

Supplemental Material S1. Classification of emerging values from survey respondents.

SUGGESTED NEW VALUE	CATEGORY	CODEBOOK VALUE	JUSTIFICATION FROM CODEBOOK
Making appropriate Medical referrals	Most important	Health	"Diagnosis and/or referral for medical conditions"
My contribution to community, monetary and time based.	Most important	Professional duties, Cost	"Scope of practice" "Related to money"
The ability for provider to be fairly compensated	Most important	Cost	"Related to money"
I treat my patients as people first, and then as patients.	Most important	Equity	"Fairness in treatment or outcomes"
Patient satisfaction	Most important	Satisfaction	Stated as codebook values
Regain communication function with friends, family, and co-workers	Most important	Subjective benefit	"Reduction in activity limitation; decrease of participation restriction"
Satisfaction, subjective benefit, evidence-based	Most important	Satisfaction, Subjective benefit, Evidence-based	Stated as codebook values
Creating a good relationship with the patient	Most important	Satisfaction	"Customer service"
Making sure patients are comfortable with their devices. Doesn't matter how well I test or how well I treat them if the devices are in a drawer	Most important	Comfort	"Physical fit"
Select tests ethically and do not give in to unnecessary tests to be able to charge more and cover yourself from lawsuits	Most important	Professional duties	"Licensed provider's adherence to standards for professional conduct"
Patient education about the importance of early treatment of hearing loss, health concerns related to hearing loss, and ways to prevent hearing loss and tinnitus.	Most important	Autonomy	"Patient education"
Respect for patients/families to make decisions based on their values	Most important	Autonomy, Equity	"Patient's ability to act independently" "Fairness in treatment or Outcomes"
Patient-Centered Care	Most important	Meta-values; prioritizing values as a concept	N/A
Helping them understand the impact of hearing loss and how these aids will and will not help	Most important	Autonomy	"Patient education"
Patients are satisfied and happy with their care and their devices.	Most important	Satisfaction	"Customer service; decision to keep devices"
Values versus minimal expectations and minimal standard of care also versus scope of practice values as referenced in this survey so far are very low common denominators here?	Most important	Non-values statement/ general survey feedback	N/A
I think all of these are important - hard to rank	Most important	Non-values statement/ general survey feedback	N/A

Assuring outcomes are appropriate and favorable for patients. (#1 above - Accuracy... - is too limiting to tests and hearing aids (prescriptive targets). Patients with vestibular disorders, tinnitus, CI, etc. all require best practices and appropriate outcomes.	Most important	Satisfaction	N/A
There wasn't an item on the first list that wouldn't fall under "Most Important"	Most important	Non-values statement/ general survey feedback	N/A
Most of the other choices are encompassed by #1 and #2. If I do those, the rest will follow.	Most important	Non-values statement/ general survey feedback	N/A
This survey seems to place my answers in a box and corners me into a thought process I do not agree with necessarily. I feel like the survey is designed to trap my answers and potentially view an outcome that is not accurate. This is not a well designed survey sorry.	Most important	Non-values statement/ general survey feedback	N/A
Bilingual communication	Most important	Equity	"Cultural and linguistic diversity"
Having a specialty	Most important	Professional duties	"Scope of practice"
Self-Confidence: restore patient confidence in themselves and interactions with others	Most important	Self-efficacy	"Self-advocacy; confidence"
Independence: My patients are more independent in controlling their own lives	Most important	Autonomy	"Patient's ability to act independently"
I wasn't sure where to categorize adherence to professional guidelines. Our code of ethics includes many of these statements about equity, competency and evidence based practice, but I wasn't sure how that would be recognized in this survey.	Most important	Professional duties	"Licensed provider's adherence to standards for professional conduct"
Advocacy for patients who have HL	Most important	Self-efficacy	"Ability to act as one's own advocate"
Compensation - audiologists should bill appropriately and completely for services rendered, and receive compensation commensurate with those services	Most important	Cost	"Financial considerations"
Pts are able to be seen without waiting several months for svcs.	Most important	Access to care	"Availability of providers, ability to purchase devices"
Counseling benefit: My patients receive the best counseling and education to make informed decisions	Most important	Autonomy	"Patient education"
Understanding of insurance billing, benefits, and 3rd party impact on device selection/fitting	Most important	Cost	"Related to money, warranty, price of devices, payer"
Patients subjectively indicate that their quality of life has improved.	Very important	Subjective benefit	"Benefit from treatment that is perceived by patient"
Although accuracy and objective benefit are very important, the patient won't necessarily like how the hearing aids sound. Subject benefit from the patient is very important.	Very important	Subjective benefit	"Improvement in audibility, intelligibility, localization, clarity, sound quality"
Additional component of accuracy: Patient is provided with an array of appropriate hearing aid styles and features from which to choose.	Very important	Design, Autonomy	"Physical or aesthetic characteristics" "Patient education [patient locus of control]"

Use of objective validation (REM)	Very important	Accuracy	"Fit to target"
They should not leave in pain ?!	Very important	Comfort	"Absence of pain or constraint"
Not all patients can have complete control of their hearing health care, decisions, such as pediatrics and adults with cognitive impairments, etc.	Very important	Autonomy	"Patient's ability to act Independently"
Family-centered care: My patients, along with their significant others, can participate in sessions related to their hearing health care.	Very important	Autonomy	"Patient's ability to act Independently [patient locus of control]"
The patient determines whether the hearing instruments are of benefit to them as opposed to assessing benefit only through aided testing or audibility indices.	Important	Subjective benefit	"Benefit from treatment that is perceived by patient"
Timely access to hearing services - patients can receive services when needed, without a long wait time.	Important	Access to care	"Ability to obtain diagnostics, devices, treatment, and services"
Do patients find VALUE in the services provided (not just the "price" of products.)	Important	Satisfaction	"Meeting user needs and desires"
Staying up to date and collaborative care having appropriate and professional colleagues who can team to maximize the best most informed treatment in healthcare tracking preventing and educating new professionals appropriately as they do not graduate prepared	Important	Professional duties	"Collaboration with other professionals"
Some people find everything too expensive. Not every patient can overcome hearing challenges, depending on the degree of the loss and other cognitive and health concerns.	Less important	Cost	"Financial considerations"
Patients can choose where they go for healthcare, and how far they travel.	Less important	Access to care	"Patient's ability to obtain diagnostics, devices, treatment, and services"
Your 'access' question didn't mention accessibility for people with physical limitations, nor cognitive or language challenges, etc.	Less important	Equity	"Accommodation"
I only care about how the device looks if it matters to the patient.	Less important	Design	"Form-factor, aesthetics, packaging"
Style and aesthetics are important but should not be the only determinant as to whether the device is the best one for the patient.	Less important	Design	"Physical or aesthetic characteristics"
"Equity" is a woke term that is originally derived from Marxism. Please do away with all woke terminology as it is divisive in our profession. Stay focused on the audiology profession and not on the damaging effects of political agendas.	Less important	Equity	Stated as codebook value
If there is even a question. You cannot relate as a respectful human to your patients do NOT be in the communication education or healthcare fields WE ARE in these 3 fields by default not in silos	Less important	Non-values statement/ general survey feedback	N/A