the best interests of the public.

The purpose of this research was to ascertain the perspectives of the general public in Alberta regarding their experiences with audiologists and speech-language pathologists (SLPs) and their awareness of the professions' regulation as well as the perceptions of those who have not accessed care recently or ever.

Research Methodology

The research was conducted through two phases of engagement with the public and developed through a collaborative partnership between Pivotal Research Inc. and the College.

1

Stage 1: Interviews - The process began with a set of 30-minute virtual interviews consisting of recent audiologist and/or SLP patients, aimed at exploring the experiences with accessing care and their perceptions of the regulation of the professions. Insights gathered from the interview informed the design and content of the survey, ensuring that it addressed relevant aspects of the patient experience, and that the language used to describe these elements resonated with patients. An online screener was used to recruit participants that met the following criteria:

- They reside in Alberta;
- They were 15 years or older; and
- Visited an audiologist or SLP within the last 12 months

Eligible respondents were invited to participate in a 30-minute virtual interview.

Data Collection

In total, five interviews were conducted online via Zoom, between February 10 and March 23, 2025.

All participants had accessed care within the past 12 months, either for themselves or while accompanying a dependant. Participants resided in Alberta's two major metropolitan areas - Calgary and Edmonton and represented a range of age groups. Some identified as belonging to a racial or ethnic minority, had a disability, varied levels of education and household income.

The final sample of interviewees consisted of three audiology and two SLP patients.

RESEARCH BACKGROUND AND METHODOLOGY

2

Stage 2: Online Survey - To gather broader input, an online survey was conducted using a non-probability sampling approach. The survey was designed and administered by Pivotal Research on behalf of the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA), with data collection carried out through Cint, a globally recognized online platform that connects researchers with a wide network of pre-recruited survey participants.

A screening process was used to ensure respondents:

- Resided in Alberta;
- Were 15 years or older; and
- Were not practicing audiologists or SLPs.

Eligible participants were invited to complete a 12–15 minute survey. Data collection occurred over a 20-day period to allow time for individuals with relevant experiences to respond.

While the primary sample was drawn from the Cint panel, a public-facing version of the survey was later shared via ACSLPA's social media channels. Registered members of the College were also encouraged to help promote the survey by reposting the link or displaying a flyer in their clinic or office. The public link was slightly modified to focus specifically on patient experiences.

Data Collection

Data collection occurred between March 27 and April 16, resulting in **523** respondents to the survey. The majority of the responses were collected through the online panel (n=491) while the remaining were from the public facing survey (n=32).

The survey sample included:

1. **Audiologist/SLP patients** (n=338)**:** Individuals who had received care from an audiologist or SLP, or who had accompanied a dependant receiving such care.
2. **Non-patients** (n=185)**:** Individuals who had never accessed services from an audiologist or SLP.

Research Limitations

Incidence rate

The survey targeted a specific population—Albertans who have accessed audiology or speech-language pathology care. As a result, the incidence rate within the panel was relatively low. To increase participation, the survey was adapted for public distribution through ACSLPA's social media and networks, allowing for additional patient responses. Additionally, while online panels offer broad reach, they may underrepresent certain groups, such as those without reliable internet access or living in remote areas.

Although the results are not statistically generalizable to the overall population, they reflect the perspectives of over 500 Albertans and offer meaningful insights into the experiences and perspectives of both patients and non-patients.

Quality Assurance

To ensure data quality and reliability, survey quality assurance software was utilized to identify and exclude inconsistent or unreliable responses. The software also verified respondent eligibility by excluding individuals using VPNs located outside the Alberta region. These measures were implemented to uphold the integrity of the survey data and ensure it met established quality and relevance standards.

HOW TO READ THE REPORT

Survey Topics

The survey explored a range of topics tailored to respondents' care experiences. Those who had accessed audiology or SLP services within the past 24 months were asked detailed questions about their most recent visit—including satisfaction, provider choice, and their sense of involvement in decision-making, among others. If a respondent had seen both types of providers, questions were directed toward the one they visited most recently.

In addition to exploring recent care experiences, the survey included questions for both recent and non-recent patients about their perceptions of SLP and audiology care, as well as their sense of agency in making care decisions. Individuals who had never accessed care were asked to share their reasons for not seeking services.

All respondents were asked about their awareness of professional regulation (specifically ACSLPA) and completed demographic questions to ensure the survey captured a broad range of perspectives.

Patients *(visited in the last 24 months)*
- Choice of provider
- Patient journey
- Perceptions of SLP or Audiology care
- Client agency

Non-recent Patient *(last visit was more than 2 years ago)*
- Time of most recent visit to a SLP and/or Audiologist
- Perceptions of SLP or Audiology care
- Client agency

Non-patients *(never visited an audiologist or SLP)*
- Reason for not recently accessing care

All Survey Respondents
- Demographics
- Awareness of regulation

Please note that the percentages in tables and charts may not total 100% due to rounding (+/- 1%). In some cases, only the top responses are shown. Additionally, for questions that allowed multiple selections, the totals will exceed 100%.

Where notable demographic differences emerge, they are described within the narrative. However, due to sample sizes, most findings are presented at a general level, combining perspectives from both audiologist and SLP patient respondents. All reported differences should be interpreted as directional, and where sample sizes are particularly small, a note is provided.

Stage 1:

Interviews – Key Themes

Interviews – Key Themes

Qualitative Research: In-depth Interviews with Recent Patients

Five one-on-one interviews were conducted virtually via Zoom between February 10 and March 23, 2025. All participants had accessed audiology or SLP care within the past 12 months—either as patients themselves or while supporting a dependant. Three interviewees had accompanied dependants to appointments, including two children and one adult.

Participants were based in Alberta's two largest urban centres, Calgary and Edmonton, and reflected a diversity of backgrounds, including varying age groups, household incomes, education levels, and lived experiences related to disability or racial/ethnic identity.

The final group included three individuals with recent experience accessing audiology services and two with experience accessing SLP care.

Key themes that emerged from the interviews are summarized below, reflecting the varied experiences, perspectives, and needs shared by participants throughout their care journey.

Theme 1: Access and Navigation: Mixed Experiences with Wait Times and System Entry Points

One participant described difficulties accessing timely care, particularly for children needing SLP services. Another was limited in the number of sessions she could obtain for her son due to out-of-pocket costs, while another faced challenges tied to rural or remote work schedules, which made it difficult to reach urban care providers.

In contrast, others reported relatively routine or seamless access. One participant noted they were able to book with an audiologist immediately after their family doctor provided a referral and clinic list—selecting the closest option. Similarly, participants engaged in care through ongoing public programs or hospitals often described smoother access. Still, several individuals mentioned the initial complexity of navigating the system, especially when unsure of where to begin or which services were available.

> *"There wasn't many [audiologists] who see children.. The wait list was just too long. Once we got the ball rolling, it wasn't too bad."*

Theme 2: Cost and Coverage: Out-of-Pocket Expenses and Insurance Gaps

Private care was described as costly but sometimes necessary. Even when insurance reimbursed a portion, participants noted the financial burden of paying upfront, particularly for assessments. One participant noted that these costs limited how much care she could afford for her son, who has a neurodevelopmental disorder and significantly benefits from working with his SLP.

Another participant, supporting her father after a concussion, noted they had to pay partially for care even with some family coverage. She highlighted that while the cost was manageable for her family, the lack of clear communication about payment expectations ahead of time could pose challenges for others. Some individuals expressed a desire for clearer guidance on public subsidies, insurance coverage, and eligibility criteria earlier in the care journey.

> *"You have to pay to get someone to do an assessment, even just to qualify for coverage. It was a lot. I could afford to do it, but it was a lot."*

Interviews – Key Themes

Theme 3: Relationship with Providers: Comfort, Trust, and Clarity

Participants generally spoke positively about their providers, describing them as professional, respectful, and patient-focused. In long-term care relationships, trust and comfort were emphasized. Providers who used plain language and took time to explain treatment options were especially appreciated.

However, one participant described concerns about her father's audiology appointment. Despite offering to translate due to his limited English, she was not permitted to accompany him into the testing room. She felt her father was confused and unsupported, and the clinic declined her assistance even though he struggled to understand the process. This experience highlighted how language access and cultural sensitivity can affect trust and comfort during care.

"She was warm and supportive.... she'd ask what [my dependant] liked and build treatment around that."

"I offered to translate, but they said it wasn't necessary. I was really worried my dad wouldn't understand them and afterward, he seemed confused. I felt underutilized, like I could have helped, but wasn't given the chance."

Theme 4: Communication and Follow-Up: Informal but Responsive

Participants described communication as generally supportive and responsive, especially in private settings where pre-visit interviews or follow-up emails helped set expectations and track progress.

However, not all experiences reflected this. In the case above, the participant noted the audiologist provided only a brief verbal summary and deferred all result interpretation to the family doctor. Although an emailed report was sent afterward, its technical language and graph-heavy format were confusing, even for the participant, a registered nurse. The notes section was somewhat helpful, but many questions remained unanswered. This underscores a broader theme: patients often need clearer, more accessible explanations, particularly after appointments when reflection generates new questions.

"Many questions came to mind only after the appointment."

"They sent me the evaluation, but it was all numbers and graphs. It didn't make sense and I'm a registered nurse. The only part that helped was the notes section, but even then, we still had a lot of questions."

Theme 5: Differences Between Public and Private Care

Participants who accessed both public and private services noted key differences in flexibility, resourcing, and continuity. One praised a public, school-based team approach for its structure, while another felt that private providers offered more individualized attention, albeit at a higher cost.

Another participant expressed appreciation for being seen quickly in a private clinic after a referral, even if it meant paying out-of-pocket. These trade-offs between timeliness, personalization, and affordability were common. However, the differences in communication and follow-up support were also noted—private clinics were not always more comprehensive, particularly in cases involving language or cultural needs.

"I didn't mind paying the $20 if it meant I could be seen right away."

Interviews – Key Themes

Theme 6: Awareness and Perceptions of ACSLPA

Three participants had not heard of the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) prior to their interview, but showed interest in its role once informed, particularly around ensuring safe and accountable care. One participant familiar with the College, a registered nurse, understood its regulatory function and noted it gave her confidence in provider qualifications.

However, one participant expressed that ACSLPA could be more visible in helping families understand access pathways and provider responsibilities. Participants suggested that proactive guidance from regulatory bodies could help bridge the gap for individuals unfamiliar with the system, especially newcomers or those supporting vulnerable family members.

> *"It would be helpful if they offered guidance early on—when you're just trying to figure things out."*

The Voice of the Patient questionnaire was adapted to reflect key themes that emerged through preliminary interviews with individuals who had accessed audiology or speech-language pathology care in Alberta. Insights from these conversations helped shape the framing of questions to better capture the nuances of patient and caregiver experiences across public and private systems, highlight perceived barriers to care, and explore expectations of regulatory oversight. The questionnaire also integrates language and areas of focus that were identified as meaningful or challenging during the interviews, ensuring the survey is grounded in lived experience.

Stage 2:

Survey Results

RESPONDENT PROFILE

Respondents were asked to provide demographic information, including gender, age, as well as the first three digits of their postal codes to determine the Alberta distribution among the sample. Additional demographic information collected included identity factors such as belonging to racialized groups, identifying as a person with a disability, and Indigenous identity, among others; whether they had dependants, their employment status and sector, household income, and their English language proficiency.

Gender Identity

n=523

54% Female

43% Male

1% Non-binary/ agender

1% Other

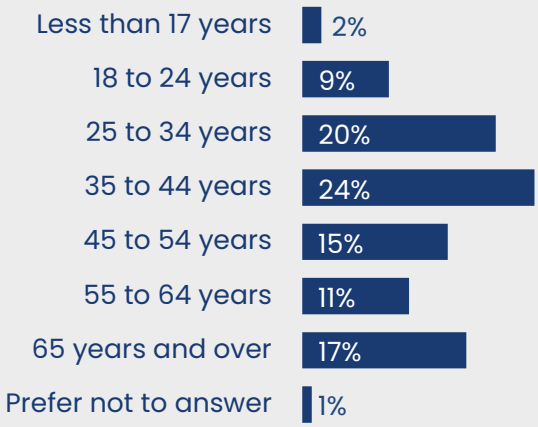
Place of Residence

n=523

- Calgary Region **39%**
- Edmonton Region **45%**
- Rest of Alberta **17%**

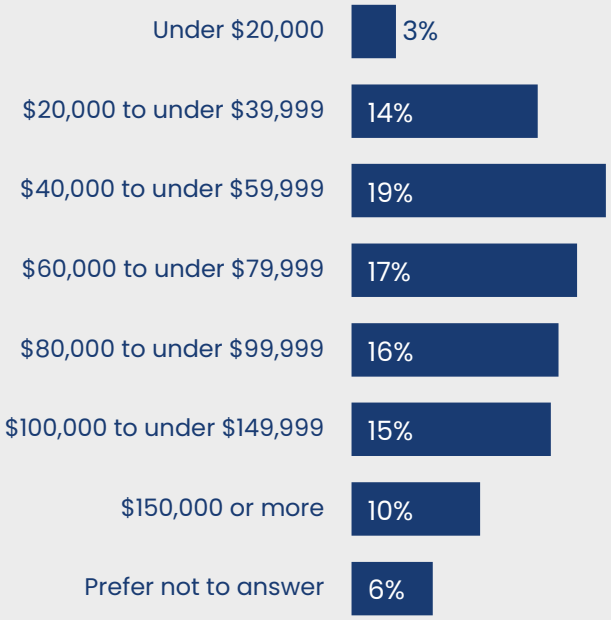
Age

n=523



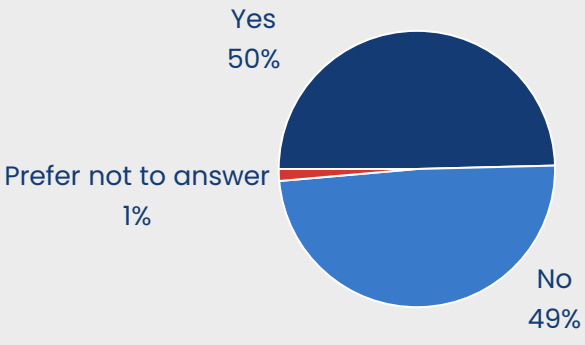
Total Household Income

n=507



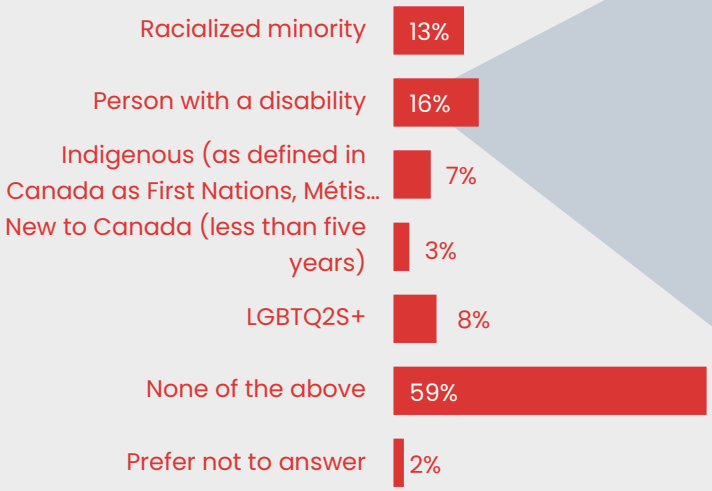
Report Having Dependants

n=507



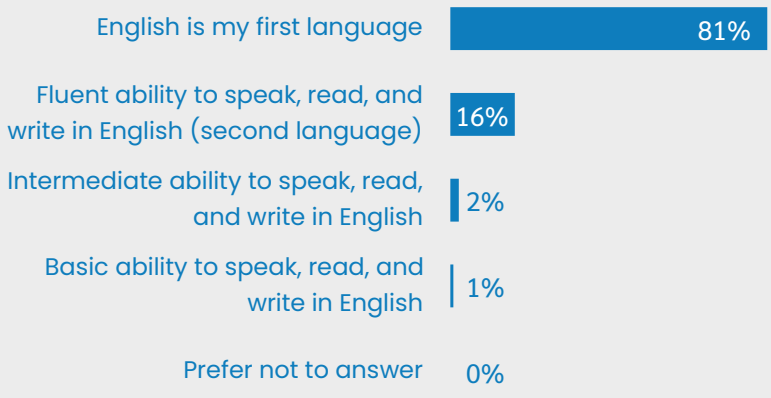
RESPONDENT PROFILE

Identify as... (select all that apply)
n=507



Self-reported Disability
n=82

English Language Proficiency
n=507



Employment Status
(select all that apply)
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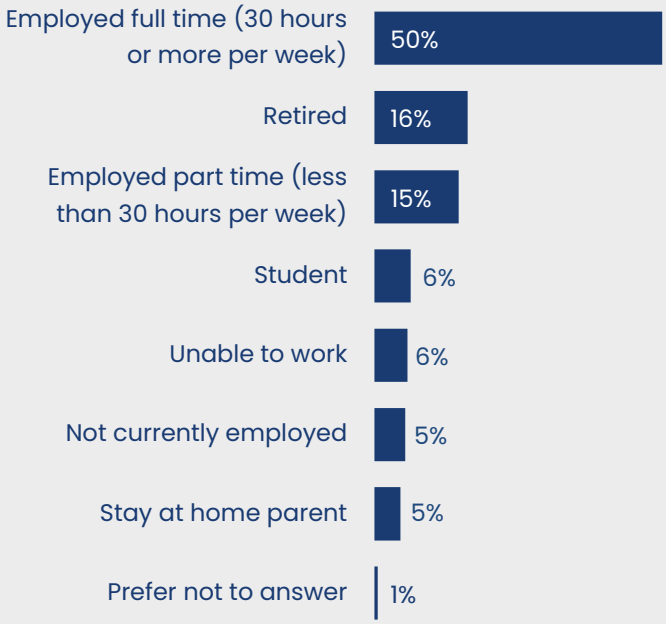
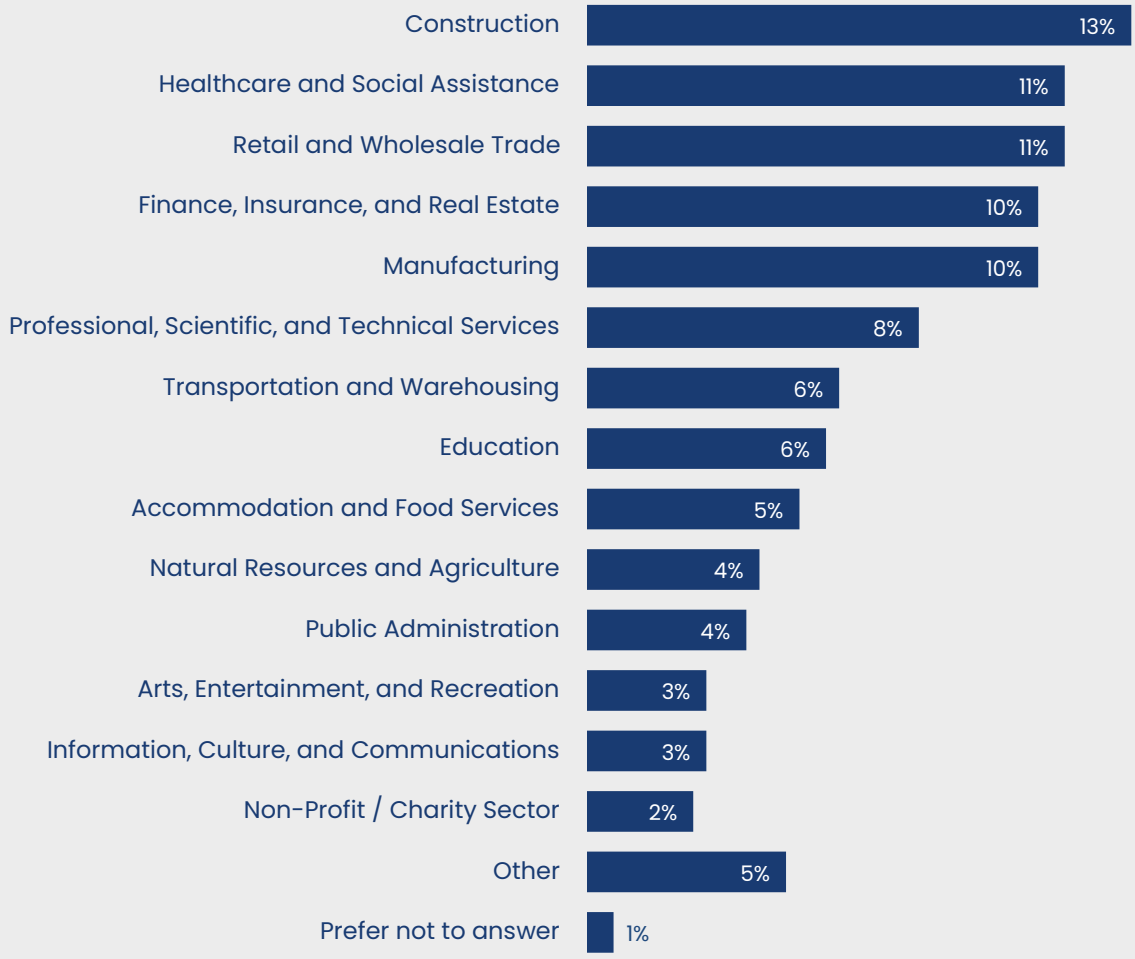
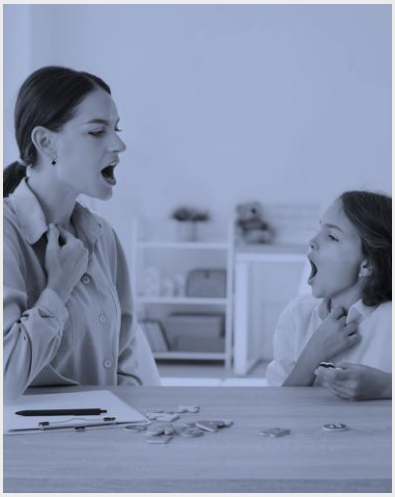


RESPONDENT PROFILE

Employment Sector
n=327





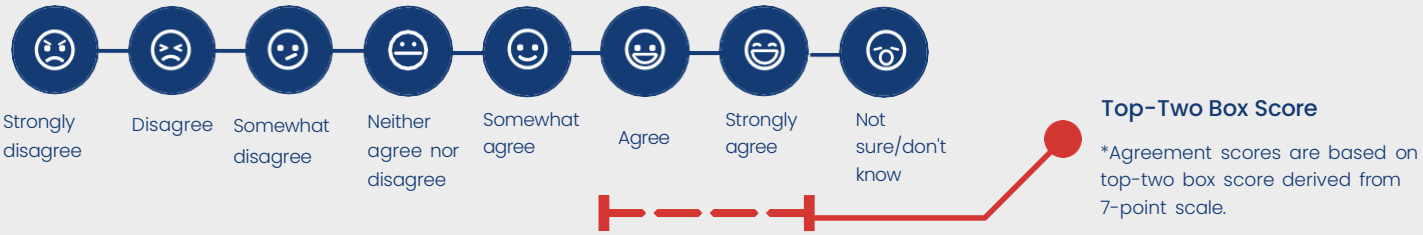
GENERAL PERCEPTIONS

PERCEPTIONS OF SLP/AUDIOLOGY CARE IN ALBERTA

Survey participants who had a previous experience receiving SLP or audiology care were asked to rate their level of agreement with several statements pertaining to their perceptions of SLP/audiology care in Alberta across the following categories:

- Overall perceptions;
- Patient agency;
- Discrimination;
- Clarity on fees and decision-making in SLP/Audiology care
- Access to SLP/Audiology in Alberta;
- Awareness of a regulator/ACSLPA.

For each statement, respondents were presented with a seven-point scale (or agreement continuum) ranging from strongly agree to strongly disagree as shown in the graphic below. Top-two box scores (those who selected "agree" or "strongly agree") are reported separately for patients of audiologists and SLPs who have accessed care previously.

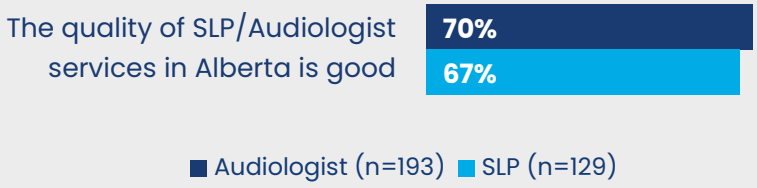


Overall Perceptions of SLP/Audiology Care

Nearly seven in ten respondents reported that the quality of audiology and speech-language pathology care in Alberta is high, with 70% of audiology patients and 67% of SLP patients agreeing or strongly agreeing.

Older adults aged 55 and over (81%) were more likely to report high levels of agreement with the quality of care received compared to younger adults under 35 (57%). Similarly, respondents who identified as having a disability (72%) reported higher agreement levels than those in other minority groups, similar to the overall results.

Overall Perceptions of SLP/Audiology Care



PERCEPTIONS OF SLP/AUDIOLOGY CARE IN ALBERTA

Patient Agency

Patients who accessed audiology or SLP services generally felt confident and informed in their care experiences. The majority reported feeling comfortable raising concerns with their provider (72% audiology, 64% SLP), knowing what to expect from their care (69% audiology, 68% SLP), and having access to the tools and resources needed to make informed decisions (68% audiology, 61% SLP).

Patient Agency

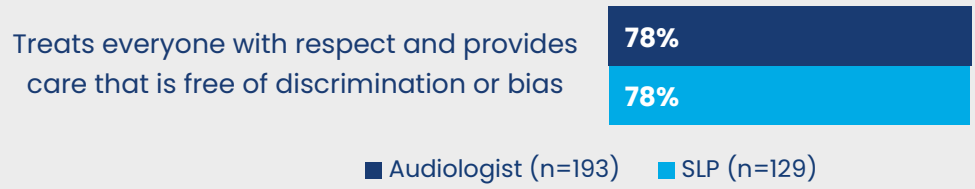
Respondents aged 55 and older consistently reported higher levels of agreement across all aspects of patient agency. In contrast, younger respondents (35 and under) and those identifying as LGBTQ2S+, although based on a small sample (n=23), were less likely to agree with these statements.

PERCEPTIONS OF SLP/AUDIOLOGY CARE IN ALBERTA

Discrimination

Most recent SLP and audiologist clients felt they received respectful, unbiased care. Nearly four in five respondents (78%) agreed or strongly agreed with this statement. Agreement was lower among adults under 35 (67%) compared to those aged 35–54 (84%) and 55 and older (88%).

Discrimination

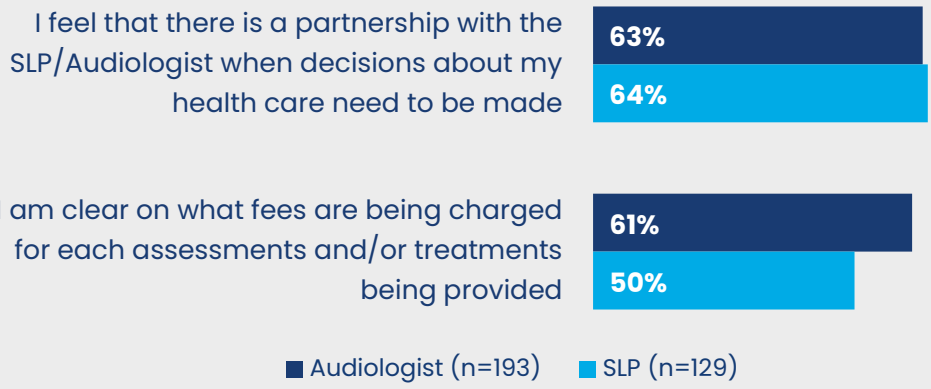


Clarity on Fees and Decision-Making

Roughly two-thirds of audiology (63%) and SLP (64%) patient respondents agreed that they felt a partnership with their provider when making decisions about their health. This sense of partnership was notably stronger among respondents aged 55 and older, with 79% indicating agreement.

Three-in-five audiology patients (61%) reported understanding the costs associated with their assessments or treatments, compared to half of SLP patients (50%). Respondents in the Edmonton area (62%) were more likely to report fee clarity than those in Calgary (49%).

Clarity on Fees and Decision-Making in SLP/Audiology Care



PERCEPTIONS OF SLP/AUDIOLOGY CARE IN ALBERTA

Access to SLP or Audiology Care

Three in five audiology patients (64%) and SLP patients (60%) agreed they could find a suitable provider in their community. Agreement was highest among respondents aged 55 and older (79%), and among those living in the Edmonton region (69%), compared to those in Calgary (59%) and the rest of Alberta (54%).

Access to Care in Alberta

KEY TAKEAWAYS

1. Patients perceive quality of care as high. Seven in ten audiology patients and two-thirds of SLP patients agreed the care they received in Alberta was of high quality.
2. Older adults expressed more favourable perceptions of SLP and audiology care in Alberta, consistently reporting higher agreement across all statements related to overall impressions of the professions.
3. Patients felt confident and informed in their care. Roughly two-thirds reported feeling comfortable raising concerns, knowing what to expect, and having the tools to make informed decisions about their audiology or SLP care.
4. Most felt their care was respectful and unbiased. Roughly four in five recent SLP and audiologist clients agreed with this statement, reflecting a strong perception of equitable treatment across both professions.

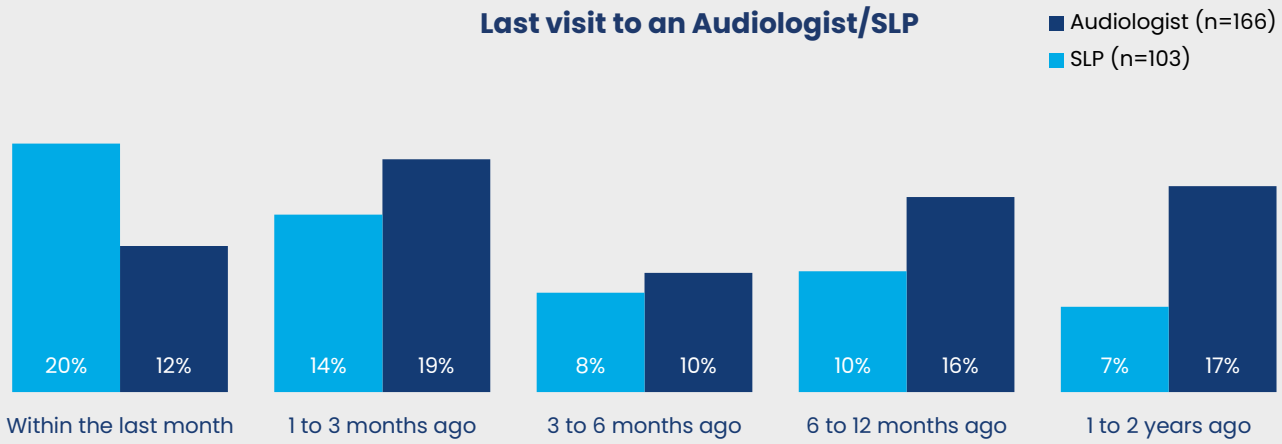
RECENT PATIENT EXPERIENCE

RECENT VISIT CHARACTERISTICS

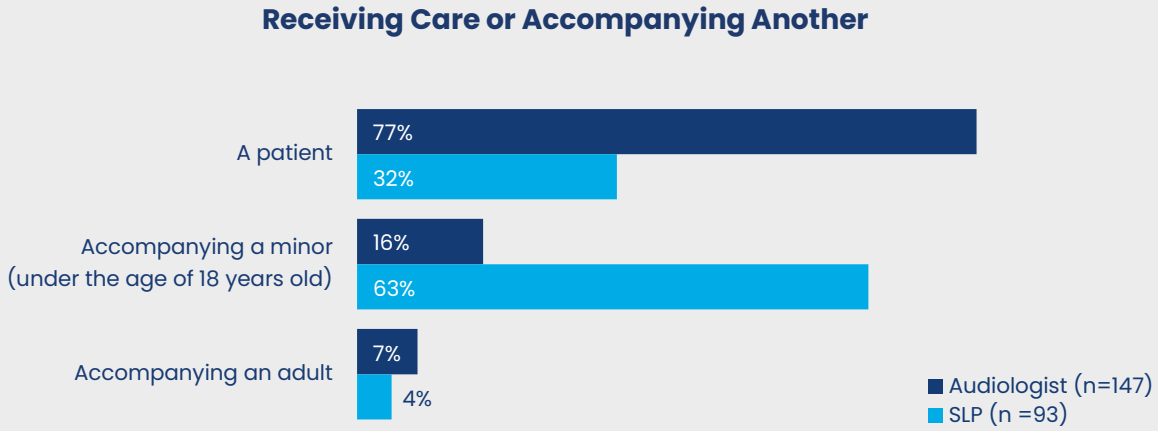
Incidence of Visiting Audiologist or SLP in Last 24 Months

Survey respondents who had visited an audiologist or SLP in the past 24 months, referred to here as patients or clients, were asked to reflect on their most recent visit.

Among those whose most recent visit was with an audiologist, nearly one-third (31%) had seen them within the past one to three months. A similar proportion (34%) had visited an SLP within that same timeframe. Visits to audiologists were also commonly reported in the six to twelve months ago (16%) and one to two years ago (17%) ranges, indicating a slightly longer spread of time since last visit compared to SLP respondents.



During their most recent visit, just over three-quarters of audiology respondents (77%) accessed services as patients themselves, while 16% accompanied a minor and 7% accompanied an adult. In contrast, among those who reported on a visit to a SLP, the majority (63%) attended to accompany a minor, while 32% received services as patients, and 4% accompanied an adult.



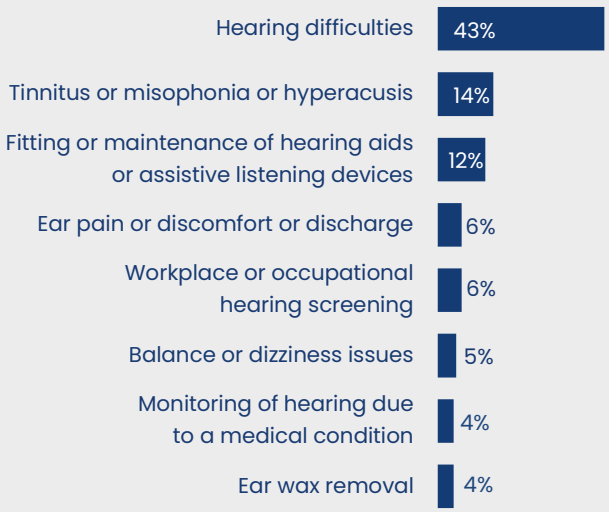
RECENT VISIT CHARACTERISTICS

Reason(s) for Most Recent Visit to Audiologist or SLP

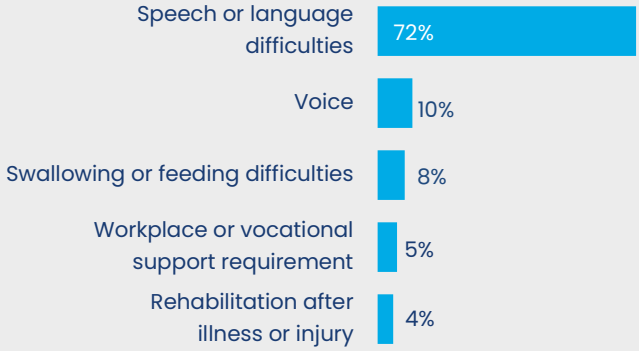
Among patients who visited an audiologist in the past 24 months, four in ten (43%) did so for hearing difficulties such as hearing loss or difficulty understanding speech. Additionally, over one in ten (14%) sought care for tinnitus, misophonia, or hyperacusis, while 12% visited for the fitting or maintenance of hearing aids or assistive listening devices.

For those who visited a speech-language pathologist (SLP), the majority (72%) did so for speech or language difficulties—such as challenges with pronunciation, comprehension, expression, or social communication. One in ten (10%) sought help for voice (e.g., hoarseness), and 8% for swallowing or feeding difficulties.

Reason(s) for the most recent visit to an audiologist
n=147



Reason(s) for the most recent visit to an SLP
n=93

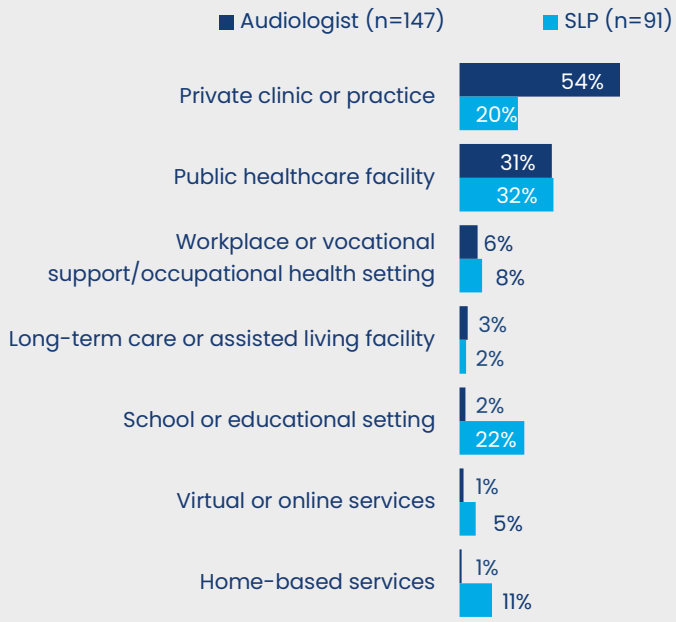


Location of Last Visit

Patients were asked to identify the setting in which they (or their dependant) received their most recent care. Among audiology patients, just over half (54%) received services at a private clinic or practice, while nearly one in three (31%) were seen in a public health care facility.

For SLP care, a third (32%) of patients received care through a public health care facility, one in five (20%) were treated at a private clinic or practice, and 22% received care in a school or educational setting. Notably, one in ten (11%) of SLP patients received care in a home setting.

Location of Care

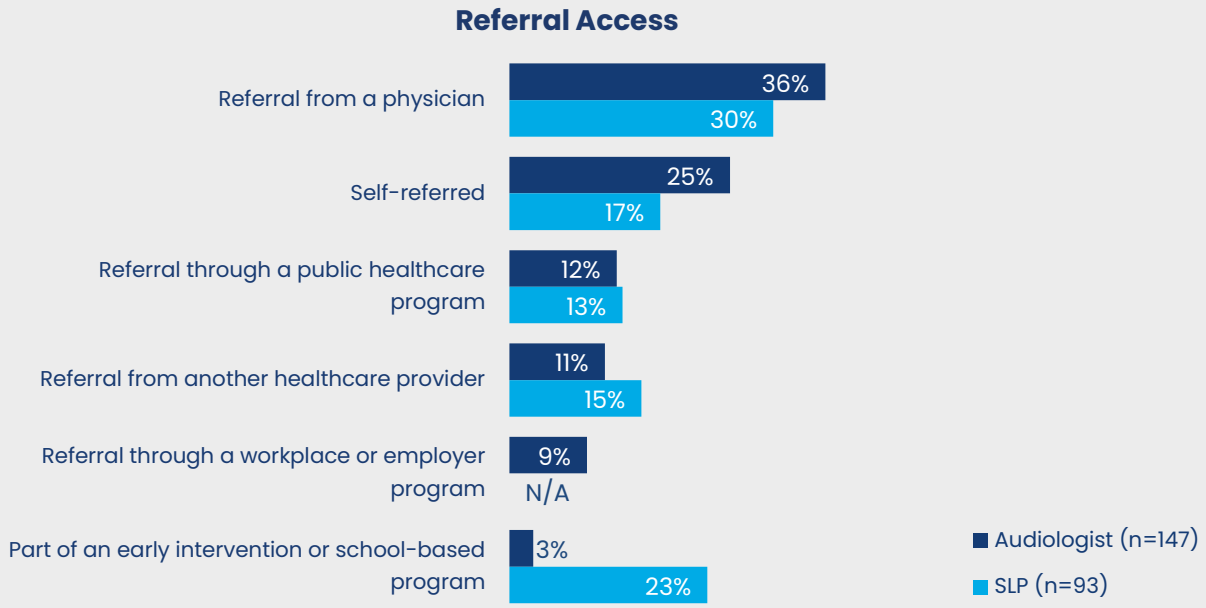


RECENT VISIT CHARACTERISTICS

Access to Care

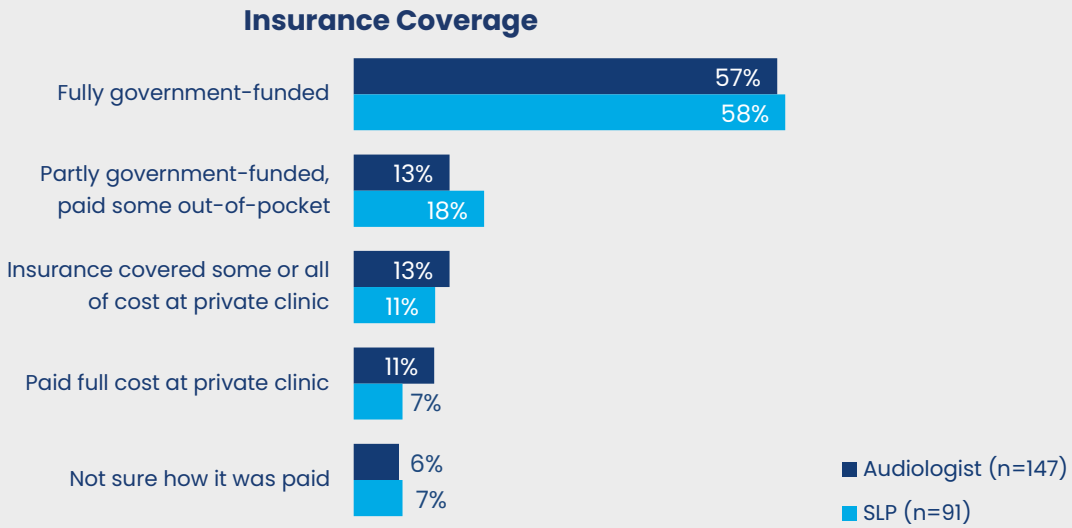
Over one-third (36%) of patients who visited an audiologist accessed care through a referral from a physician, such as a family doctor or an ear, nose, and throat (ENT) specialist. One-quarter (25%) sought care independently, while 12% were referred through a public healthcare program, such as a hospital or community health center. An additional 11% were referred by another healthcare provider, such as an SLP or occupational therapist.

Similarly, among SLP patients, one in three (30%) received a referral from a physician, and a quarter (23%), accessed services as part of an early intervention or school-based program. Just under one in five (17%) were self-referred, and 15% received a referral from another healthcare provider, such as an audiologist.



Insurance Coverage

The majority of respondents reported that their most recent visit was fully covered by the government, with 57% of audiology patients and 58% of SLP patients indicating they did not pay anything out of pocket. Others reported partial out-of-pocket expenses, where costs were not fully covered by government funding or through private insurance.



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RECENT VISIT CHARACTERISTICS

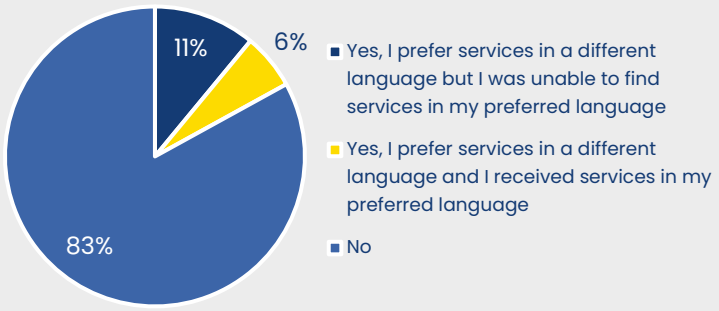
Desire for Non-English Language Services

All recent patients who indicated that English was their second language were asked whether they preferred to receive services in a language other than English. Four out of five (83%) said they did not prefer another language.

Meanwhile, 11% expressed a preference for another language but were unable to access services in that language, while 6% said they preferred another language and were able to receive care in it.

Languages mentioned by those who would have preferred care in a different language included Spanish, Portuguese, Italian, Mandarin, and Hindi.

Preferences for
Non-English Language Services
(n=70)



KEY TAKEAWAYS

1. One-third of recent patients had visited an audiologist (31%) or SLP (34%) within the last 3 months.
2. The majority of individuals who visited an audiologist (77%) did so to receive care for themselves, whereas those who visited a SLP (63%) were accompanying a minor. Most patients accessed audiology services through private clinics or practice (54%), while visits to SLP were in public healthcare facilities (32%).
3. Most recent patients visited the audiologist for hearing loss issues (43%) while those who visited an SLP was for speech or language difficulties (72%).
4. Overall, most patients were referred by a physician, and their visits were fully covered by the government.
5. Most respondents who speak English as a second language (83%) still prefer to receive care in English.

PATIENT CARE JOURNEY

Respondents who had visited an audiologist or SLP within the past 24 months were asked to rate their satisfaction with various aspects of their most recent visit. Statements addressed the following areas:

- SLP/Audiologist Office
- Examination, Procedure or Treatment
- Consent
- Staff Interaction
- Post Examination, Procedure or Treatment; and
- Overall Satisfaction.

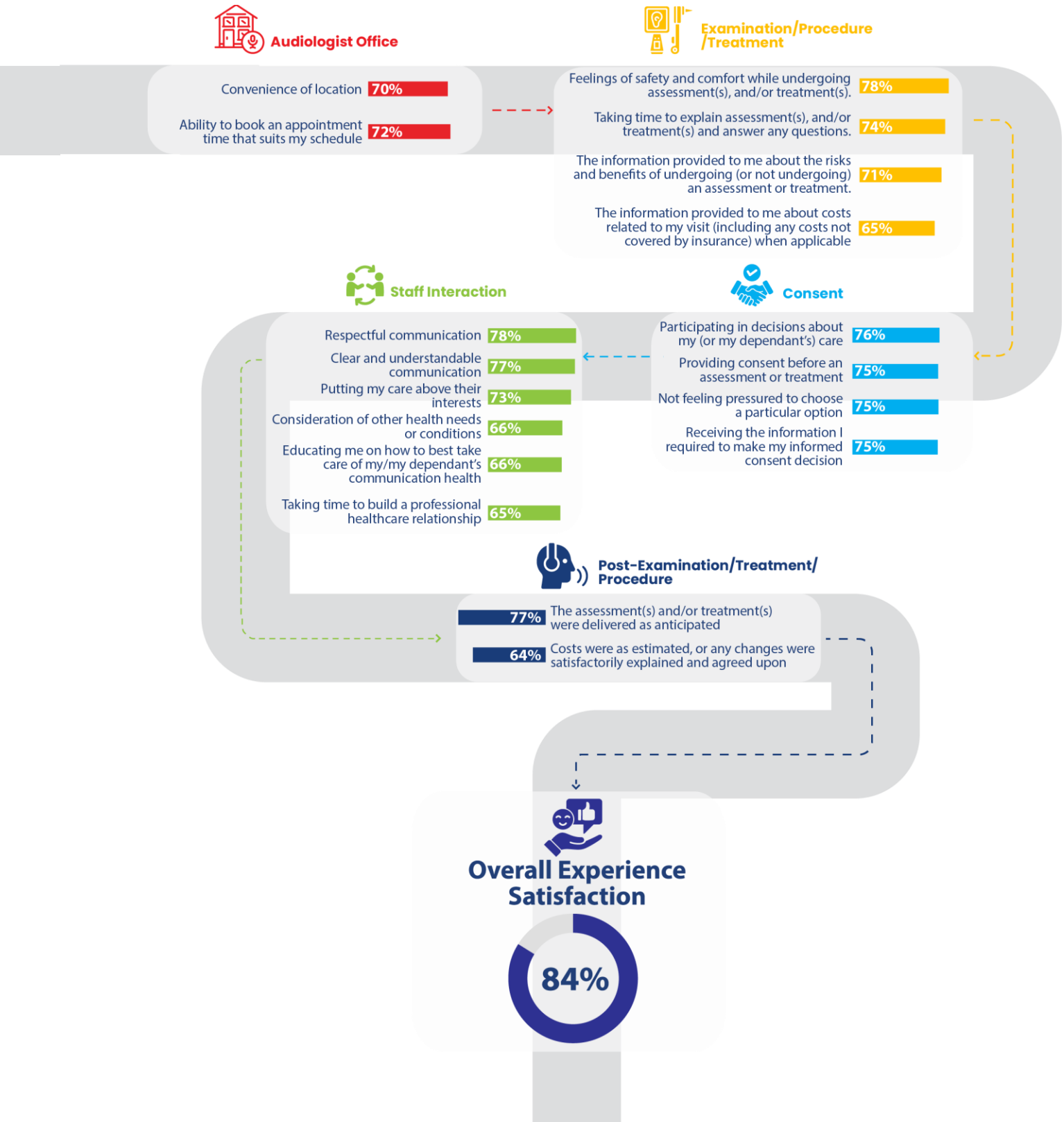
For each statement, respondents were presented with a seven-point scale ranging from "extremely dissatisfied" to "extremely satisfied", as shown in the graphic below. To support interpretation, top-two satisfaction scores—the combined percentage of those who selected "satisfied" or "extremely satisfied"—are reported on the following pages.

This section begins with a patient journey map for each audiology and SLP patients, offering a visual overview of key touchpoints throughout their most recent care experience. A narrative summary then follows, addressing each aspect of the visit in greater detail with top-two box satisfaction scores for each audiologist and SLP patient respondents.

AUDIOLOGIST PATIENT CARE JOURNEY

Satisfaction along the Audiologist Care Journey

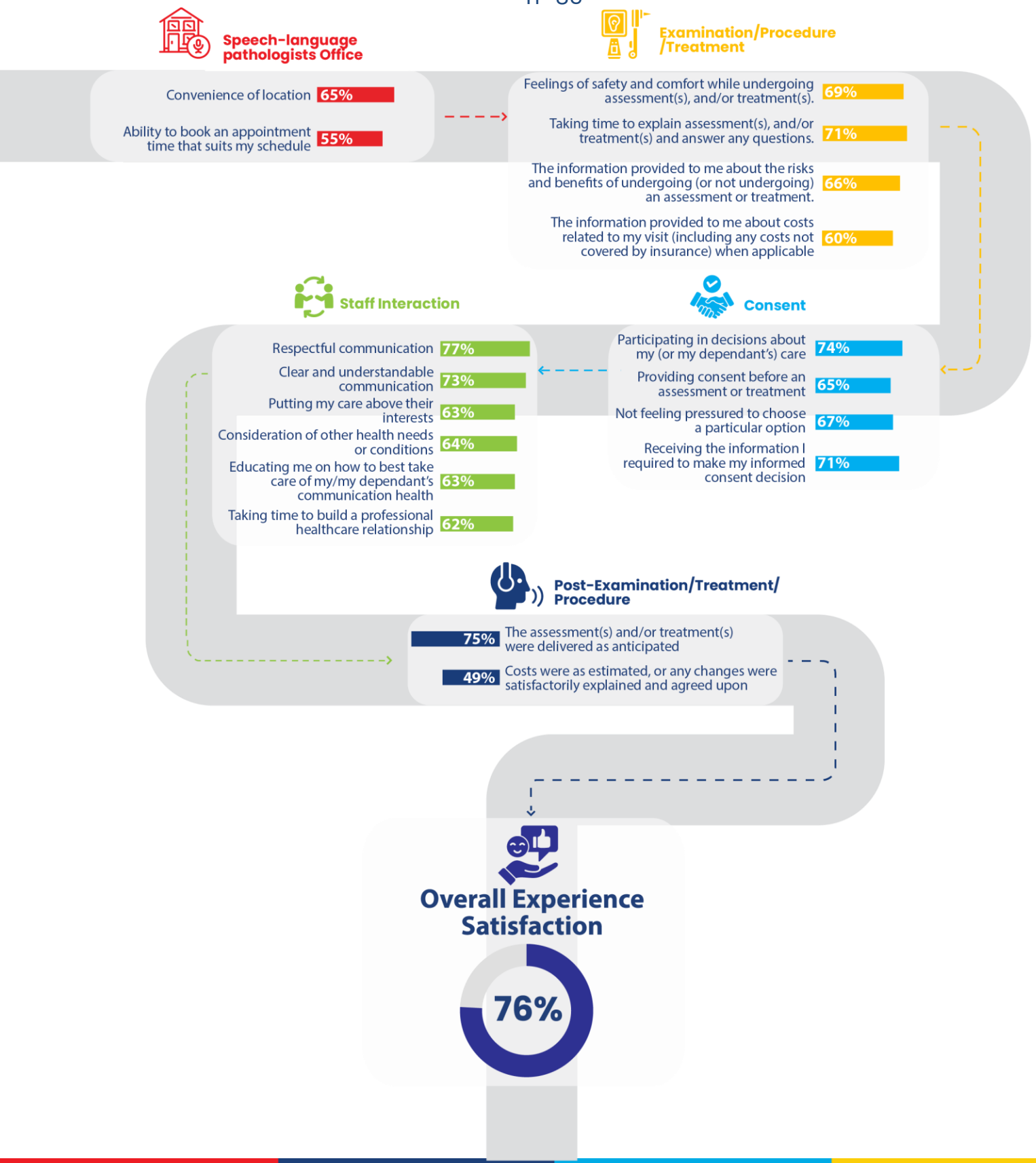
n=147



SLP PATIENT CARE JOURNEY

Satisfaction along the SLP Care Journey

n=85

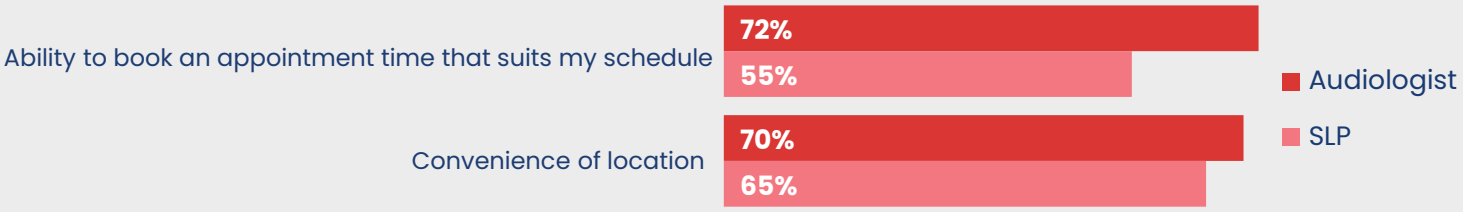


PATIENT CARE JOURNEY

A consistent trend observed across nearly all aspects of the patient journey was that older adults (ages 35–54 and 55+) reported higher levels of satisfaction, while respondents under 35 consistently reported lower satisfaction. In addition, those for whom English is a second language tended to report lower satisfaction than those whose first language is English. These overarching patterns are noted here to avoid repetition throughout the section.

SLP/Audiologist Office

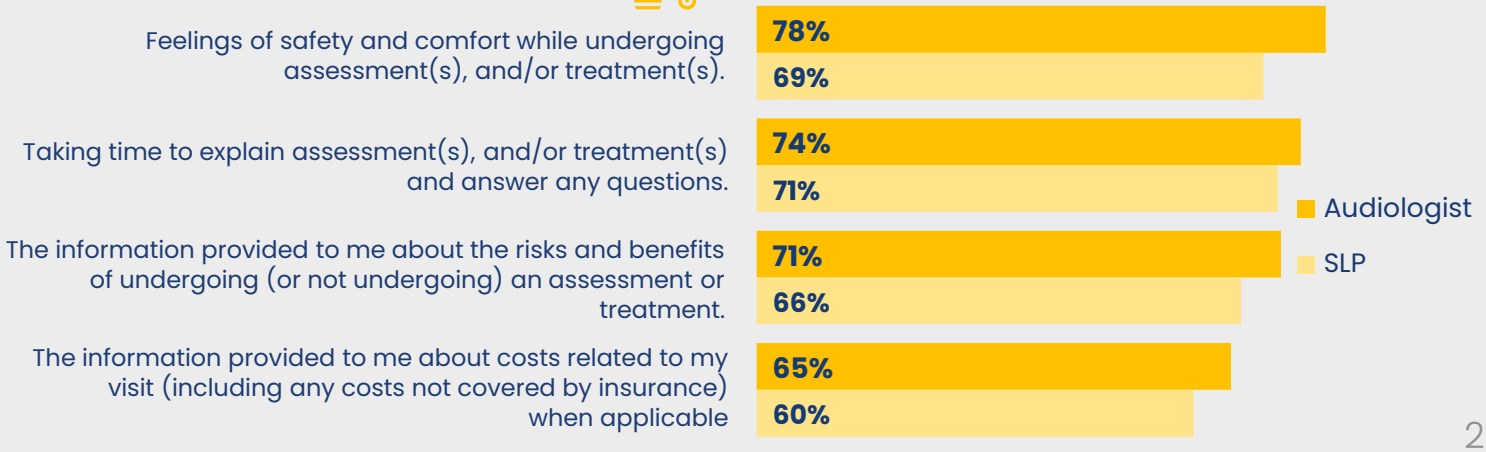
When it comes to appointment scheduling, 72% of audiology patients reported being satisfied with their ability to book a time that suited their schedule, while 55% of SLP patients expressed the same. This difference may reflect the settings in which care was accessed, as audiology services were more often received in private clinics, where greater flexibility may be available, whereas SLP services were frequently accessed through public healthcare or educational settings, where scheduling may be more limited. Satisfaction with the convenience of the location was also high, reported by 70% of audiology clients and 65% of SLP clients.



Examination, Procedure, and/or Treatment

Clients reported the highest satisfaction levels with feelings of safety and comfort during assessments or treatment, with 78% of audiologist patients and 69% of SLP patients indicating they were satisfied or very satisfied. Satisfaction with the time providers took to explain options and answer questions was also high—reported by 74% of audiologist clients and 71% of SLP clients.

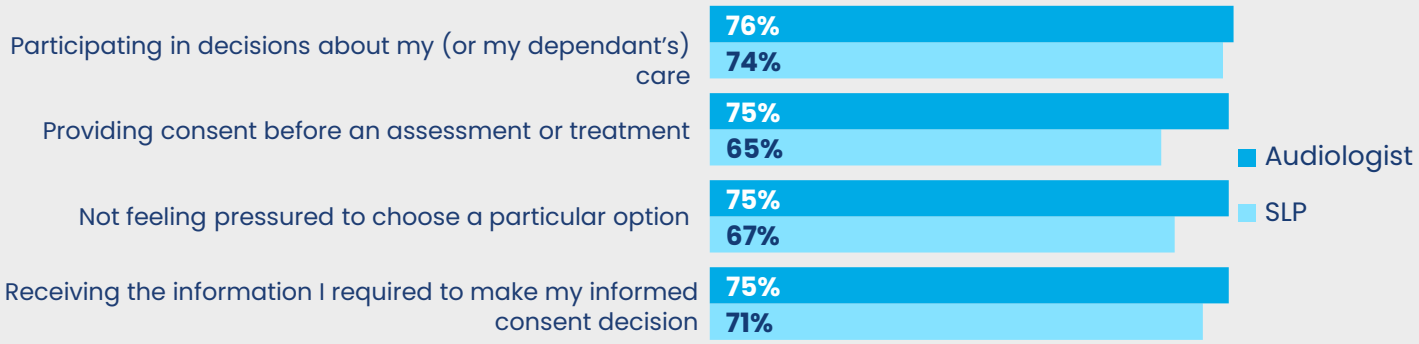
Similarly, 71% of audiologist patients and 66% of SLP patients were satisfied with the information provided about the risks and benefits of undergoing or not undergoing a treatment or procedure. Satisfaction was slightly lower when it came to information about the costs of recommended treatments or procedures—65% for audiologist patients and 60% for SLP patients.



PATIENT CARE JOURNEY

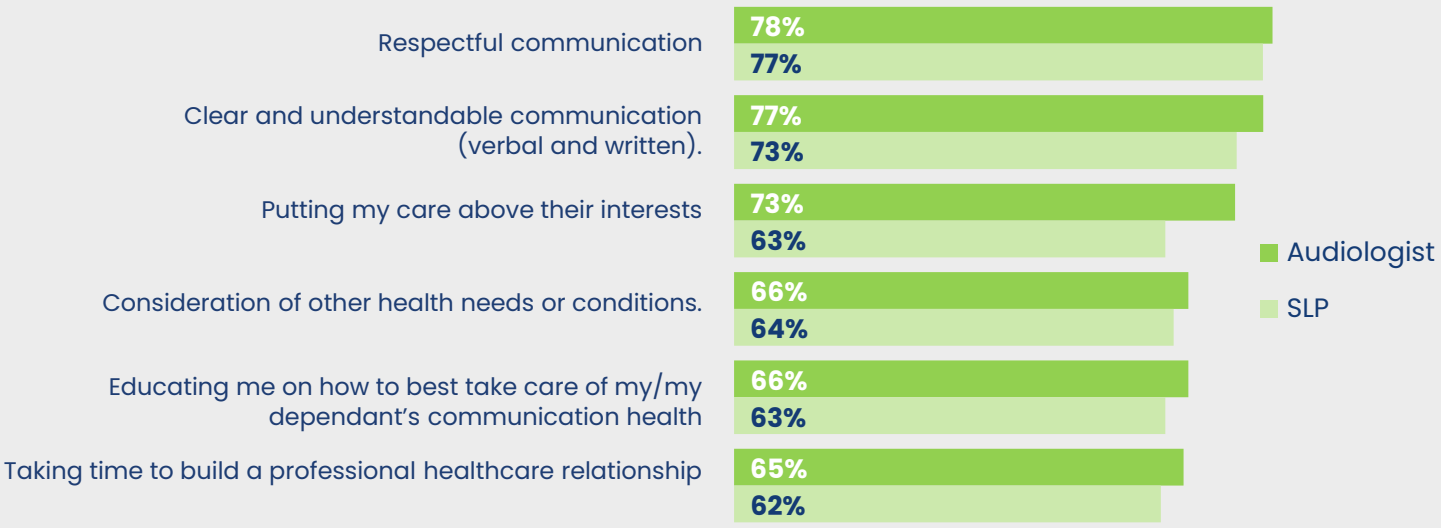
Consent

Roughly three in four audiology patients and two in three or more SLP patients expressed satisfaction across each key element of the consent experience. This includes participating in decisions about their or their dependent's care (Audiologist: 76%, SLP: 74%), providing consent before an assessment or treatment (Audiologist: 75%, SLP: 65%), not feeling pressured to choose a particular option (Audiologist: 75%, SLP: 67%), and receiving the information needed to make an informed consent decision (Audiologist: 75%, SLP: 71%).



Staff Interaction

Patient interactions with staff were measured across six interaction-related metrics. The lowest satisfaction ratings were associated with the time taken to establish a professional healthcare relationship, reported by 65% of audiology patients and 62% of SLP patients. Consideration of other health needs (66% for audiologists, 64% for SLPs) and education on communication health (66% for audiologists, 63% for SLPs), also received comparatively lower results. In contrast, the highest satisfaction was seen in respectful communication (78% for audiologists, 77% for SLPs), closely followed by the clarity of verbal and written communication (77% for audiologists, 73% for SLPs).

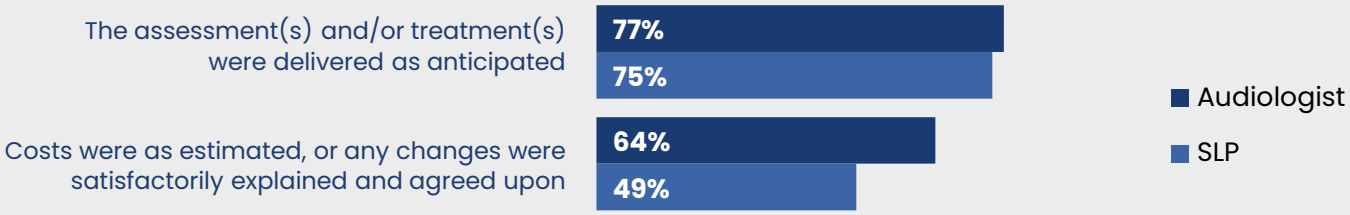


PATIENT CARE JOURNEY

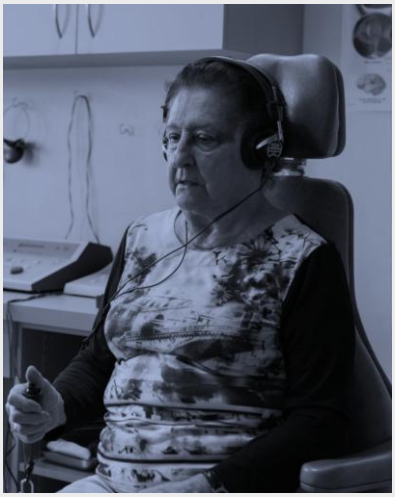
Post Examination, Procedure, and/or Treatment

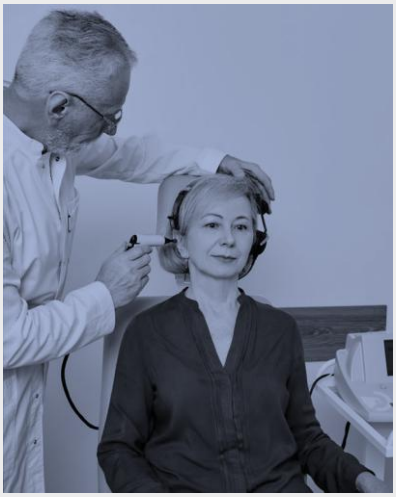
Almost three in four audiologist (77%) and SLP (75%) patient respondents reported being satisfied or very satisfied that the care they received met their expectations. Additionally, 64% of audiologist clients were satisfied with the accuracy of cost estimates and how any changes were communicated and agreed upon, whereas only 49% of SLP clients expressed similar satisfaction regarding cost transparency and communication.

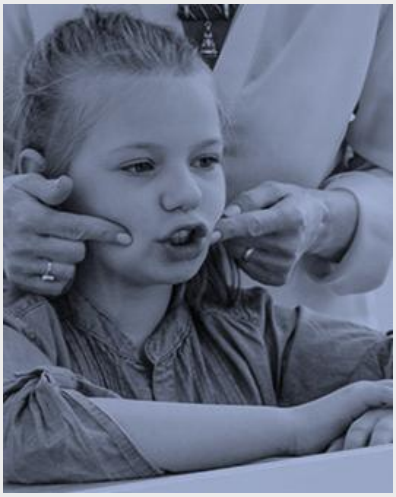
Post-Examination/Treatment/Procedure



Female respondents (80%) were more likely than males (72%) to be satisfied that the care they received met their expectations. In contrast, respondents from racialized minorities reported lower satisfaction, with only 68% feeling that the care met their expectations and just 36% agreeing that costs were as estimated. However, these findings are based on a smaller sample of racialized minority respondents (n=28) and should be interpreted with caution.







PATIENT CARE JOURNEY

Overall Satisfaction with Experience

A majority of respondents (81%) indicated they were satisfied or very satisfied with their overall experience visiting an SLP or Audiologist. This includes four in five respondents (84%) who visited an audiologist and three in four respondents (76%) who visited an SLP. Respondents aged 55 and older (93%)*, those with a disability (90%)* and those residing in Edmonton (86%) reported the highest levels of satisfaction.

Overall Satisfaction Scores (Top Two)

	Overall	Audiologist	SLP
Overall experience	81%	84%	76%

* Smaller sample sizes for respondents aged 55+ (n=45) and those with a disability (n=40)

Additional Written Feedback

Respondents had the opportunity to share additional comments about their experience. Of the 309 who were given this opportunity, most did not provide a response (223). Among those who did, the most common feedback reflected overall satisfaction with the care received from SLPs or audiologists, with 34 comments highlighting provider professionalism, effective treatment, and positive impacts on the patient's condition.

Sample comments are provided below.

"The child I took to the speech and language specialist is doing very well now. He can talk very well and can pronounce words well now. Thanks to prompt referral and intervention."

"My concerns were greatly reduced by the audiologist's thorough explanations, which I valued."

"Extra references provided for additional aftercare after the appointment made the whole appointment more than worthy of money and time spent during diagnosis period for my child which was very uncertain confusing and a scary period of our lives. Very thankful for services provided to us by the audiologist clinic we went to! They provided outstanding services!"

"Overall it was a good experience for us and we learned alot of valuable information to help us down along our road to therapy."

KEY TAKEAWAYS

1. A strong majority of respondents in Alberta (81%) reported being satisfied or very satisfied with the SLP and audiology care they received. This suggests a broadly positive experience with these services across the province.
2. Patients reported high levels of satisfaction with the respectful, clear, and understandable communication provided by staff, as well as with their sense of safety and security during assessments or treatments —highlighting the key role of effective communication in quality care.
3. Those who speak English as a first language tended to report higher satisfaction across key points in their patient experience compared to those where English is a second language.
4. Satisfaction was lower when it came to cost-related communication. Respondents indicated that information about visit-related costs, or clarity around unexpected charges, needs improvement.

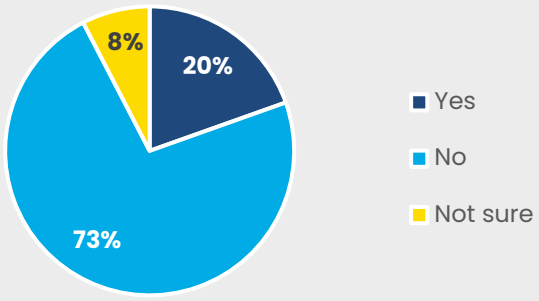
REASONS FOR NOT ACCESSING CARE

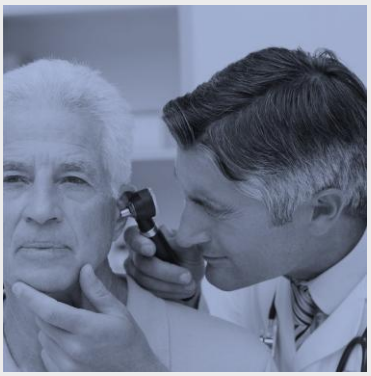
REASONS FOR NOT ACCESSING CARE

Perceived Need for Audiologist or SLP Care

Among respondents who had not accessed care from an audiologist or SLP in the past 24 months or at all, a follow-up question asked whether they had ever been in a situation where they felt such care was needed or would have been beneficial. Nearly three-quarters (73%) said they did not feel that audiologist or SLP services were needed. However, one in five (20%) reported having experienced a situation in which they did believe such care would have been beneficial. Among the 8% who were unsure (n=21), the most commonly cited reasons for not seeking care was uncertainty about whether the issue was serious enough to warrant professional help (n=9), the belief that their difficulties were a normal part of aging (n=7) and concerns about the cost of the services (n=7).

Incidence of Desiring Care
(n=276)



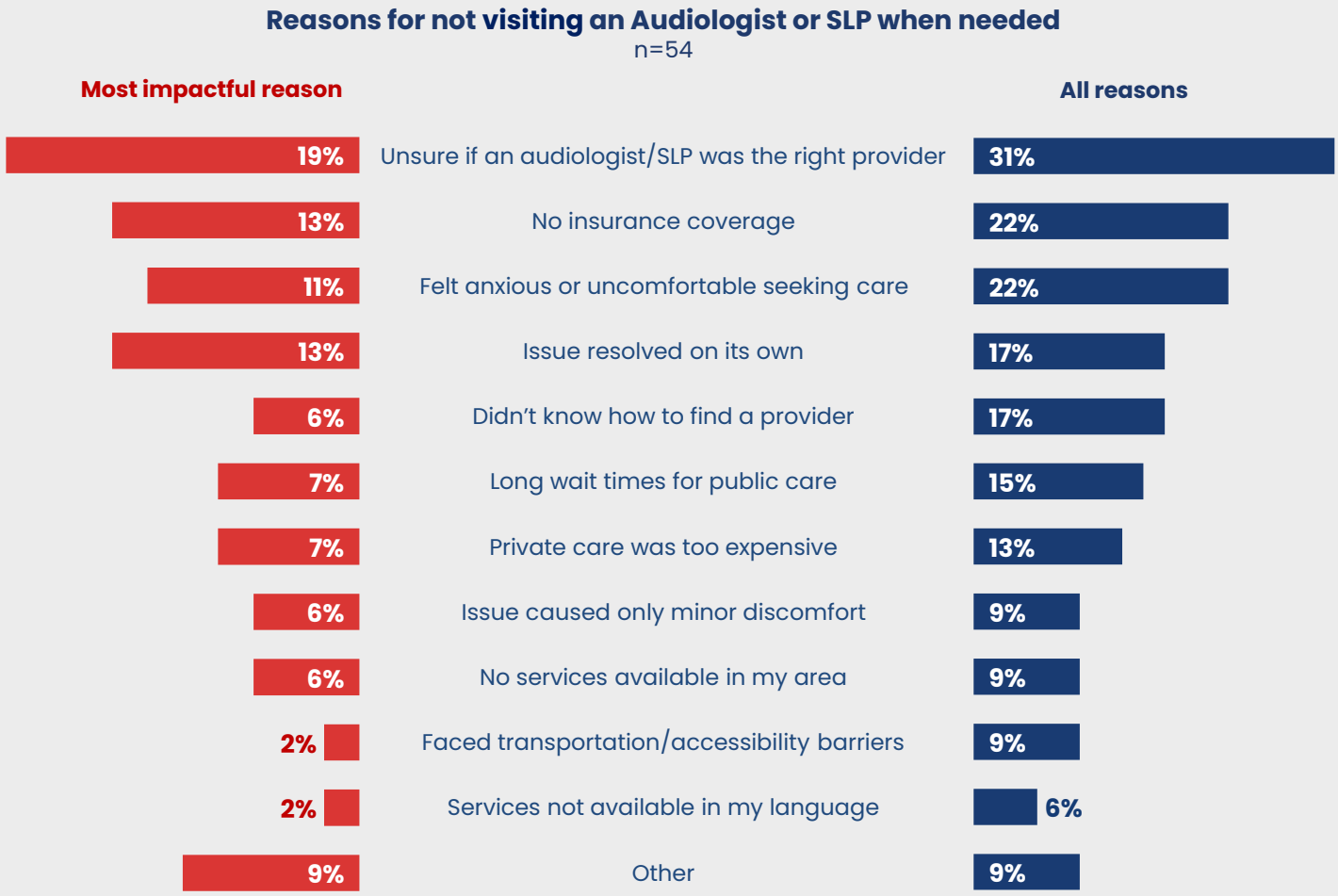


REASONS FOR NOT ACCESSING CARE

Reason(s) for Not Seeking Care when Needed

Respondents who felt that care from an audiologist or SLP was needed or would have been beneficial were first asked to select all applicable reasons for not accessing care (shown in blue below). They were then asked to indicate the single factor that had the greatest impact on their decision (shown in red below).

While uncertainty about whether an audiologist or SLP was the appropriate provider was the most commonly selected reason in both questions, respondents also identified a range of other contributing factors—including lack of insurance coverage and feelings of anxiety or discomfort about seeking care, among others. This highlights that care-seeking decisions are shaped by diverse and personal considerations.



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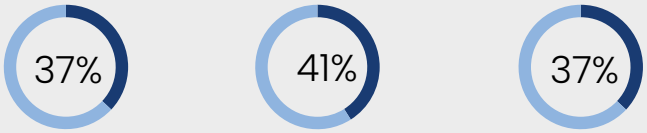
REASONS FOR NOT ACCESSING CARE

Key Demographic Characteristics: No Recent or Prior Care

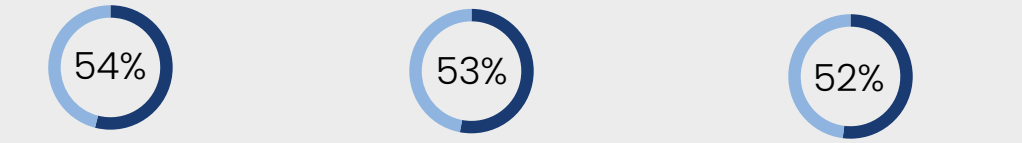
When examining regional differences—Edmonton, Calgary, and the rest of Alberta—the proportion of respondents who had not accessed care in the past two years or ever was relatively consistent across locations. In Edmonton, 41% of respondents fell into this group, compared to 37% in both Calgary and the rest of Alberta.

Regional Representation

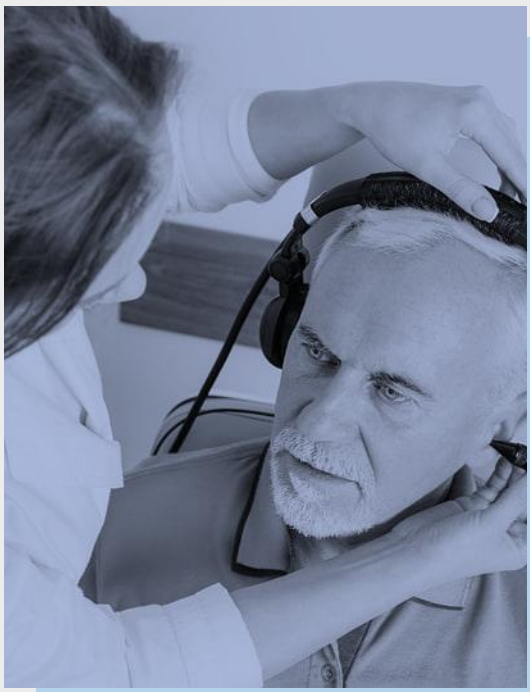


Among those who had not accessed care in the past two years or ever, several demographic groups were more commonly observed within this group. For example, 54% of respondents aged 55 and older fell into this group. Similarly, 53% of those who identified English as a second language, and 52% of those who reported not having a regular provider, were also included in this group.

Unique Demographic Factors



Note: Percentages reflect the share of respondents within each region or demographic group who had not accessed care in the past two years or ever; totals do not sum to 100%.



KEY TAKEAWAYS

1. Three out of four respondents (73%) who hadn't accessed care in the past two years did not believe care was needed or beneficial.
2. Among those who felt care was needed (20%, n=54), top reasons for not seeking it were uncertainty about the appropriate provider (31%), lack of insurance coverage (22%), and discomfort or anxiety about seeking care (22%).
3. While uncertainty about the appropriate provider was the most frequently selected primary reason for not accessing care, the range of responses suggests that multiple factors influence care-seeking decisions.
4. This group included higher proportions of respondents aged 55+ (55%), those who speak English as a second language (53%), and those without dependants (52%).

AWARENESS OF REGULATION

PERCEPTIONS OF REGULATION & ACSLPA'S ROLE

Awareness of Regulator

All respondents were asked whether they were aware that a regulatory body oversees audiologists and SLPs. The results reflect the perceptions of those who have accessed care, either within the past two years or longer ago (patients), compared to those who have never sought care (non-patients).

Nearly two in five (38%) of audiologist patients and almost half (45%) of SLP patients reported being aware of a regulatory organization in Alberta. In contrast, only 18% of non-patients indicated the same, highlighting a notable gap in awareness between those with and without care experience.

38% OF AUDIOLOGIST PATIENT RESPONDENTS (n=193)

45% OF SLP PATIENT RESPONDENTS (n=129)

18% OF NON-PATIENT RESPONDENTS (n=185)

ARE AWARE THERE IS A REGULATOR THAT OVERSEES SLP's AND AUDIOLOGISTS

Awareness of ACSLPA

Participants were then asked whether they had ever heard of ACSLPA. Awareness was highest among patients, with 30% of audiologist patients and 39% of SLP patients reporting familiarity with the organization. In comparison, only 11% of non-patient respondents were aware of ACSLPA, highlighting a notable gap in awareness between those who have accessed care and those who have not.

30% OF AUDIOLOGIST PATIENT RESPONDENTS (n=193)

39% OF SLP PATIENT RESPONDENTS (n=129)

11% OF NON-PATIENT RESPONDENTS (n=185)

HAVE HEARD OF ACSLPA

Among those who were aware of ACSLPA, most learned about the organization through a friend or family member (30%) or from their SLP/Audiologist (29%). Additionally, 25% of Audiologist patient respondents reported first hearing about ACSLPA through a news or social media story, compared to 10% of SLP patient respondents who reported the same.

Of the 15% of respondents who had a direct experience with ACSLPA (n=19), most reported that they had searched for an SLP or audiologist (n=8), researched healthcare policies related to SLPs or audiologists (n=8), and/or accessed the ACSLPA website (n=7).

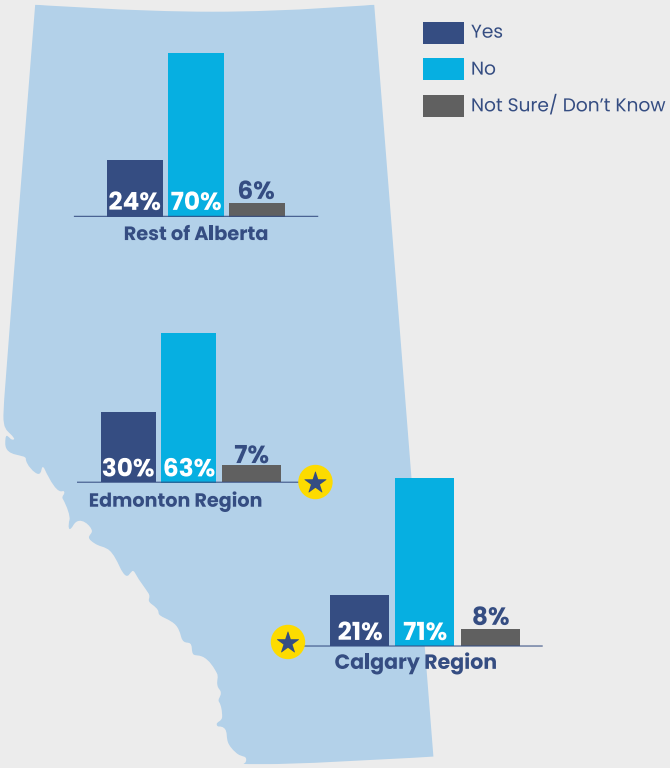
Source of Awareness
(n=129)

PERCEPTIONS OF REGULATIONS & ACSLPA'S ROLE

Public's Awareness of ACSLPA by Geographic Region

Awareness of ACSLPA is generally consistent across Alberta, although it is somewhat lower in Calgary, where only 21% of respondents reported awareness. Awareness is higher among males (32%) compared to females (20%), and among those with household incomes of $100,000 or more (37%).

Have You Heard of ACSLPA?
n=507



COMMUNICATION WITH THE PUBLIC

When asked about preferred channels for ACSLPA to engage with the public, social media emerged as the most popular option overall (56%), followed by television (45%) and printed materials available in SLP/audiologist offices (43%).

Preferences varied across demographic groups. Respondents with household incomes of $100,000 or more showed stronger interest in the ACSLPA website (52%), though social media remained their top choice (56%). Older adults (55+) were the least likely to prefer social media (31%), favoring more traditional channels such as printed materials in offices (55%) and television (55%). Meanwhile, respondents for whom English is a second language were less likely to prefer print materials (31%) and more inclined toward social media (51%), online advertisements (47%), and the ACSLPA website (43%).

Public Preferences for ACSLPA Communication
(select all that apply)
(n=507)

56%
Social Media

45%
TV

43%
Print materials in SLP and audiologist offices

41%
ACSLPA Website

40%
Online advertisement

KEY TAKEAWAYS

1. Awareness of a regulatory body was relatively high among those who had accessed audiology or SLP care but remained low among individuals who have never sought care.
2. Awareness of ACSLPA is higher among respondents from households earning over $100,000, as well as those with dependants, compared to other demographic groups.
3. Respondents most commonly became aware of ACSLPA through a friend of family member, or directly from their SLP or audiologist.
4. Social media emerged as the most preferred channel for engaging with the public, followed closely behind by TV, print materials, the ACSLPA website and online advertisements.

KEY CONSIDERATIONS

Pivotal Research has identified several considerations for the College to help enhance public confidence and trust in the speech-language pathology and audiology professions, as well as in the regulator, in Alberta.

1 Enhance Public Awareness of ACSLPA

Increasing public awareness of ACSLPA may help strengthen understanding of its role. Awareness was higher among those with care experience but lower among non-patients. Communication preferences varied—social media was most popular overall, while older adults preferred print and TV, and respondents with English as a second language leaned toward digital channels.

2 Explore Inclusive and Respectful Care Experiences

Explore opportunities to better understand and address lower satisfaction among younger adults and individuals whose first language is not English, with attention to cultural sensitivity and inclusion. Survey data showed that both groups reported lower satisfaction throughout the patient journey, even though most respondents with English as a second language indicated that receiving care in English was acceptable. In one interview, a participant accompanying a dependant felt excluded from the testing room and wanted to support their parent in a different language. These findings suggest that broader issues related to communication, inclusion, and cultural sensitivity may influence care experiences. Further exploration could help inform strategies to support more inclusive and responsive care.

3 Support Clear Communication on Costs

Identify opportunities to improve transparency around the cost of audiology and SLP care. While most respondents were satisfied with the care they received, clarity around the cost of services received some of the lowest satisfaction ratings across all aspects of the patient experience. Survey and interview findings indicate that some individuals were unsure about what services would cost or whether changes to cost estimates would occur. Improving communication about cost expectations may help patients feel more informed and confident when accessing care.

4 Enhance Communication Around Consent

Consider ways to strengthen informed consent practices across patient interactions. While most patients expressed satisfaction with key elements of the consent process, with agreement levels generally ranging from two-thirds to three-quarters, there remains room for improvement. Survey findings suggest opportunities to further support clear communication about consent, ensuring patients and their dependants consistently feel informed, unpressured, and actively involved in decision-making.

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