

Figure 3.1. Availability of Audiology Screening Equipment

Legend: The x-axis illustrates the types of screening equipment and the total number of responses for each screening equipment (high-frequency tympanometer, automated auditory brainstem response (AABR), standard tympanometer, audiometer, transient evoked otoacoustic emission (TEOAE), and distortion product otoacoustic emission (DPOAE). The y-axis displays participant responses for each screening equipment (we don't have but we need, we have but not sufficient, we don't have, but we don't need and we have, but it needs repairs/ maintenance/ calibration).

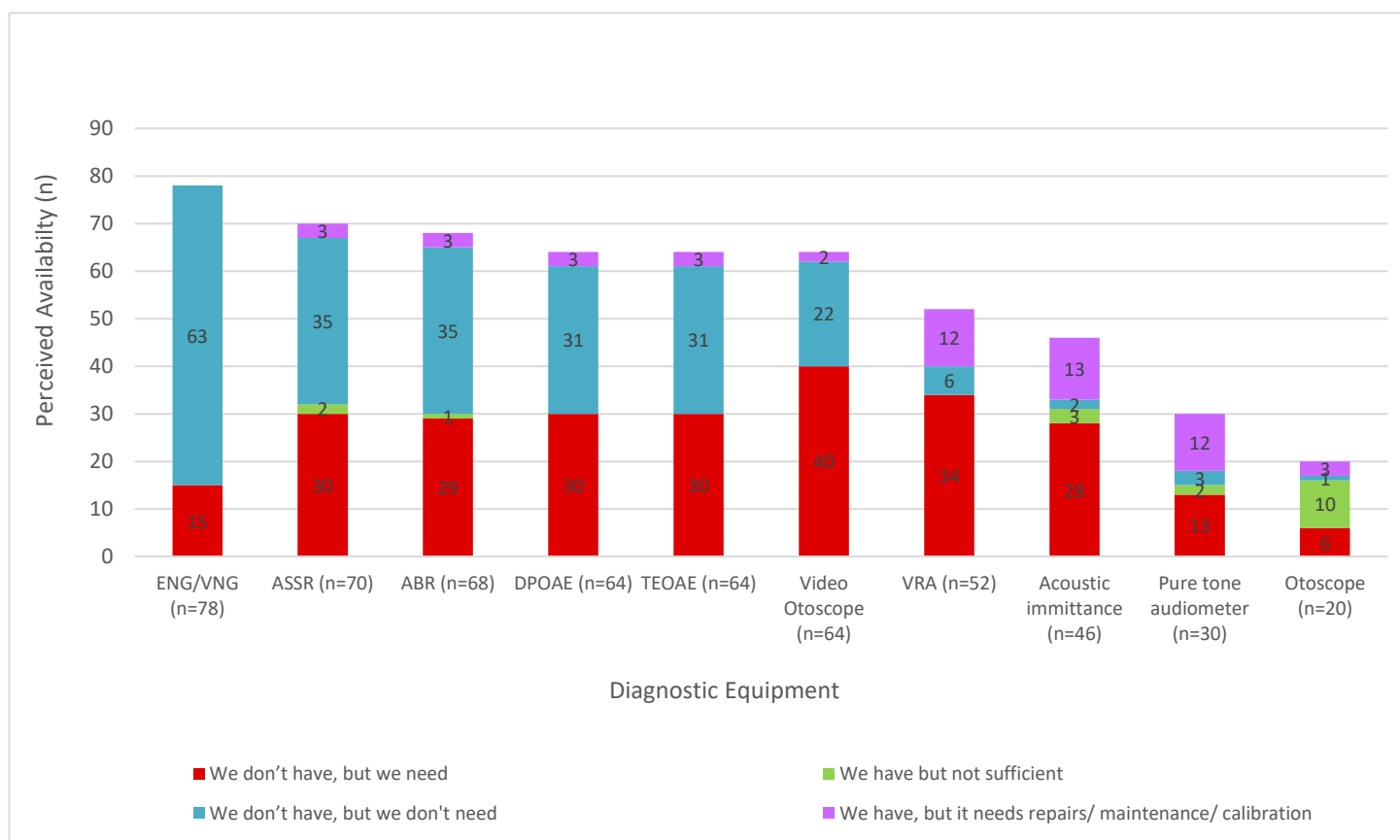


Figure 3.2. Availability of Diagnostic Audiology Equipment

Legend: The x-axis illustrates the types of diagnostic equipment and the total number of responses for each diagnostic equipment (electronystagmography/ videonystagmography (ENG/ VNG), auditory steady-state response (ASSR), auditory brainstem response (ABR), DPOAE, TEOAE, video otoscope, acoustic immittance, pure tone audiometer, and otoscope). The y-axis displays participant responses for each of the diagnostic equipment (we don't have but we need, we have but not sufficient, we don't have, but we don't need and we have, but it needs repairs/ maintenance/ calibration)

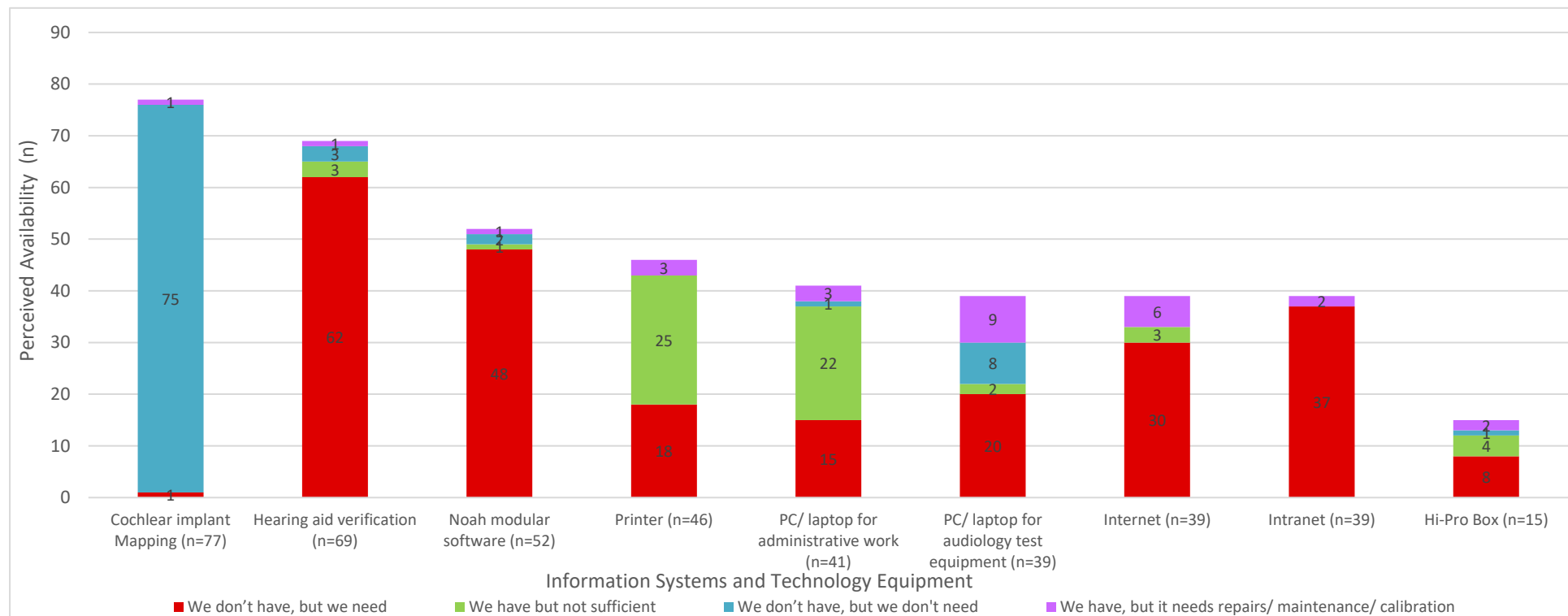


Figure 3.3. Availability of Information Systems and Technology

Legend: The x-axis illustrates the types of information systems and technology and the total number of responses for each information system and technology (cochlear implant mapping, hearing aid verification, Noah modular software, printer, PC/ laptop for administrative work, PC/ laptop for audiology test equipment, internet, intranet, and hi-pro box). The y-axis displays participant responses for each diagnostic equipment (we don't have but we need, we have but not sufficient, we don't have, but we don't need and we have, but it needs repairs/ maintenance/ calibration)

Table 3.2. Demographic Characteristics of Audiologists (n = 100)

Current position	n and %
Community service therapist (either dual-qualified speech-language therapist and audiologist or audiologist)	43.0
Production level audiologist	33.0
Production level dual-qualified speech-language therapist and audiologist	18.0
Appointed or acting chief audiologist	6.0
Highest qualification level	n and %
Bachelor's degree in audiology	97.0
Master's degree in audiology	3.0
Years of experience as an audiologist	n and %
Less than 2 years	56.0
2 to 5 years	14.0
5 years, 1 day to 10 years	17.0
10 years, 1 day to 15 years	10.0
More than 15 years	3.0

Table 3.3. Central Themes, Descriptions, and Illustrative Quotes from Audiologist Reports of Challenges Perceived

Central theme	Description	Illustrative quotes
Resource challenges:		
Equipment challenges	Shortage of equipment (screening and diagnostic audiology equipment as well as information systems and technology) and unrepaired, non-serviced, and uncalibrated equipment.	'Lack of audiology equipment which leads to unnecessary referrals to institutions outside the catchment area, which then increases waiting times and the caseload for basic assessments to be conducted for both adults and pediatric patients.'
Human resource challenges	Shortage of audiology staff within the workplace, including a shortage in community service therapists, production level therapists, and chief therapists/ heads of audiology departments.	'No permanent speech therapist and audiologist employed at the hospital, the Department is run by community service therapists, so there is a lack of continuity of services.'
Financial challenges	Budgetary constraints within Audiology Departments in terms of the hearing device, consumables, equipment, and maintenance and repairs budget.	'The challenges stem from the limited budget. Therefore, there are not enough funds for more hearing aids, equipment, and equipment repairs.'
Infrastructural challenges	Insufficient space for the Audiology Department and the challenge of having either one room utilized for multiple purposes (i.e., therapy/ consultation rooms, office space, hearing aid fitting room, and a hearing evaluation room) or having to share space with speech-language therapists or other rehabilitation professionals.	'Space is limited in the Department.'
Challenges related to ENT specialist service provision	Shortage of ENT professionals across the hospitals and provinces, flawed referral system to ENTs, limitations in ENT service provision, a lack or miscommunication between ENTs and audiologists, and poor patient follow-up.	'ENT follow-up with patients is poor - a lot of middle ear conditions that could be prevented or treated are often neglected, and there is poor teamwork between the audiologists and ENTs.'
		'No/ limited access to an ENT. Referral to ENT clinic is problematic, and the ENT services are limited, e.g., They can't do tympanoplasties'
		'No qualified ENT in the Province; managing middle ear pathology is challenging.'
Patient appointment non-adherence	Nonattendance of appointments and follow-up appointments	'No ENT close by. Closest ENT is 3 hours away, and the waiting list is 3-4 months. There are a lot of patients with middle ear pathology. During COVID-19, patients' transport is prioritized, and audiology services are not a top priority, so patients need to arrange their own transport, which many cannot afford.'
		'Poor patient follow-up: patients tend to miss their hearing aid follow-up appointments'

'The distance of the hospital from patient's residence - so poor follow-up of patients and they do not come for hearing aid follow-ups.'

'Patients don't really attend their aural rehabilitation appointments; they attend one or two and then stop due to travel and distance costs.'

'Low patient adherence to appointments and follow-ups because of their financial constraints and geographic location.'

**Central themes are presented in order of importance based on the most frequently mentioned themes.*