



ASHA
Speech-Language Pathology
The Largest Association of
Speech-Language Pathology
Professionals

SLP HEALTH CARE 2019 SURVEY

Workforce

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Executive Summary

The American Speech-Language-Hearing Association (ASHA) conducted a survey of speech-language pathologists (SLPs) in the spring of 2019. The survey was designed to provide information about health care–based service delivery and to update and expand information gathered during previous SLP Health Care Surveys. The results are presented in a series of reports.

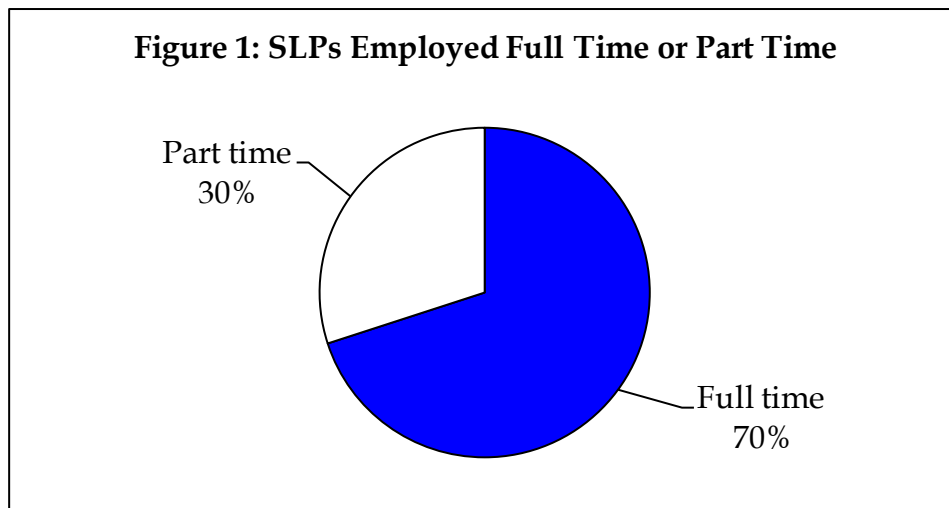
This report addresses only questions on the survey pertaining to workforce issues. Data are drawn from six types of health care facilities: general medical, Veterans Affairs (VA), and long-term acute care (LTAC) hospitals; home health agencies or clients' homes; outpatient clinics or offices; pediatric hospitals; rehabilitation (rehab) hospitals; and skilled nursing facilities (SNFs).

Highlights

- ◆ 70% of the SLPs worked full time.
- ◆ The median number of employers that clinical service providers work for was 1.0.
- ◆ 60% worked in one location for their primary employer.
- ◆ 33% reported that there were more job openings than seekers, with the highest rate reported by SLPs who worked in home health agencies or in clients' homes (49%).
- ◆ 27% reported that their facilities had funded, unfilled positions.
- ◆ 69% of SLPs in the South said ASHA was doing a good or excellent job serving its health care-based members.
- ◆ 96% favored allowing SLPs to use an interstate licensing compact.
- ◆ Nearly half anticipated making changes to their main job in the next 5 years.

Employment Status

Among the respondents to the survey who were employed, 70% worked full time (see Figure 1).



Note. $n = 2,174$.

Being employed full- or part time varied significantly by the type of facility in which SLPs were employed, by population density, and by sex.

- 80% of the SLPs who worked in SNFs; 77% in pediatric hospitals; 70% in outpatient clinics or offices and rehab hospitals; 69% in general medical, VA, or LTAC hospitals; and 59% in home health agencies or clients' homes were employed full time ($p = .000$).
- 74% of the SLPs who were employed in city or urban areas, 70% in rural areas, and 66% in suburban areas were employed full time ($p = .002$).
- Although 96% of the SLPs were female, only 69% of them were employed full time; 84% of males were employed full time ($p = .003$).

Number of Employers

In a typical month, the median number of employers that clinical service providers worked for was 1.0. This was true in each type of facility. The mean number of 1.4 varied significantly by type of facility, ranging from 1.2 in outpatient clinics and offices, pediatric hospitals, and rehab hospitals to 1.6 in SNFs and in home health agencies or clients' homes ($p = .000$).

Number of Locations

In a typical week, 60% of the SLPs worked in one location for their primary employer, but the range was from 7% of SLPs in home health agencies and clients' homes to 86% in rehab hospitals ($p = .000$; see Appendix, Table 1).

Job Openings

Overall, the distribution of whether there were fewer job openings than job seekers (32%), more openings than seekers (33%), or whether openings and seekers were in balance (36%) was fairly even. Responses varied by the type of facility in which SLPs were employed ($p = .000$; see Appendix, Table 2).

- More SLPs in general medical, VA, and LTAC hospitals (54%), rehab hospitals (49%), and pediatric hospitals (47%) selected “fewer job openings than job seekers” than the other two responses.
- More SLPs in home health agencies or clients’ homes (49%) and in outpatient clinics and offices (38%) selected “more job openings than job seekers” than the other two responses.
- More SLPs in SNFs (38%) reported that job openings and job seekers were in balance than the other two options.

Geographic Area

When the country was divided into four geographic regions, nearly half of the SLPs in the West (48%) declared that there were more job openings than job seekers. More SLPs in the Northeast (37%), Midwest (39%), and South (38%) said that job openings and job seekers were in balance than either of the other responses ($p = .000$).

Population Density

The job market also varied by population density ($p = .000$).

- SLPs in city or urban areas were more likely to say that there were fewer job openings than seekers (38%) than to select either of the other options.
- SLPs in suburban areas were more likely to say that openings and seekers were in balance (39%) than to say that there were either more openings or fewer openings than seekers.
- SLPs in rural areas were more likely to say that there were more job openings than seekers (50%) than to select either of the other options.

Funded, Unfilled Positions

Overall, 27% of the SLPs responded that they had funded, unfilled positions at their facilities. The range was from 20% in SNFs to 32% in home health agencies or clients’ homes ($p = .002$; see Appendix, Table 3).

SLPs in the Midwest were least likely to report open positions (24%), whereas those in the West were most likely to report openings (34%; $p = .003$; not shown in any table).

Years of Experience

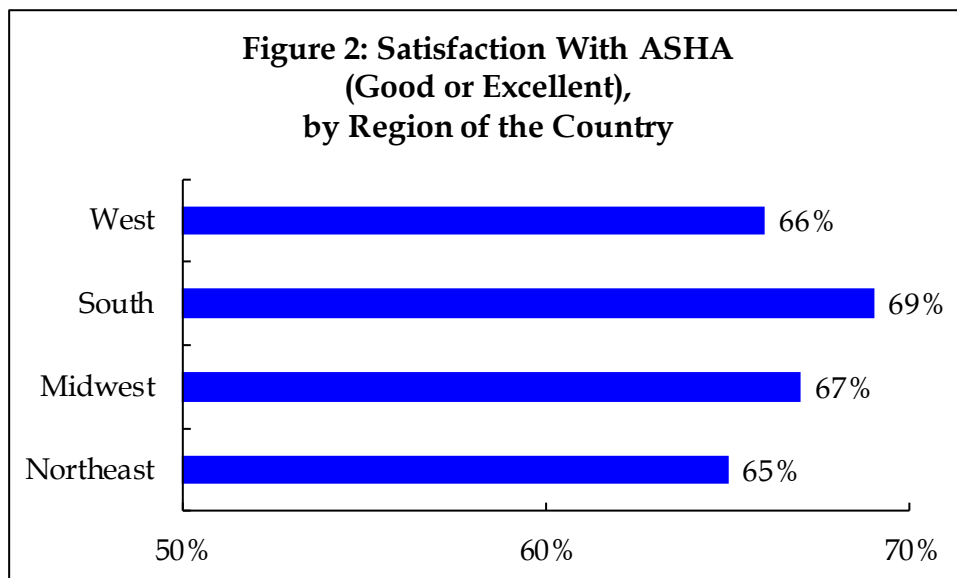
The median number of years of experience in the profession was 13; the mean was 16 years.

Satisfaction With ASHA

When asked what kind of job the Association was doing in serving its speech-language pathology members who work in health care, 4% said poor, 29% said fair, 55% said good, and 12% said excellent. Responses varied by the type of facility in which SLPs were employed. Specifically, 55% of SLPs in general medical, VA, and LTAC hospitals said good or excellent as did 60% in rehab hospitals, 61% in SNFs, 71% in pediatric hospitals, 73% in home health agencies or clients' homes, and 76% in outpatient clinics or offices ($p = .000$).

Geographic Area

Responses varied by region of the country (see Figure 2). SLPs in the South were more likely than those in other areas to say ASHA did a good or excellent job ($p = .010$).



Note. $n = 2,087$.

Sex

Fifty-nine percent of the males and 67% of the females said ASHA was doing a good or excellent job serving its health care-based members ($p = .002$).

Interstate Licensing Compact

Allowing SLPs to use an interstate licensing compact to enhance interstate practice and licensure portability received nearly unanimous support (96%).

Pressure From Employers or Supervisors

When participants in the survey were asked whether they had been pressured by their employers or supervisors to engage in any of five types of activities, 67% said that they had not been pressured. This response ranged from 47% in SNFs, to 67% in rehab hospitals; to 70% in general medical, VA, and LTAC hospitals; to 73% in home health agencies or clients' homes; to 75% in outpatient clinics and offices; to 78% in pediatric hospitals ($p = .000$).

The type of facility in which they worked was related to four of the five activities, and SLPs in SNFs were the most likely group to have felt pressured with regard to three of the four activities.

- Overall, 15% said they had been pressured to discharge inappropriately (e.g., early or delayed). The range was from 5% in outpatient clinics or offices to 37% in SNFs ($p = .000$).
- Overall, 15% felt pressured to provide inappropriate frequency or intensity of services. The range was from 9% in outpatient clinics or offices to 24% in SNFs ($p = .000$).
- Overall, 13% felt pressured to provide evaluation and treatment that were not clinically appropriate. The range was from 6% in outpatient clinics or offices to 27% in SNFs ($p = .000$).
- Overall, 9% felt pressured to provide services for which they had inadequate training and/or experience. The range was from 6% in rehab hospitals and SNFs to 12% in outpatient clinics and offices ($p = .043$).
- Overall, 4% felt pressured to alter documentation for reimbursement. Type of facility did not have an effect on their responses ($p = .060$).

Career Transitions

Nearly half of the SLPs anticipated making changes to their main job in the next 5 years. They could select more than one response from a list of seven changes. The most frequently selected response was “changing to another professional setting as an SLP” (15%). This response was selected most often by SLPs in SNFs and pediatric hospitals (18%) and least often by those in general medical, VA, and LTAC hospitals (9%; $p = .007$).

- Overall, 12% anticipated moving to another type of health care setting (e.g., from SNF to outpatient). The range was from 7% of SLPs in home health agencies or clients’ homes and outpatient clinics and offices to 27% in SNFs ($p = .000$).
- Overall 11% planned to retire. Type of facility did not have an effect on their responses ($p = .170$).
- 8% planned to move to a non-SLP profession, with a range of 5% in general medical, VA, and LTAC hospitals to 12% in SNFs ($p = .004$).
- Overall, 7% planned to transition to schools, with a range of 3% in general medical, VA, LTAC hospitals to 10% in pediatric hospitals ($p = .005$).
- 4% planned a move to academia. Type of facility did not have an effect on their responses ($p = .173$).
- 4% planned another career change. Type of facility did not have an effect on their responses ($p = .053$).
- Finally, 54% said that none of the transitions applied to them. Responses ranged from 44% of SLPs in SNFs to 63% in general medical, VA, and LTAC hospitals ($p = .000$).

Reasons for Career Transition

SLPs were asked to select which factors, from a list of nine, caused them to seek a career change. They could select more than one response.

- 17% selected family/personal circumstances.
- 12% selected unsatisfactory salary/benefits.
- 12% selected high productivity demands.
- 11% selected not being valued by other types of professionals or by administrators.
- 11% selected paperwork (clinical and reimbursement)
- 5% selected insufficient reimbursement for patient care.
- 5% selected low/unsustainable caseload.
- 4% selected managing caseloads at multiple sites.
- 4% selected keeping current with advances in clinical information related to my caseload.
- 12% said none of the above.

Survey Notes and Methodology

The *SLP Health Care Survey* has been fielded in odd-numbered years since 2005 to gather information of interest to the profession. Members, volunteer leaders, and staff rely on data from the survey to better understand the priorities and needs of SLPs.

The survey was fielded in February 2019 to a random sample of 4,500 ASHA-certified SLPs who were employed in health care settings in the United States. Half of each group was randomly assigned to a control group to receive cover letters with the chief executive officer's full signature, and half received letters signed with only her first name. Everyone also received an electronic "be-on-the-lookout-for" message sent 2 days before the mailing of the first letter. Second (March) and third (April) mailings followed, at approximately 3- or 4-week intervals.

The sample was a random sample, stratified by type of facility and by private practice. Small groups, such as pediatric hospitals, were oversampled. Weighting was used when presenting data to reflect the actual distribution of SLPs in each type of facility within ASHA.

Response Rate

Of the original 4,500 SLPs in the sample, 1 was deceased, 2 were retired, 14 had incorrect postal addresses, 39 were employed in other types of facilities, 7 were not employed in the field, and 4 were ineligible for other reasons, leaving 4,433 possible respondents. The actual number of respondents was 2,232, resulting in a **50.3%** response rate. The results presented in this report are based on responses from those 2,232 individuals.

Suggested Citation

American Speech-Language-Hearing Association. (2019). *ASHA 2019 SLP Health Care Survey: Workforce*. Available from www.asha.org

Survey Reports

Results from the *ASHA 2019 SLP Health Care Survey* are presented in a series of reports:

- Survey Summary
- Workforce
- Practice Issues
- Caseload Characteristics
- Annual Salaries
- Hourly and Per Home-Visit Wages
- Survey Methodology, Respondent Demographics, and Glossary

Supplemental Resources

American Speech-Language-Hearing Association. (n.d.-a). Careers. Available at www.asha.org/careers/

American Speech-Language-Hearing Association. (n.d.-b). Clinical personnel supply and demand in audiology and speech-language pathology. Available at www.asha.org/Research/Clinical-Workforce/

American Speech-Language-Hearing Association. (n.d.-c). Health care resources. Available at www.asha.org/slp/healthcare

Additional Information

For additional information regarding the *ASHA 2019 SLP Health Care Survey*, please contact Monica Sampson, director, Health Care Services in SLP, ext. 5686, msampson@asha.org; or Rebecca Politis, associate director, Health Care Services in SLP, ext. 5679, rpolitis@asha.org.

Thank You

ASHA would like to thank the SLPs who completed the *ASHA 2019 SLP Health Care Survey*. Reports like this one are possible only because people like *you* participate.

Is this information valuable to you? If so, please accept invitations to participate in other ASHA-sponsored surveys and focus groups. You are the experts, and we rely on you to provide data to share with your fellow members. ASHA surveys benefit *you*.

Appendix: State Listings and Data Tables

Regions of the Country

Northeast

- ◆ Middle Atlantic
 - New Jersey
 - New York
 - Pennsylvania
- ◆ New England
 - Connecticut
 - Maine
 - Massachusetts
 - New Hampshire
 - Rhode Island
 - Vermont

South

- ◆ East South Central
 - Alabama
 - Kentucky
 - Mississippi
 - Tennessee
- ◆ South Atlantic
 - Delaware
 - District of Columbia
 - Florida
 - Georgia
 - Maryland
 - North Carolina
 - South Carolina
 - Virginia
 - West Virginia
- ◆ West South Central
 - Arkansas
 - Louisiana
 - Oklahoma
 - Texas

Midwest

- ◆ East North Central
 - Illinois
 - Indiana
 - Michigan
 - Ohio
 - Wisconsin
- ◆ West North Central
 - Iowa
 - Kansas
 - Minnesota
 - Missouri
 - Nebraska
 - North Dakota
 - South Dakota

West

- ◆ Mountain
 - Arizona
 - Colorado
 - Idaho
 - Montana
 - Nevada
 - New Mexico
 - Utah
 - Wyoming
- ◆ Pacific
 - Alaska
 - California
 - Hawaii
 - Oregon
 - Washington

Table 1: Number of Locations, by Type of Facility

<p>9. How many locations do you work in during a typical week for your primary employer? <i>Do not include sites on the same campus or multiple employers. Select only one response. (Percentages)</i></p> <p>Analyses limited to respondents who met the following criteria:</p> <ul style="list-style-type: none"> ❖ CCC-SLP ❖ Employed full time or part time 							
Locations	Facility Type						
	All Facility Types (n = 2,170)	General Medical/VA/LTAC Hospital (n = 330)	Home Health/Client's Home (n = 363)	Outpatient Clinic/Office (n = 708)	Pediatric Hospital (n = 74)	Rehab Hospital (n = 179)	Skilled Nursing Facility (n = 482)
I work in 1 location.	59.6	78.8	7.4	63.4	74.3	86.0	69.7
I work in 2 locations.	15.1	17.3	3.0	18.9	18.9	11.2	17.0
I work in 3 locations.	5.5	3.0	2.5	7.6	5.4	2.2	6.8
I work in 4 or more locations.	3.7	0.9	4.7	4.5	1.4	0.6	5.2
I work in multiple locations through home health or EI.	16.1	0.0	82.4	5.5	0.0	0.0	1.2
		<p>Statistical significance: $\chi^2(20) = 1503.7, p = .000$, Cramer's V = .420 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.</p>					

Table 2: Job Market, by Type of Facility

4. Based on your own observations and experiences, rate the current job market for SLPs in your type of employment facility and in your geographic area. (Percentages)
 Analyses limited to respondents who met the following criteria:
 ❖ CCC-SLP
 ❖ Employed full time or part time

Observations	Facility Type						
	All Facility Types (n = 2,134)	General Medical/VA/LTAC Hospital (n = 327)	Home Health/Client's Home (n = 358)	Outpatient Clinic/Office (n = 693)	Pediatric Hospital (n = 72)	Rehab Hospital (n = 178)	Skilled Nursing Facility (n = 472)
More job openings than job seekers	32.8	18.3	49.2	37.5	16.7	17.4	31.4
Job openings and job seekers in balance	35.6	27.8	39.1	36.9	36.1	33.7	37.5
Fewer job openings than job seekers	31.6	53.8	11.7	25.5	47.2	48.9	31.1
		Statistical significance: $\chi^2(10) = 208.0$, $p = .000$, Cramer's $V = .223$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.					

Table 3: Funded, Unfilled Positions, by Type of Facility

3. Do you currently have funded, unfilled positions for SLPs at your facility? (Percentages) Analyses limited to respondents who met the following criterion: ❖ CCC-SLP							
Positions	Facility Type						
	All Facility Types	General Medical/VA/LTAC Hospital	Home Health/Client's Home	Outpatient Clinic/Office	Pediatric Hospital	Rehab Hospital	Skilled Nursing Facility
	<i>n</i> = 2,209	<i>n</i> = 330	<i>n</i> = 356	<i>n</i> = 707	<i>n</i> = 73	<i>n</i> = 180	<i>n</i> = 482
Yes	26.8	29.4	31.5	29.1	30.1	26.1	19.9
No	71.0	70.3	68.0	70.7	69.9	73.3	80.1
Not currently employed (SKIP to Q. 31.)	2.1	0.3	0.6	0.1	0.0	0.6	0.0
		Too many cells (33%) have an expected count of fewer than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
Recoded, deleting "Not currently employed" response							
	<i>n</i> = 2,162	<i>n</i> = 329	<i>n</i> = 354	<i>n</i> = 706	<i>n</i> = 73	<i>n</i> = 179	<i>n</i> = 482
Yes	27.4	29.5	31.6	29.2	30.1	26.3	19.9
No	72.6	70.5	68.4	70.8	69.9	73.7	80.1
		Statistical significance: $\chi^2(5) = 19.0$, $p = .002$, Cramer's $V = .095$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.					