

2010 Cardiovascular Sonographer Salary Survey



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OVERVIEW

The American Society of Echocardiography (ASE) is a professional organization of physicians, cardiac sonographers, nurses and scientists involved in echocardiography, the use of ultrasound to image the heart and cardiovascular system. The organization was founded in 1975 and is the largest international organization for cardiovascular imaging.

ASE is committed to excellence in cardiovascular ultrasound and its application to patient care through education, advocacy, research, innovation and service to our members and the public. Our members are Heart and Circulation Ultrasound Specialists dedicated to improving their patients' health and quality of life. They use ultrasound to provide an exceptional view of the cardiovascular system to enhance patient care.

As a part of our commitment to excellence in cardiovascular ultrasound performance, this survey has been assembled to provide practicing ASE cardiovascular sonographer members, as well as hiring managers, and those who recruit cardiac sonographers for employment, detailed and current information related to cardiovascular sonographer benefits and compensation. Over 1,700 ASE sonographer members responded to the survey via online submission, which was conducted in June 2009. Since the scope of practice for sonographers varies from country to country, the data in this survey report is reflective of the profession in the United States only.

BACKGROUND INFORMATION AND TERMS

ASE firmly supports sonographer credentialing and has worked to establish education and training requirements for cardiac sonographers. ASE believes that training for all members of the cardiovascular ultrasound team is a crucial component of our overall quality efforts, along with laboratory accreditation and physician training requirements. In addition, the Fellow of the American Society of Echocardiography (FASE) credential was developed in 2002, to recognize and set apart the dedicated ASE member with a diverse set of skills and comprehensive knowledge of all aspects of echocardiography. As demonstrated throughout this survey, sonographers who meet one or more of these quality assurance evaluations are frequently compensated at a higher rate of pay.

ACCREDITATION

Accreditation is a process during which imaging laboratories evaluate and demonstrate the level of patient care they provide. Accreditation is currently a voluntary process, though a number of insurance companies and government agencies are beginning to use accreditation as a minimum requirement for reimbursement for examinations performed. By becoming accredited, a laboratory shows that it has met a minimum set of standards set by the accrediting body. The accrediting bodies referred to in this survey include:

ICAEL- Intersocietal Commission for the Accreditation of Echocardiography Laboratories

ICAVL-Intersocietal Commission for the Accreditation of Vascular Laboratories

ACR-American College of Radiology

CREDENTIALING BODIES AND DESIGNATIONS

Becoming credentialed or registered in sonography denotes a level of knowledge and understanding within the profession. Becoming registered involves preparing and sitting for examinations and maintaining a certain level of continuing medical education. ASE believes that credentialing promotes quality care and patient safety through the certification and continued competency of ultrasound professionals. The credentials referred to in this survey include:

American Registry of Diagnostic Medical Sonographers

- RDMS® Registered Diagnostic Medical Sonographer®
- RDCS® Registered Diagnostic Cardiac Sonographer®
- RVT® Registered Vascular Technologist®
- RPVI® Registered Physicians Vascular Interpretation®

Cardiovascular Credentialing International, Inc.

- RCIS: Registered Cardiovascular Invasive Specialist
- RCS: Registered Cardiac Sonographer
- RVS: Registered Vascular Specialist
- CCT: Certified Cardiographic Technician

Registered or credentialed sonographers have demonstrated their knowledge by passing the affiliated examination administered by ARDMS or CCI.

FELLOW OF THE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY (FASE)

For sonographer members of ASE, the Fellow designation recognizes extraordinary commitment to the field of echocardiography and achievement of credentials that demonstrate fulfillment of training and performance requirements. Cardiovascular Sonographers with the FASE credential practicing in the US have met the following requirements and their applications have been carefully reviewed by ASE.

- 1. Member of ASE for current year and previous year
- 2. Current Credential RDCS (from ARDMS) or RCS (from CCI) maintained for the previous five vears.
- 3. Three letters of recommendation as described below (one of the three letters must have a physician as a source)
- 4. Verification (certificates/transcripts) of completion of 15 CME Credits specific to cardiovascular ultrasound (in the three years preceding application submission)
- 5. Up-to-date Curriculum Vitae

Letters of recommendation and Curriculum Vitae are assessed by verifiable participation on one or more of the following professional activities:

- a. Scientific publications in topics related to cardiovascular ultrasound
- b. Commitment to education in cardiovascular ultrasound as demonstrated on a regular basis by teaching

c. Active participation at ASE-sponsored activities and/or local/regional echocardiography societies

FORMAL EDUCATION

ASE recognizes that several pathways are available to provide formal instruction to cardiac sonographers, including programs that solely focus on cardiac ultrasound, programs that offer cardiac and general diagnostic ultrasound and programs that introduce participants to a broad array of cardiovascular technologies. ASE has adopted specific recommendations for education and training curricula (see the ASE Website under the "Guideline" or "Sonographers" sections) and believes that, to achieve minimum competency, cardiac sonographers entering the field should obtain education and training that are consistent with these recommendations.

ASE recommends sonographers attend a well-rounded cardiac sonography program that meets both didactic and clinical instruction and is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), through the Joint Review Committee in Cardiovascular Technology (JRC-CVT) and the Joint Review Committee in Diagnostic Medical Sonography (JRC-DMS). Echocardiography or Cardiac Sonography is covered through two allied health care disciplines which are Diagnostic Medical Sonography and Cardiovascular Technology.

These programs can be found by visiting the education section of the ASE Website. Visitors can review programs that are accredited by CAAHEP, (this listing is also available on the CAAHEP site, www.caahep.org.) There is also information on schools under the "Sonographers" link on the ASE Website. By attending a program accredited by CAAHEP, sonographers will be eligible to apply to take the national certification examinations offered by ARDMS and/ or CCI upon graduation from the program. By successfully completing the certification exams, sonographers will be awarded a credential of 'registered' in that field. Increasingly, employers require their sonographers to become registered or hire only registered sonographers.

As proper ultrasound instrument operation is critical in obtaining diagnostic images, the operator must be able to properly display cardiac and/or vascular structures and blood flow in each of the imaging views. There are multiple types of specialty practices in echocardiography, including adult transthoracic, pediatric transthoracic, fetal, transesophageal, exercise and pharmacologic stress examinations. Each of these areas have specialized training requirements. The Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) and the ASE have established guidelines and protocols for each of these practice areas, which should be followed. In addition, training standards continue to change as practice conditions and treatments evolve. For instance, in light of the increasing use of echocardiography contrast agents, a cardiac sonographer who performs echocardiograms in a laboratory that uses contrast agents should be familiar with the use, potential side effects, and indications for such agents, as well as any special protocols required by the institution. If a cardiac sonographer participates in the performance of invasive procedures (e.g., intraoperative and echo-guided interventions) or performs new technologies, such as three-dimensional echocardiography, the sonographer must demonstrate knowledge and competency in these additional specialty areas. ASE recommends that cardiac sonographers kept abreast of the latest treatments and techniques by attending continuing medical education classes. To assist sonographers, ASE offers a comprehensive update, including a Registry Review course, for sonographers in the cardiovascular field at its annual Scientific Sessions each June, online CME on ASEUniversity and CME articles in JASE.

COMPENSATION

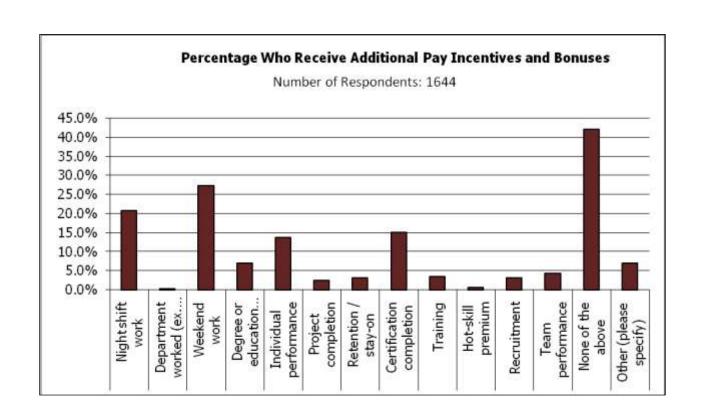
The average pay per hour for cardiovascular sonographers was \$34.05. Overwhelmingly, sonographers reported being paid by the hour. Of the small minority who reported being paid per patient, the average pay per patient was \$54.93 per patient, while the median was \$50 per patient. Similarly, the mode was \$50 for pay per scan, with those who are paid per scan making an average of \$53.60 per scan.

Hospital-based sonographers may have evening and weekend hours and times when they are on call. Almost 60% of sonographers reported that they do not take on-call time, however, those that do, receive \$3.36 per hour on average to be on-call. If called in, the average pay rate jumps to \$50.75 per hour. Those who take on call time reported being on call an average of 51.5 hours per week. The average rate of overtime pay was \$48.16 per hour, and the average number of overtime hours worked per week was 3 hours per week.

The most popular additional compensation incentives or bonuses for sonographers were: 1) weekend hours, 2) nightshift work, 3) compensation for completing certification, and 4) performance bonuses.

The majority of sonographers received a pay raise in 2008, while slightly more than half expected to receive a raise in 2009. The average raise in 2008 was 3.5%.

Sonographers reported the highest compensation in Hawaii and Massachusetts.



COMPENSATION BY GEOGRAPHIC LOCATION

The highest paid sonographers were found in the following top 5 states*:

- 1) Hawaii (\$54.14/hour)
- 2) Massachusetts (\$41.31/hour)
- 3) Utah (\$40.46/hour)
- 4) Arkansas (\$39.50/hour)
- 5) West Virginia (\$38.68/hour)

^{*}Note that some of the averages were derived from a relatively low number of respondents.

Average Pay/Hour By State and Canada				
		# of		
State	Pay/Hour	Respondents	State	Pay/Ho
AK	\$39.50	4	MS	
AL	\$30.74	12	MT	
AR	\$29.27	14	NC	
AZ	\$36.95	35	ND	
CA	\$41.64	105	NE	
Canada	\$39.38	7	NH	
СО	\$35.71	22	NJ	
CT	\$38.01	30	NM	
DC	\$35.63	5	NV	
DE	\$31.70	6	NY	
FL	\$30.75	103	ОН	
FM	\$36.25	3	OK	
GA	\$32.71	41	OR	
HI	\$54.14	6	PA	
IA	\$34.88	12	PR	
ID	\$30.42	18	RI	
IL	\$33.22	75	SC	
IN	\$29.36	40	SD	
KS	\$30.84	14	TN	
KY	\$30.37	17	TX	
LA	\$28.12	25	UT	
MA	\$41.31	52	VA	
MD	\$34.35	35	VT	
ME	\$35.13	10	WA	
MI	\$30.22	52	WI	
MN	\$36.01	28	WV	
МО	\$33.83	33		

		# of
State	Pay/Hour	Respondents
MS	\$33.72	8
MT	\$32.57	7
NC	\$32.01	54
ND	\$27.25	5
NE	\$27.18	7
NH	\$33.44	12
NJ	\$36.68	38
NM	\$36.48	7
NV	\$30.28	9
NY	\$34.11	71
ОН	\$31.16	78
OK	\$35.97	10
OR	\$35.72	20
PA	\$33.10	61
PR	\$19.71	3
RI	\$38.17	6
SC	\$32.16	15
SD	\$32.15	4
TN	\$31.47	35
TX	\$32.64	94
UT	\$40.46	16
VA	\$33.56	48
VT	\$31.00	2
WA	\$37.55	40
WI	\$37.08	24
WV	\$38.68	6

^{*}Sonographers in Canada reported an average hourly pay of \$39.38/hour (in US Dollars).

COMPENSATION BY AGE

Sonographers between the ages of 51-60 made more per hour than their younger counterparts, with those ages 56-60 peaking at an average of \$36.72 per hour. Those sonographers 61+ experienced a slight decline in compensation, moving down to an average hourly rate of \$36.68.

Average Pay/Hour By Age		
Age	Pay/Hour	# of Respondents
20 or		
less	\$25.42	3
21-25	\$26.75	41
26-30	\$29.08	109
31-35	\$31.32	154
36-40	\$33.14	155
41-45	\$34.74	194
46 - 50	\$35.26	251
51-55	\$35.54	322
56 - 60	\$36.72	173
61+	\$36.68	53

COMPENSATION BY JOB TITLE

Managers and Directors reported the highest average compensation, at \$41.38 per hour. The largest job title category was Clinical Sonographers, who earned \$31.75 on average per hour.

Average Pay/Hour by Job Title			
Title	Pay/Hour	# of Respondents	
Clinical Sonographer	\$31.75	832	
Supervisor/Lead Sonographer	\$35.87	430	
Manager/Director	\$41.38	92	
Other	\$39.73	67	
Teaching/Educating Sonographer	\$38.07	38	
Research Sonographer	\$34.41	19	

Not surprisingly, sonographers working at smaller hospitals reported a lower pay per hour, with those working at a hospital with less than 100 beds earning an average \$33.04 an hour. The most common hospital size was 100-499 beds, and sonographers working in that setting reported the second highest average compensation, at \$33.88 per hour. Data on hourly pay by size of physician office was not reported in this survey.

Average Pay/Hour by Hospital Size		
		# of
# of Beds	Pay/Hour	Respondents
Less than 100	\$33.04	88
100 - 499	\$33.88	510
500 - 999	\$33.46	200
Over 1000	\$34.23	35

As one would expect, pay for sonographers is commensurate with experience. Early career sonographers (working 0-5 years), earned the lowest, at an average of \$27.91 per hour, while those working over 31 years earned the most, at an average of \$38.74 per hour.

Average Pay/Hour by Years Employed		
Years Employed	Pay/Hour	# of Respondents
0-5	\$27.91	312
6-10	\$32.95	256
11-15	\$35.15	222
16-20	\$36.24	207
21-30	\$36.92	375
31+	\$38.74	108

RESPONDENT DEMOGRAPHICS

The majority of cardiovascular sonographers that responded to the survey were female (75%), which is consistent with the medical sonography field as a whole. However, female sonographers made on average \$2.09 *less* per hour than their male counterparts. The average age of cardiovascular sonographers was 45 while the median age was 27 and the mode was 52. Given the current sonographer shortage, these figures could indicate potential work force problems on the horizon. Unless young sonographers enter the workforce in large numbers, the average age will continue to increase each year and the available work force will decrease as sonographers reach retirement age.

Average Pay/Hour by Gender		
Gender Pay/Hour # of Respondents		# of Respondents
Female	\$33.60	1108
Male	\$35.69	362

UNION VS. NON-UNION MEMBERSHIP

The overwhelming majority of sonographers are not members of a union. However, sonographers who are in a union reported an average of \$4 more per hour in compensation than non-union counterparts.

Average Pay/Hour per Union Membership		
# of		
Status	Pay/Hour	Respondents
Non-Union Member	\$33.81	1390
Union Member	\$37.81	89

COMPENSATION BY EMPLOYMENT SETTING

Slightly over half of sonographers reported working in a hospital setting, while slightly over a quarter of sonographers work in a physician's office. However, sonographers working in a hospital reported the second lowest average pay per hour, just under those working in an outpatient clinic. Sonographers working in a mobile lab earned near the top at \$38.72 per hour.

Average Pay/Hour by Job Setting			
Job Setting	Pay/Hour	# of Respondents	
Hospital	\$33.49	778	
Physician Office	\$33.73	378	
Outpatient Clinic	\$33.12	163	
Imaging Center	\$34.75	15	
Academic Setting	\$36.67	43	
Mobile Service	\$38.72	43	
Other	\$42.10	60	

The number of scans performed per day varied, though the majority of sonographers performed more than six scans per day. The most frequently reported number of scans was eight scans per day. The average performed per day in a hospital setting was six scans.

Scans Performed per Day		
# of Scans Per Day	Percentage	
0	2%	
1	2%	
2	1%	
3	3%	
4	3%	
5	5%	
6	12%	
7	12%	
8	23%	
9	7%	
10	16%	
11+	14%	

Average Number of Sonographers In a Lab by Job Setting			
Job Setting	Average	# of Respondents	
Hospital	6	827	
Physician Office	3	450	
Outpatient Clinic	5	184	
Imaging Center	3	15	
Academic Setting	9	43	
Mobile Service	6	52	
Other	9	58	

Sonographers working in an accredited lab earned on average a higher hourly rate than those who work in a non-accredited lab.

Average Pay/Hour by Facility Accreditation						
Status Pay/Hour # of Respondents						
Not Accredited	\$33.70	496				
Accredited by ICAEL,						
ICAVL	\$34.11	127				
Accredited by ICAEL	\$33.74	700				
Accredited by ICAVL	\$37.10	29				

PERCENTAGE OF TIME SPENT ON TASKS AT WORK

When asked to compare time spent at work on various tasks, sonographers reported spending the most amount of time performing the actual scan, with preparing the patient for the scan as the second timeliest task. Sonographers spent the least amount of time on research, followed by coding and billing.

SPECIALTY CERTIFICATION AND EDUCATION

Professional membership provides sonographers with stronger connections in their field. Sonographer members of ASE receive many benefits that add to their professional growth. These benefits include ample opportunities to earn continuing education units both at live courses and online or through The *Journal of the American Society of Echocardiography* (JASE), access to practice guidelines and standards, membership in the Council on Cardiac Sonography, which provides a forum for members with similar interests to network, and more.

Sonographers who were members of multiple professional membership associations (all three-ASE, SDMS and SVU) reported a higher compensation per hour than all other categories surveyed. Sonographers who only belonged to ASE made on average \$2.08 more an hour than those who only had a membership in SDMS, and \$4.15 more an hour than those who reported they did not belong to any professional association. These results reinforce the value of professional membership for cardiovascular sonographers, particularly in ASE.

Average Pay/Hour by Professional Membership(s)				
Membership(s)	Pay/Hour	# of Respondents		
ASE/SDMS/SVU	\$36.36	40		
ASE/SDMS	\$36.04	300		
ASE/SVU	\$33.43	53		
ASE	\$33.22	800		
SDMS	\$31.14	29		
None	\$29.07	53		

EDUCATION

Those who pursued degrees beyond a Bachelor degree reported higher compensation figures. Those holding an MBA (Master of Business Administration) earned the highest-\$51.04 per hour on average, while PHDs, MDs (medical doctor), and MAs (Master of Art) followed. The largest degree category for highest education level completed was a Bachelor of Science, with 342 respondents earning an average of \$34.89 per hour.

Average Pay/Hour per Education Completed				
Highest Education Level Completed Pay/Hour # of Responden				
AA - Associate of Arts	\$34.45	75		
AAS - Associate of Applied Science	\$31.40	140		
AS - Associate of Science	\$33.33	280		
BA - Bachelor of Arts	\$35.42	111		
BS - Bachelor of Science	\$34.89	342		
Certificate	\$33.41	215		
Highschool Diploma	\$34.75	166		
MA - Master of Art	\$38.40	20		
MBA- Master of Business Admin	\$51.04	7		
MD – Medical Doctor	\$38.80	8		
MS - Master of Science	\$34.82	44		
PHD	\$38.25	1		
Other	\$33.45	63		

Those holding degrees in public administration reported a higher hourly wage than those holding degrees in other areas. However, this average was calculated based on a low number of respondents (3). Those holding a degree in Biology were the next highest compensated degree area, averaging \$36.55 per hour.

Average Pay/Hour by Degree Area					
Degree Pay/Hour # of Responden					
Education	\$35.63	55			
Health Administration	\$35.18	53			
Public Admin	\$37.92	3			
Public Health	\$34.25	13			
Management	\$35.75	57			
Sonography	\$32.87	561			
Medicine	\$35.72	36			
Biology	\$36.55	87			
Other	\$34.52	362			

Sonographers who received on the job training had the highest rate of pay per hour at \$35.05. This correlates with the demographic of those who are now at the senior sonographer level and in a higher age range and would probably have received solely on the job training. Younger sonographers primarily go to school to begin their training or as an adjunct to on the job training. Sonographers who had both on the job training and graduated from a certificate program earned an average of \$34.99 per hour.

Average Pay/Hour by Training Type					
Training Pay/Hour # of Responde					
On the Job	\$35.05	462			
Certificate Prog and On the Job	\$34.99	89			
CAAHEP and On the Job	\$30.09	14			
DMS	\$30.96	43			
Certificate Prog	\$33.40	270			
Undergrad and CAAHEP	\$32.64	27			
Undergrad	\$33.47	116			
СААНЕР	\$33.67	237			

FELLOW OF THE AMERICAN SOCIETY OF ECHOCARDIOGRAPHY

FASE recognizes the dedicated ASE member with a diverse set of skills and comprehensive knowledge of all aspects of echocardiography. Cardiovascular Sonographers with the FASE credential practicing in the US have met aggressive requirements and their applications have been carefully reviewed by ASE before they were granted this credential. The FASE sonographer stands out above their peers and currently earns an average of \$4.36 more per hour than non-FASE sonographers.

Pay/Hour by FASE Status				
FASE Status Pay/Hour # of Respondents				
FASE	\$38.01	155		
Non-FASE	\$33.65	1325		

CERTIFICATION/REGISTRY

Sonographers holding multiple certifications are compensated at a higher hourly pay. The most common singular certification was RDCS (Registered Diagnostic Cardiac Sonographer), and sonographers holding only this certification were compensated at a higher hourly rate than sonographers who held any other singular certification.

Average Pay/Hour by Certification(s)				
Certification(s)	Pay/Hour	# of Respondents		
RDMS/RDCS/RVT/RT-R)	\$37.13	28		
RDMS/RDCS/RVT	\$38.50	42		
RDMS/RDCS/RT®	\$37.66	21		
RDMS/RDCS	\$37.78	51		
RDMS	\$29.55	15		
RDCS/RVT	\$37.83	100		
RDCS/RCS	\$35.98	48		
RDCS/RT®	\$38.13	22		
RDCS/RN	\$34.90	24		
RDCS/Other(RRT, LPN, CCT, etc)	\$34.56	60		
RDCS	\$34.13	688		
RVS/RCS	\$31.47	27		
RCS	\$29.39	125		
ССТ	\$30.07	26		
None	\$29.36	38		

Results were nearly split for whether sonographers were required to hold a certification in order to be hired by their current employer, though slightly more than half reported that it was not required. Of those required to be certified, 55% reported being given a grace period in which to become certified. The majority of sonographers who responded reported a grace period of one year. Given the current professional climate, where some states are moving to standardize the field further by requiring state licensure of sonographers, the number of sonographers who report that certification is mandatory for hire may drastically increase over the next several years.

Grace Period for Certification (If Required)				
Time	Percentage			
3 Months	1%			
6 Months	20%			
1 Year	64%			
1.5 Years	2%			
2 Years	11%			
3 Years	2%			
5 Years	1%			
Total Respondents: 789				

BENEFITS

Benefits Paid by Employer and/or Employee					
Benefit	Fully Paid by Employer	Partially Paid by Employer	Employee Paid	N/A	# of Respondents
Performance bonus	30%	1%	1%	68%	1448
Referral bonus	19%	1%	1%	80%	1399
Retention bonus	6%	0%	1%	93%	1377
Sign-on bonus	19%	1%	1%	80%	1401
401K match	35%	34%	6%	27%	1503
Stock options	5%	6%	7%	82%	1388
Car allowance	5%	3%	6%	87%	1395
Continuing education courses	29%	33%	23%	17%	1491
Continuing education travel expenses	25%	25%	29%	23%	1485
Journal subscription	21%	5%	48%	27%	1466
Paid education faculty leave	19%	8%	11%	62%	1382
CME tuition fees	27%	18%	34%	23%	1477
Day care	1%	2%	26%	72%	1383
Life insurance: individual	30%	30%	23%	21%	1474
Life insurance: family	4%	23%	34%	40%	1421
AD&D: individual	15%	21%	21%	44%	1378
AD&D: family	2%	18%	25%	55%	1331
Health insurance: individual	21%	56%	14%	13%	1465
Heath insurance: family	7%	49%	24%	23%	1461
Dental insurance: individual	14%	50%	21%	17%	1466
Dental insurance: family	7%	44%	27%	24%	1456
Vision insurance: individual	13%	40%	23%	26%	1448
Vision insurance: family	6%	36%	27%	32%	1423
Short term disability: individual	22%	29%	29%	21%	1451
Short term disability: family	5%	19%	25%	52%	1374
Long term disability: individual	19%	30%	27%	25%	1434
Long term disability: family	4%	19%	25%	53%	1370
Professional liability insurance	26%	5%	25%	45%	1400
Professional membership dues	18%	6%	52%	25%	1440
Profit sharing	13%	9%	4%	75%	1390
Relocation	7%	9%	9%	76%	1377
Sick leave	68%	13%	6%	14%	1511
Vacation	80%	8%	5%	8%	1516
Housing assistance	1%	2%	8%	89%	1367
Tuition reimbursement	17%	33%	10%	41%	1451

Sonographers working in an academic setting received the highest average reimbursement for CME activities, with an average of \$1,730 per year. Sonographers working for a mobile lab received the least amount of CME reimbursement per year, which is most likely because the majority of mobile service sonographers are independent contractors.

Annual CME Reimbursement by Job Setting				
Job Setting Average # of Respondents				
Hospital	\$962.89	201		
Physician Office	\$885.97	201		
Outpatient Clinic	\$1,061.91	163		
Imaging Center	\$1,280.00	5		
Academic Setting	\$1,730.00	10		
Mobile Service	\$757.89	19		
Other	\$942.39	23		

JOB SATISFACTION

Sonographers reported being the most satisfied with the "actual work itself" of being a sonographer, as well as their work schedule. Sonographers were most dissatisfied with their opportunities for further education and opportunities for advancement.

Benefit Satisfaction					
Benefit	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	# of Respondents	
Compensation	28%	32%	40%	1509	
Benefits	26%	35%	39%	1508	
Workload	17%	28%	55%	1507	
Schedule	13%	23%	64%	1512	
Work environment	17%	24%	59%	1515	
Equipment	22%	23%	55%	1513	
Physician Interaction	18%	24%	58%	1511	
Advancement opportunities	36%	28%	37%	1502	
Management	33%	24%	43%	1509	
Opportunity for further education	37%	27%	36%	1504	
Training	28%	29%	43%	1496	
Job security	16%	22%	62%	1518	
Actual work itself	5%	13%	82%	1516	

Regarding satisfaction with compensation, 38% of sonographers thought their compensation ranked lower than that of a competitor, 48% felt their compensation was equal to a competitor, and only 15% thought their compensation was higher than that of a competitor.

Similarly, 40% of sonographers thought their benefits ranked lower than those of a competitor, while 48% thought their benefits were equivalent, and only 12% thought their benefits were equivalent to those of a competitor.

Almost half of the sonographers surveyed reported that they do not feel any affect of the sonographer shortage at work. 31% indicated that the shortage is requiring them to perform more scans, while almost 30% indicated feeling more stress because of the shortage. Slightly more than 20% also reported working longer hours because of the sonographer shortage. ASE remains concerned about the sonographer shortage due to the fact that a decrease in sonographers providing care could inhibit patient access to necessary medical exams, In addition, longer hours, more scans per sonographer and more stress at work could also negatively affect the quality of exams being performed.