

BSHAA Survey (Coronavirus effect)



Image 1 - Photo by [Jon Tyson](#) on [Unsplash](#)

A few weeks and two joint audiological clinical guidelines later, everyone is starting to feel the strain of the lockdown and longing to return to the business activities of the recent past. Or maybe not.

There are still many questions that remain unanswered and the uncertainty of the transition to new ways of working either feels heavy on the shoulders or is viewed as an opportunity. Or perhaps a combination of the two.

Regardless, whether you are an employee or a director, furloughed or not, an SME, a national retail employer or a hearing aid manufacturer, we are all wondering what the audiological sector is going to look like post COVID-19. Are we all in the same boat? Well, maybe not. But is the audiology sector working towards the same goals? The answer is a definite yes.

What is certain is that everything is changing and, in many ways, change is long overdue. The current playing field is going to force disruption, whether at an organisational or individual level or both. It may no longer be a choice. What is really important is that you act responsibly. Societal changes require that we have a clear business or personal 'Why', and it will be that 'Why' that will provide us with the permission to innovate, to work on the 'How' and 'What' to rethink our business ideas.

On 10 May the Prime Minister announced that the UK is taking "the first careful steps" in easing the coronavirus lockdown. But then, just little more than a month ago, at the beginning of April and anticipating the effect of the first joint guidance from the UK audiology professional bodies '[COVID-19: Audiology services during the pandemic](#)' (9th April 2020), BSHAA proposed to gather information amongst its members regarding the situation at the time through an informal survey. The survey followed a similar structure and questions to that was administered in the US by Karl Strom from The Hearing Review and titled '[Hearing review coronavirus impact survey results \(March 19-24\)](#)' (published 25th March 2020) but modified with his permission and adapted to the UK's landscape. The aim of the survey was to fulfil several purposes:

1. To understand the implications of the pandemic from members' perspective
2. To assess the Society's reaction to the pandemic
3. To understand the areas that members want BSHAA to prioritise
4. To help its members
5. To devise a methodology to address the challenges.

Variations in business and clinical situations amongst our members led to a survey design which allowed for categorisation. The survey questions were aligned with BSHAA's business and clinical guidelines signposting. Some were common to all groups and some targeted to specific cohorts. Evidently, reactions to the COVID-19 situation were and are different in nature, depending on whether individuals are employees or directors/self-employed and whether members belong to SMEs or to a large organisation. Furthermore, data collected from this survey (which needs to be interpreted with caution,

as not statistically significant due to numbers) has helped formulate project strategies within our Committees and steer direction for Council on certain important topics.

The survey, titled 'BSHAA Survey: Coronavirus Effect', was distributed to all our members via email on 15th April 2020 and placed on our website under the Coronavirus section. This was close to a week after the first COVID-19 joint guidance from the UK's audiology professional bodies was published. This survey ran between the 15th and the 18th April 2020 (4 days) and attracted a staggering 347 participants. The data provided generated insightful information, for which BSHAA, as your professional body, is extremely thankful.

On 1st May 2020, the second joint guidance document from the UK's audiology professional bodies '[Audiology and otology guidance during COVID-19](#)' became available. This new document significantly relaxed the recommendations provided in the first version and will unequivocally change what will emerge from the sector compared to what transpired during April 2020.

Let's look at the survey results.

The first three questions set the survey and enabled the various subgroups for analysis to form. They were designed to understand the participants. The respondents' type of practice setting, the geographical location and the participant's employment position was considered. These three questions were common to all. Afterward, the survey branched into four distinctive categories and within each, a combination of common and specific questions was formulated according to the group.

Regarding the distribution of the participants' practice setting (Figure 1 – Table 1), 51% responded that they worked in a private clinic/shop and 35% in a private retail clinic/shop.

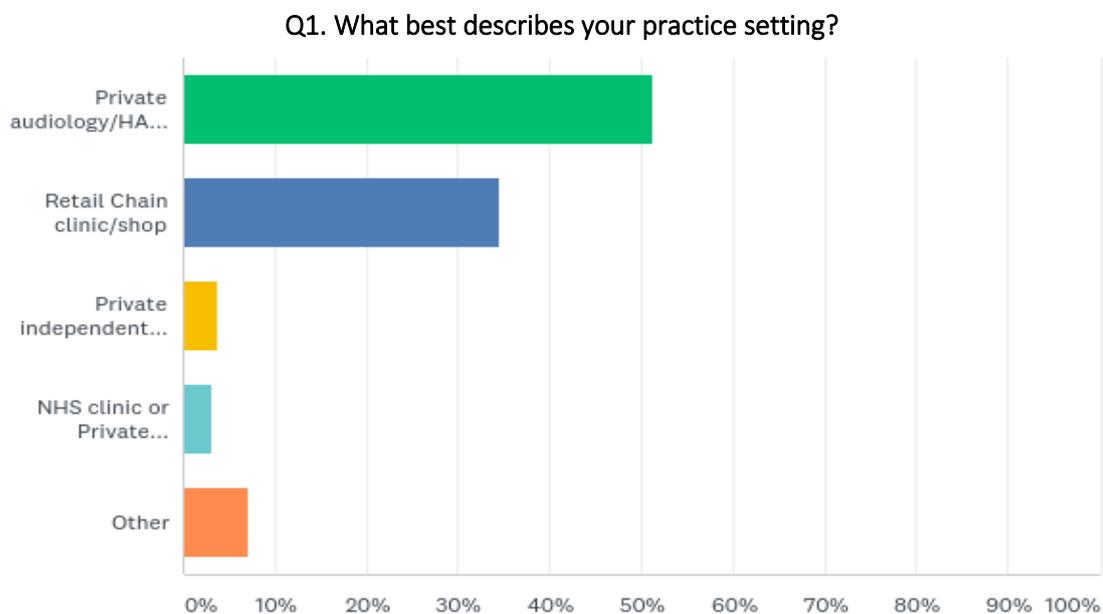


Figure 1 - Practice setting

Table 1 – Practice Setting

ANSWER CHOICES	RESPONSES	
Private audiology/HAD clinic/shop	51.30%	178
Retail Chain clinic/shop	34.58%	120
Private independent combined ENT/Audiology Clinic	3.75%	13
NHS clinic or Private provider solely offering NHS work	3.17%	11
Other	7.20%	25
TOTAL		347

Figure 2 shows the geographical distribution of the respondents. The highest number of respondents originated from the south of England, with a strong combined 35% of all respondents, with Scotland occupying a solid third place with 11%.

Q2. In which country or region of the UK is your business located?

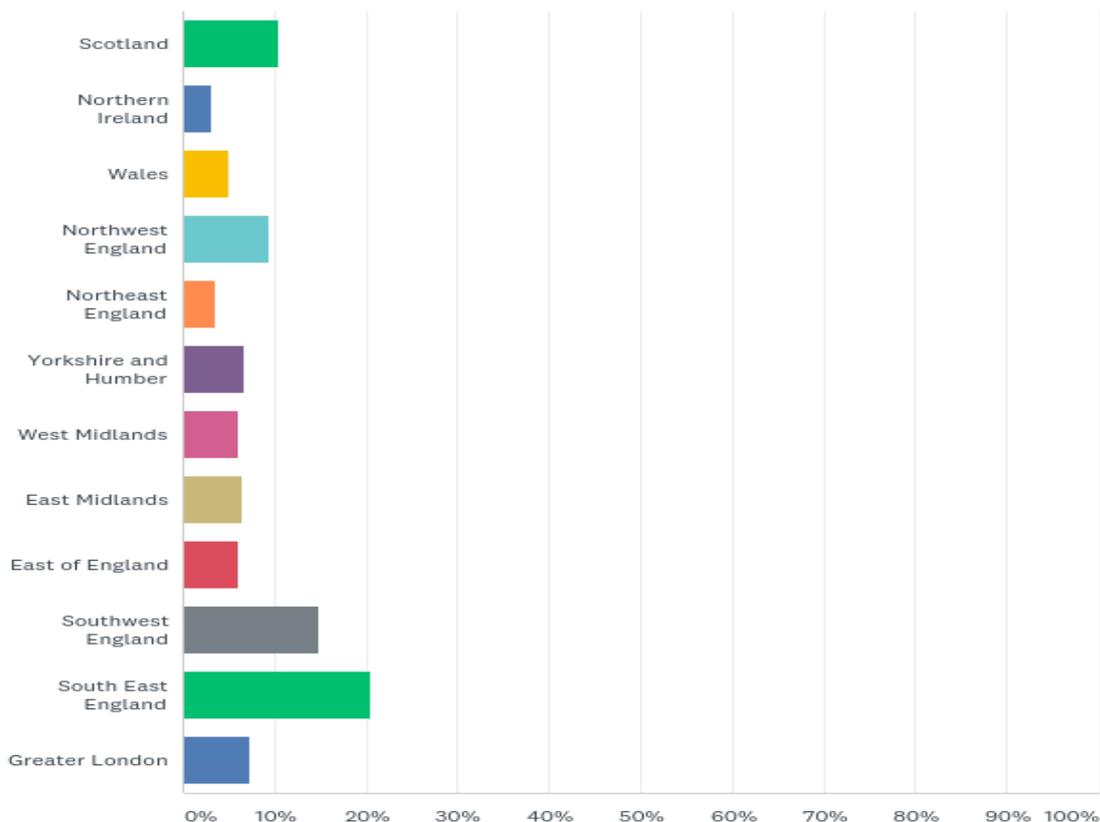


Figure 2 – Geographical Distribution

The final third common question to all contributors in relation to their employment position, enabled the split between employees (57% - 199) and Self-employed*/Directors/Employed Directors (43% - 148) (Figure 3). The percentage split between the sub-groups Self-employed*/Directors/Employed Directors can be observed in Figure 4, with 50% being directors who were also employed, 30% being directors only and 20% reporting being self-employed.

Subdividing the groups between those who had been 'furloughed' (temporary leave due to coronavirus COVID-19) and those who had not, subsequently led to the four main categories that were analysed (*Self-employed individuals were able to furlough if they had been on a PAYE payroll on the 28th February 2020 and employed in January 2020 – otherwise, access to the Self-employment Income Support Scheme may have been possible. For the sake of simplicity, this study did not consider the latter scheme):

- a) Non-Furloughed Employees (NFE)
- b) Furloughed Employees (FE)
- c) Non-Furloughed Directors and Self-employed (NFDSE)
- d) Furloughed Directors and Self-employed (FDSE)

Responses were subsequently organised based on various themes and addressing the above four categories.

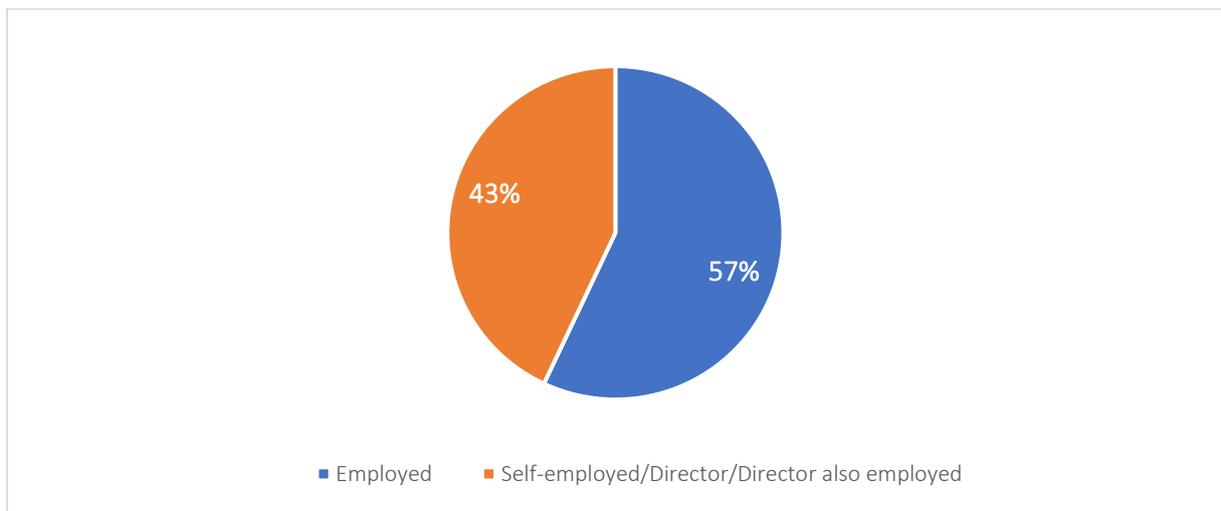


Figure 3 – Employment Position

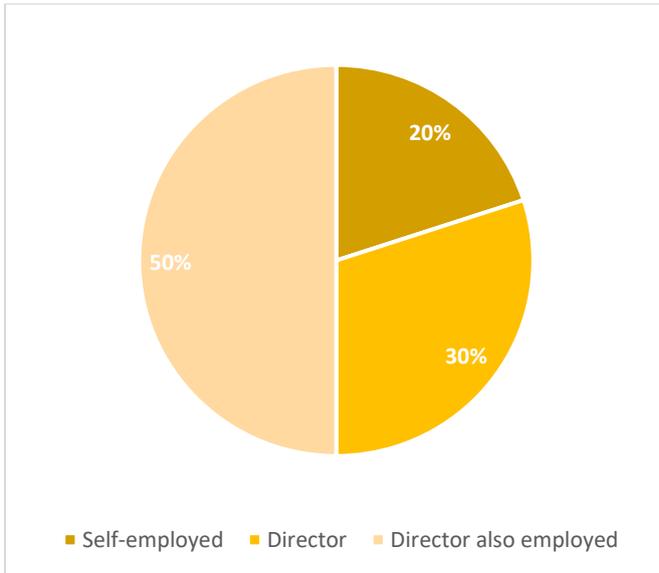


Figure 4 – Self-employed/Directors/Directors also employed division

Furloughed employees

An overwhelming 87% (173) of all the *employees* had been furloughed (Figure 5) at the time of the questionnaire, demonstrating the standstill that the sector went through fairly suddenly. Individuals belonging to the *NFE* group (13% - 26) were mostly offering skeleton services (urgent/essential or remote - generally accepted to be services not generating significant revenue) in order to comply with guidelines and regulations, and thus prevent the spread of the virus.

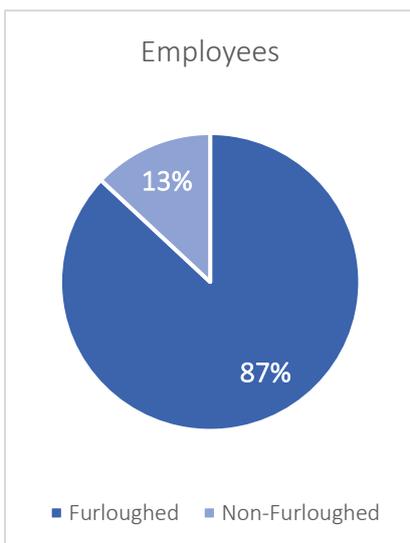


Figure 5 - Employees

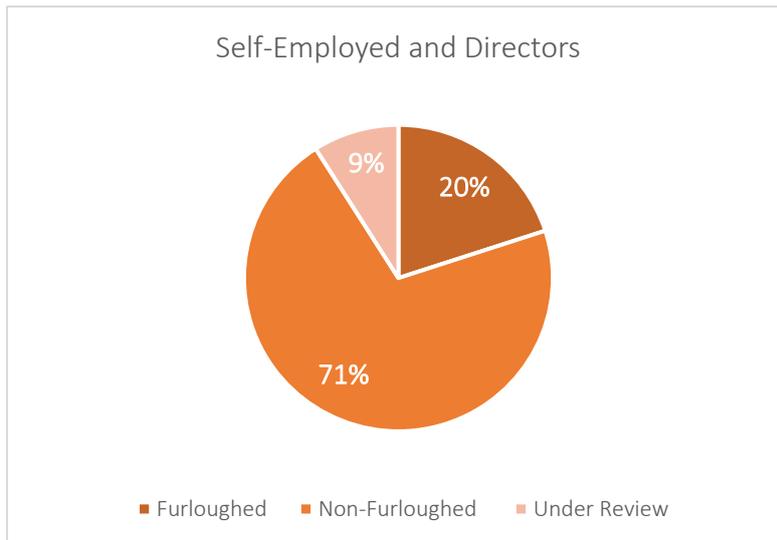


Figure 6 - Self-employed and Directors

Only 20% of the Self-employed and Directors also employed (Directors not on PAYE payroll did not have access to the furlough scheme) had furloughed themselves, 71% had not (either by choice or forced) and 9% of them were reviewing whether to do it or not (Figure 6). These percentages are also in line with the understanding that Self-employed and Directors are integral to the running of their businesses.

Concerns around COVID-19

Non-furloughed and furloughed employees were asked about their level of concern regarding the impact of coronavirus on their work (*How concerned would you say you are about the coronavirus impact on your work?*). Although the overall number of the NFE group was small (26), their answers were fairly split between 'a little' (53%) or 'very' concerned (47%), with no respondents at all ticking the 'not at all' box (Table 2). The FE category showed its highest percentage (68%) in the 'very' concerned box and over a quarter selecting 'a little' (30%), with only 2% reporting that they were 'not at all' concerned (Table 3).

Table 2 – Non-Furloughed Employees (level of concern)

ANSWER CHOICES	RESPONSES
Not at all	0.00%
A little	52.63%
Very	47.37%

Table 3 – Furloughed Employees (level of concern)

ANSWER CHOICES	RESPONSES
Not at all	2.42%
A little	29.70%
Very	67.88%

Table 4 – Non-Furloughed Directors and Self-employed (level of concern)

ANSWER CHOICES	RESPONSES
Not at all	2.04%
A little	16.33%
Very	81.63%

Table 5 – Furloughed Directors and Self-employed (level of concern)

ANSWER CHOICES	RESPONSES
Not at all	0.00%
Somewhat	30.77%
Very	69.23%

A slightly different and more generic question was posed to the Directors and Self-employed group: *'How concerned would you say you are about the coronavirus? Overall Impact'*. A good 82% of the NFDSE group demonstrated being very concerned about the overall impact of COVID-19, with 16% reporting being *'a little'* concerned and 2% *'not at all'* (Table 4). This made them the most concerned group. Interestingly, participants of the FDSE category responded very similarly to their FE counterparts, with 69% acknowledging that they were *'very'* concerned and 31% *'somewhat'* concerned, indicating that those furloughed individuals shared similar levels of concern (Table 5).

A separate subset of questions in relation to concern levels was administered to the Self-employed/Directors cohort to understand their position in relation to *'economic and health impact'*.

When asked *'How concerned would you say you are about the economic Impact of coronavirus?'*, the NFDSE group reported that 86% were *'very'* concerned, 13% were *'a little'* concerned and 1% was *'not at all'* concerned. On the other hand, 67% of the FDSE group reported being *'very'* concerned and 33% *'somewhat'* concerned.

In relation to the question, *'How concerned would you say you are about the health impact of coronavirus?'*, the NFDSE group reported that 77% were *'very'* concerned, 22% were *'a little'* concerned and 1% was *'not at all'* concerned. Conversely, 62% of the FDSE group reported being *'very'* concerned and 38% *'somewhat'* concerned.

Working hours, appointment cancellations and business performance during COVID-19

Lockdown, confinement and clinical recommendations from government agencies and professional bodies impacted severely on audiological activities with participants who were still able to work reporting severe working hours reduction. Individuals belonging to the NFE and NFDSE categories were asked the question: 'Have your working hours changed due to the COVID-19 virus?'. The multiple-choice answers differ slightly between the two groups. Almost half of the NFE group (47%) reported reduced working hours at their employer's request and just over a quarter (26%) mentioned that their working hours remained unchanged (Table 6).

Table 6 – Non-Furloughed Employees (working hours)

ANSWER CHOICES	RESPONSES
No, my working hours remain unchanged	26.32%
Yes, I am working fewer hours at my employer's request	47.37%
Yes, I am working fewer hours and that is my decision	5.26%
Yes, I am currently not working	15.79%
Yes, I am working more hours	5.26%

The answer choices for the NFDSE group were slightly different (Table 7) from those of the NFE group because of the differing decision making processes around working hours between the two categories; with the NFDSE group having to make autonomous decisions about their own businesses and in the Directors sub-group, perhaps having to make decisions about their own employees as well. This does not imply that individuals of the NFE group were not able to make their own decisions around their working hours, in fact 5% of them were working reduced hours at their own discretion (Table 6). However, in most instances, this would have required an agreement with their employer.

More than half (59%) of the NFDSE group had ceased to see patients and 22% were working fewer hours (Table 7). The level of clinical activity in their business reported by this group had significantly dropped, with 83% reporting that their own practice/group decided to cancel/reschedule appointments following governmental and industry guidelines, 11% acknowledging that their patients were cancelling appointments due to concerns about COVID-19 and 6% opting for 'other' as the primary reason for appointment cancellations.

Table 7 – Non-Furloughed Directors and Self-employed (working hours)

ANSWER CHOICES	RESPONSES
No, my working hours remain unchanged	7.14%
Yes, I am working fewer hours and that is my decision	22.45%
Yes, I am using the time to catch up on my CPD	6.12%
Yes, I am currently not seeing patients	59.18%
Yes, I am working more hours	5.10%

The NFDSE group was also asked about their appointment schedule/calendar for the month of April 2020 at the time of the survey and 86% reported 'no longer seeing patients at this time', 8% mentioned 'barely staying open day-to-day' and 6% 'greatly reduced appointments and increased cancellations' (Figure 7).

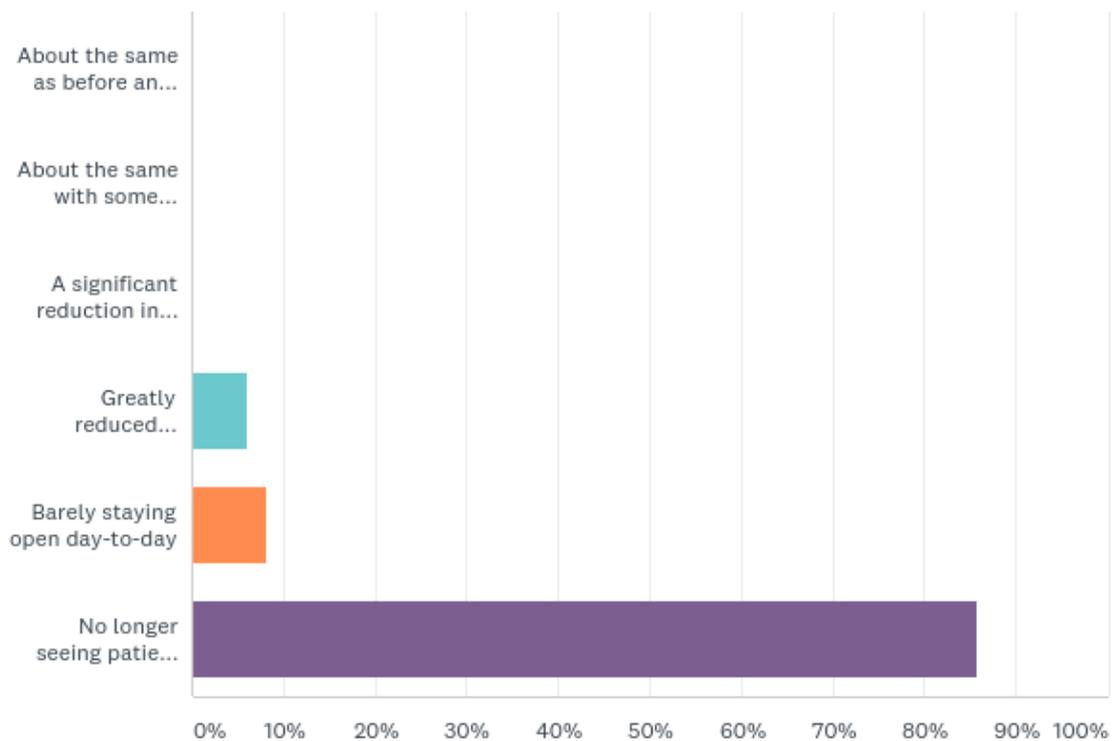


Figure 7 – Non-Furloughed Directors and Self-employed – Appointment schedule/calendar April 2020

Inevitably, restrictions led to an alarming decrease in hearing instruments sales/adaptations at the time of the survey, compared to what it would have been typically expected during this period, with almost every NFDSE respondent (98%) registering more than 90% decrease in unit sales/adaptations during the week prior to the survey (2nd week in April 2020) (Figure 8). Organisations heavily relying on hearing instruments sales as their main source of revenue were critically affected, with 94% of respondents

predicting more than 75% decrease in gross revenue and 6% predicting between 51% and 75% decrease in gross revenue between mid-March and mid-April 2020. Therefore, the vast majority of the NFDSE group predicted seriously alarming decrease in gross revenue during that period. The impact of which, reflected in a fifth of practices (21%) alerting of having to ‘permanently close’ their business in April 2020.

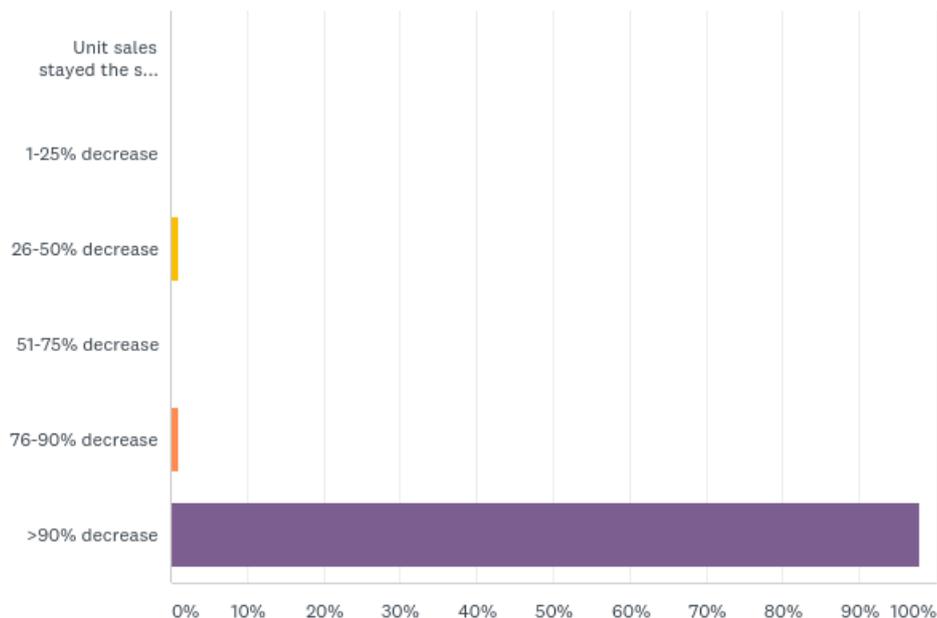


Figure 8 - Decrease in hearing aid unit sales during week prior to COVID-19 BSHAA survey

The NFDSE group were also asked ‘Hypothetically, how long could your practice close (either due to a decision by the owner or the government) before it experienced severe/threatening financial problems?’ and apart from the 9% who could not afford to close the business, only 7% mentioned their practice could last closed for less than a month. The vast majority being able to last between 2-3 months (43%) and more than 3 months (33%), which indicates that three quarter of businesses had worked out ways to maintain their cash flow ticking for a decent amount of time before running into difficulties (Figure 9).

One must not forget the repercussions this has had on the hearing aids manufacturing companies as well and I point the reader to a recent article (2nd May 2020) by Hearing Health & Technology Matters titled: ‘[Hearing Industry Financial Reports Offer Glimpse of Coronavirus Impact](#)’ for further information on the matter.

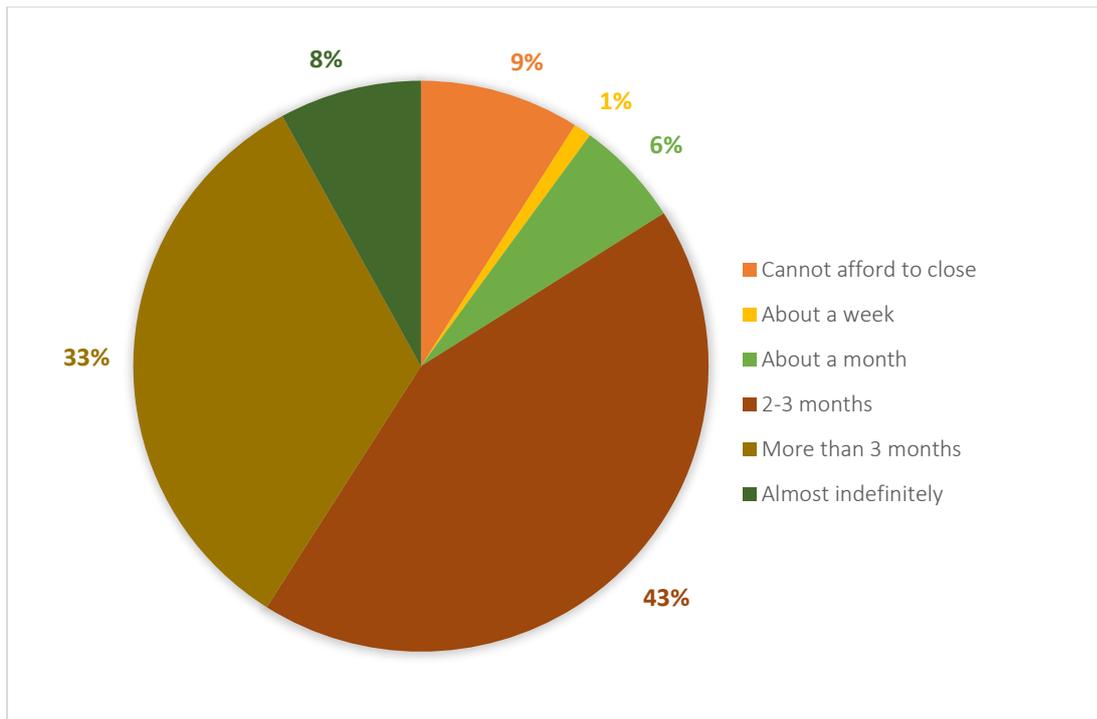


Figure 9 Non-Furloughed Directors and Self-employed – Business closure affordability

What had members been doing differently up to the survey period?

Colleagues from across the entire sector have had to adapt swiftly to new ways of working, in ways that we did not think we would have to. It was only January 2020, when business as usual was still palpable. The industry will continue to transform how it operates and following the recently published [Audiology and Otology Guidance during COVID-19](#), we will continue to evolve, possibly at a faster rate.

In order to understand how clinicians adapted their work to the first joint guidance from the UK audiology professional bodies published on the 9th April 2020, the survey asked those who were still working between the 15th and 18th April (NFDSE and NFE) a multiple-answers question (*‘What are you doing differently in response to the coronavirus outbreak?’*) and participants were able to tick as many answers as applied to them. The list of possible answers was common for the two groups (NFDSE and NFE) but the NFE had an extra two answers to choose from.

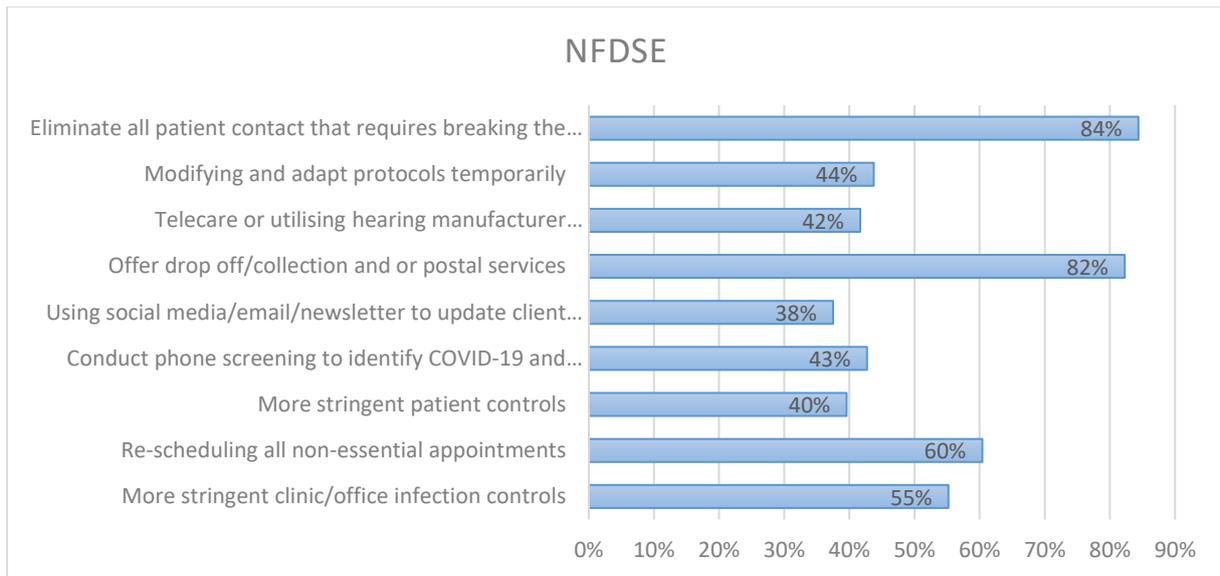


Figure 10 - Non-Furloughed Directors and Self-employed working differently

Of all the possible nine answer choices, the NFDSE group's top three picked answers were, unsurprisingly: 'Eliminate all patient contact that requires breaking the 2m social distance requirement including home visits' with an score of 84%, 'Offer drop off/collection and or postal services' with 82% and 'Rescheduling all non-essential appointments' with 60% (Figure 10).

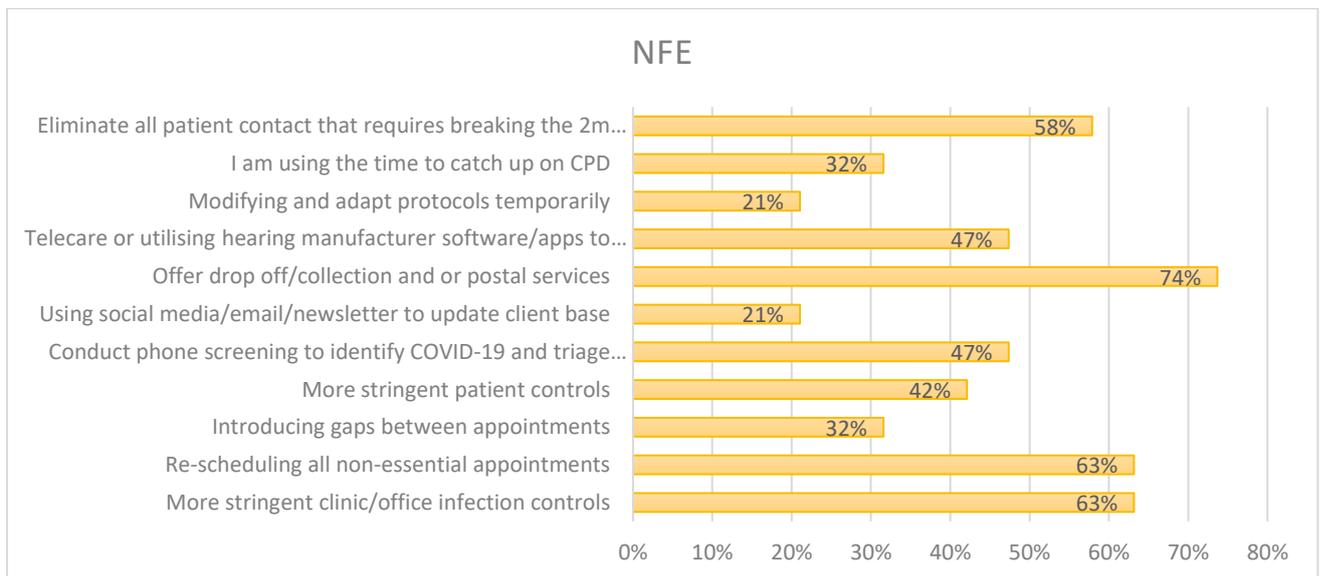


Figure 11 - Non-Furloughed employees working differently

Of all the possible 11 answer choices, the NFE group top three picked answers were the same as the NFDSE group but not in the same order. For this group, the top picker was 'Offer drop off/collection and or postal services' with a score of 74%, in a jointed second place with 63%, the NFE group selected 'Rescheduling all non-essential appointments' and 'More stringent clinic/office infection control'. And in third place, 'Eliminate all patient contact that requires breaking the 2m social distance requirement

including home visits' scored 58% (Figure 11). Over one-third of all participants of the NFE group reported utilising the extra time to catch up on CPD, which is viewed as preparing the ground for a stronger return to practice when the circumstances permits it.

An interesting transformation that has emanated, almost forcefully as a result of the restrictions, has been the increased reliance on telehealth or utilising remote programmable/adjustment features in hearing aid manufacturers' software/apps to address patients' needs, in order to minimise patient contact. Nearly half of the survey participants from the NFDSE and NFE groups reported employing this method as part of their strategy for dealing with the COVID-19 situation.

Telehealth and the audiological landscape

Telehealth in our sector was, for the majority, a nice 'to have' option but not a consolidated one. Therefore, not many had adopted the concept of using telehealth for the provision of online care. Those who had were mostly utilising it for the provision of advice and education, and in some instances as a monitoring tool to ensure patients received the necessary aftercare. This unfortunate reality can be attributed to the lack of adequate infrastructure to support it, lack of awareness and, to some degree, the believe that the population we serve the most is not prepared for it.

Since the pandemic, healthcare organisations, regulatory and professional bodies have resorted to alternative ways of delivering healthcare, whilst minimising or eradicating patient contact in order to limit exposure to the virus. Furthermore, telehealth could/should be an ideal solution to the current woes by limiting patient movement to clinics or hospitals, and contributing to decreasing the spread of COVID-19. However, questions will surely arise from the sector regarding the use of telehealth and remote programmable/adjustment features in terms of regulation and the ongoing requirements and standards, which should be adhered to when providing these types of services. This important topic is outside of the remit of this particular survey and article. Nonetheless, it is vital to highlight that the lockdown has forced hearing aid manufacturers recently to accelerate or improve the feasibility provided by remote programmable/adjustment features. However, has this process caught all stakeholders by surprise?

Part of the survey sought to understand to what extent the employment of telehealth in our sector was there before the impact of COVID-19 compared to now.

Table 8 - NFE and Telehealth before COVID-19

ANSWER CHOICES	RESPONSES
Not at all	31.58%
A steady minority of our work	31.58%
Still relatively new, but growing	15.79%
A major part of our activity	0.00%
Not sure	21.05%

Table 8 shows answers to the question, 'To what extent was teleaudiology/ telehealth part of your practice before the impact of Covid-19?' from the NFE group. Almost one-third reported 'Not at all' (32%) and just over one-fifth 'Not sure' (21%). Just below one-third reported telehealth being 'A steady minority of our work' (32%) and 16% said that telehealth was 'Still relatively new but growing'.

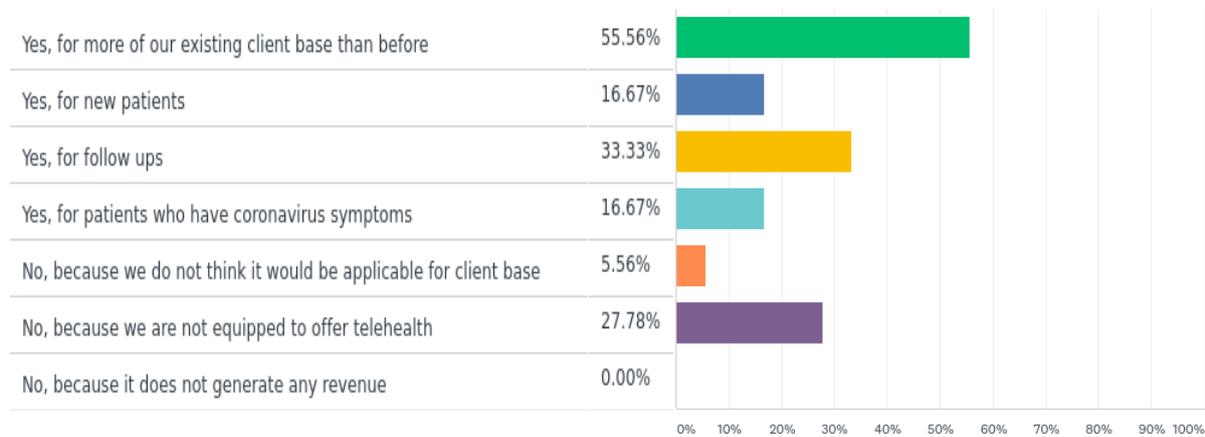


Figure 12 - NFE and Telehealth during COVID-19

Figure 12 shows answers from the NFE group to the question, 'Is teleaudiology / telehealth part of your work for dealing with the coronavirus (check all that apply)?' More than a quarter of respondents (28%) from this group reported that they were not using telehealth because they were 'not equipped to offer it'. A total of 56% of the respondents from the NFE group said that they were using telehealth 'for more of their existing client base than before' and one-third (33%) reported using it for 'follow-ups'. There was an equal percentage recorded of 17% from this group when reporting using telehealth for 'new patients' and for 'patients who have coronavirus symptoms'. Only 5% thought that telehealth would not be applicable to their client database. No respondents from this group thought that they would not use it 'because it does not generate any revenue'.

Table 9 - NFDSE and Telehealth before COVID-19

ANSWER CHOICES	RESPONSES
Not at all	52.58%
A steady minority of our work	18.56%
Still relatively new, but growing	22.68%
A major part of our activity	1.03%
Not sure	5.15%

Exactly as before, Table 9 shows answers to the question, 'To what extent was teleaudiology/ telehealth part of your practice before the impact of Covid-19?' but this time from the NFDSE group. For this group, it was recorded that more than half answered 'Not at all' (53%) and only 5% reported 'Not sure'. And,

less than one-fifth reported telehealth being ‘A steady minority of our work’ (19%) and just over one-fifth reported being ‘Still relatively new but growing’ (23%).

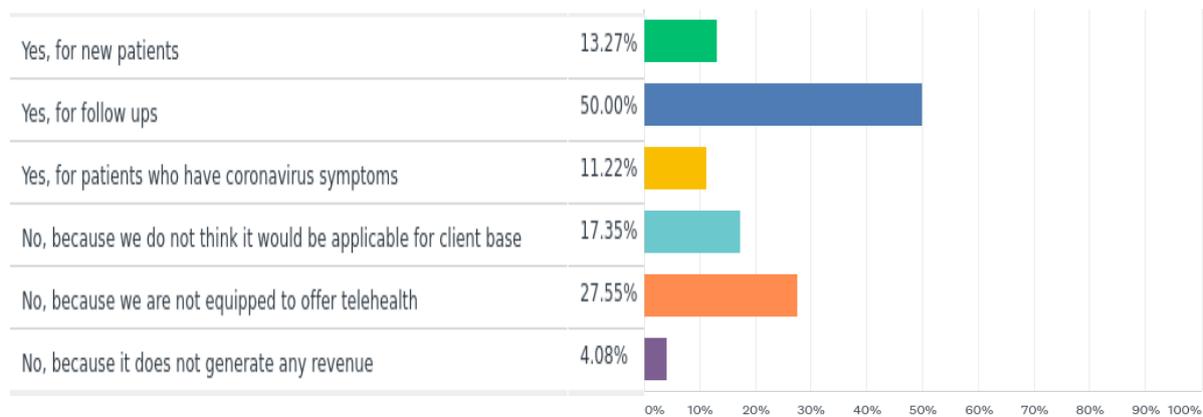


Figure 13 - NFDSE and Telehealth during COVID-19

Figure 13 shows answers from the NFDSE group to the question, ‘Is teleaudiology / telehealth part of your work for dealing with the coronavirus (check all that apply)?’ As with the NFE group, 28% of the NFDSE group respondents also said that they were not using telehealth because they were ‘not equipped to offer it’. Half of the respondents (50%) from the NFDSE group also said that they were using telehealth ‘follow-ups’. There were lower percentages recorded from this group compared to the NFE one, when reporting using telehealth for ‘new patients’ (13%) and for ‘patients who have coronavirus symptoms’ (11%). A good 17% thought that telehealth would not be applicable to their client database. And 4% of respondents from this group thought that they would not use it ‘because it does not generate any revenue’.

BSHAA and its members during COVID-19

BSHAA has been working solidly during this pandemic and has extended collaborations with the other national professional organisations in the sector, to provide a unified message regarding the clinical guidelines to be followed during this time. The task certainly brought the organisations closer together and I am pleased to report that the collaboration, thus far, has produced two consolidated clinical guidance documents, with a review of the latest publication scheduled for the 31st May. At the time of this survey and in relation to COVID-19, BSHAA had regularly communicated with its members via its ‘Coronavirus update for members’, via webinars, via social media channels and via its clinical and business guidance documents, as well as signposting members to the relevant pieces of information produced elsewhere.

BSHAA sought to understand if what had been offered thus far had been of use to its members. Therefore, the survey asked participants, ‘Have you been helped by the guidance BSHAA has been providing to deal with Covid-19 (tick as many as apply)?’ (Table 10 shows the answer choices to the question).

Table 10 - Answer choices for question: Have you been helped by the guidance BSHAA has been providing to deal with Covid-19 (tick as many as apply)?

ANSWER CHOICES
I didn't know BSHAA was providing guidance
Yes - I'm aware of the clinical guidance
Yes - I'm aware of the business guidance
Yes, and it has been very helpful
Yes, but we needed more detail
Yes, but it was of limited help compared with guidance elsewhere
Yes, and we have been following the guidance
Other (please specify)

The four groups were asked the same question and the answers were ranked in relation to popularity. Below we look at the top three picked answers from each group:

- The NFE group ranked 'Yes - I'm aware of the clinical guidance' in first place (63%), 'Yes - and it has been very helpful' in second (53%) and, 'Yes - I'm aware of the business guidance'/'Yes, and we have been following the guidance' a joint third (37%).
- The FE group ranked 'Yes - I'm aware of the clinical guidance' in first place (79%), 'Yes - and it has been very helpful' in second (33%) and, 'Yes - I'm aware of the business guidance' in third (31%).
- The NFDSE group ranked 'Yes - I'm aware of the clinical guidance' in first place (76%), 'Yes - I'm aware of the business guidance' in second (43%) and 'Yes, and we have been following the guidance' in third (33%).
- The FDSE group ranked 'Yes - I'm aware of the clinical guidance' in first place (46%), 'Yes - and it has been very helpful' in second (19%) and, 'Yes - I'm aware of the business guidance'/'I didn't know BSHAA was providing guidance' a joint third (12%).

BSHAA also sought to understand, what future requirement was expected from its members during COVID-19. Consequently, the survey asked participants, 'What do you expect BSHAA to do to help during this crisis (check all that apply)?' (Table 11 shows the answer choices to the question).

Table 11 - Answer choices to question: What do you expect BSHAA to do to help during this crisis (check all that apply)?

ANSWER CHOICES
Increase access to CPD education materials
Provide more clinical and business guidance
Review its membership offer
Other (leave space for a written answer)

As before, the four groups were asked the same question and the answers were ranked in relation to popularity. Below we look at the top three picked answers from each group:

- The NFE group ranked 'Provide more clinical and business guidance' in first place (44%), 'Increase access to CPD education materials' in second (37%) and 'Review its membership offer' in third (19%).
- The FE group ranked 'Increase access to CPD education materials' in first place (52%), 'Provide more clinical and business guidance' in second (25%) and 'Review its membership offer' in third (14%).
- The NFDSE group ranked 'Provide more clinical and business guidance' in first place (80%), 'Increase access to CPD education materials' in second (57%) and 'Review its membership offer' in third (38%).
- The FDSE group ranked 'Provide more clinical and business guidance' in first place (65%), 'Increase access to CPD education materials' in second (19%) and 'Review its membership offer' in third (12%).

Summary

The sector has been shaken and the significant societal changes are forcing disruptive changes which will affect what we do and how we do it. What is certain is that no-one was really able to anticipate what has transpired in the past few weeks but some are starting to work out what the future may look like.

Some key take-home messages from the survey:

- 87% of all employees had been furloughed and therefore able to receive 80% of their wages but only 20% of the self-employed/directors followed suit.
- 98% of the NFDSE group reported a decreased of more than 90% in unit sales for the second week of April 2020.
- Of the groups still working at the time of the survey (NFE/NFDSE), eliminating all patient contact that required breaking the 2m social distance guidance including home visits, offering drop off/collection and or postal services, rescheduling all non-essential appointments and adopting more stringent clinic/office infection control, were the most voted implemented modifications at work, following the first joint guidance from the UK audiology professional bodies (9th April).

- The definition of telehealth is broad and individual interpretations may have affected the results. However, between 32-53% of the participants reported not using telehealth at all before COVID-19 and about 28% seems not to be equipped to be able to offer it. Figures that may change soon.

BSHAA wishes the sector a swift adaptation to new ways of working, a speedy recovery, and a prosperous future.

Acknowledgments

BSHAA would like to thank the participant members for the time taken to complete the survey and for sharing their information. Especial thanks go to Karl Strom from The Hearing Review for allowing us to adapt the survey to the UK. And, since in his article he referenced a timely online poll by audiologist Scot Frink on the Facebook page “Audiology Antics and Anecdotes,” and Dr Frink’s polls were the inspiration for at least two of his survey’s questions, BSHAA would also like to acknowledge it.



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