



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

SLP HEALTH CARE SURVEY 2009



Workforce and Work Conditions

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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 2009. The survey was designed to provide information about health care-based service delivery and to update and expand information gathered during previous Omnibus and SLP Health Care Surveys. The results are presented in a series of reports.

This report is based on responses from SLPs in six types of health care facilities: general medical hospitals, rehabilitation (rehab) hospitals, pediatric hospitals, skilled nursing facilities (SNFs), home health agencies and clients' homes, and outpatient clinics and offices.

Overall Findings:

- ◆ 47% reported that job openings were more numerous than job seekers.
- ◆ 26% reported that they had funded, unfilled positions.
- ◆ SLPs in pediatric hospitals reported the highest mean number of student interns (5.1).
- ◆ 41% supported the use of SLP assistants, if their services could be reimbursed.
- ◆ 64% worked full-time.
- ◆ 24% were owners or co-owners of a private practice.
- ◆ Full-time SLPs spent between 5 and 6 hours per day on direct patient care.
- ◆ The median productivity requirement was 78%.
- ◆ 44% reported that their facility provided weekend service.
- ◆ 10% said professionals other than SLPs provided primary swallowing services.
- ◆ Increased caseload/workload/productivity was the most frequently occurring *undesirable* change during the past 12 months.
- ◆ 26% had felt pressured to engage in unethical activities.

Job Openings

Overall, 47% of the respondents stated that job openings were more numerous than job seekers. By facility, between 31% (pediatric hospitals) and 61% (home health agencies or clients' homes) selected this response when asked about the current job market (see Appendix, Table 1).

Geographic Division

When the country was divided into nine geographic divisions, more than half of the SLPs in the Pacific (57%), West South Central (51%), East North Central (51%), and New England (52%) areas declared that job openings were more numerous than job seekers (see Appendix, Table 2).



Population Density

The *lower* the population density, the *more* likely SLPs were to state that job openings were more numerous than job seekers. Specifically, 44% of those in metropolitan/urban areas, 48% in suburban areas, and 52% in rural areas gave this response ($p = .002$; not shown in appended tables).

Funded, Unfilled Positions

Overall, 26% of the SLPs responded that they had funded, unfilled positions at their facility. The range was from 20% in general medical hospitals to 36% working in home health agencies and clients' homes (see Appendix, Table 3).

Region of the country ($p = .094$), population density ($p = .916$), and years of experience ($p = .442$) had no effect on responses to this question.

Employment

Student Interns

Speech-language pathologists in *pediatric hospitals* reported having had the highest mean number of student interns during the past 12 months (5.1), followed by those in rehabilitation hospitals (2.8), general medical hospitals (1.8), outpatient clinics or offices (1.4), SNFs (0.7), and home health agencies and clients' homes (0.6, $p = .000$; not shown in appended tables).

SLP Assistants

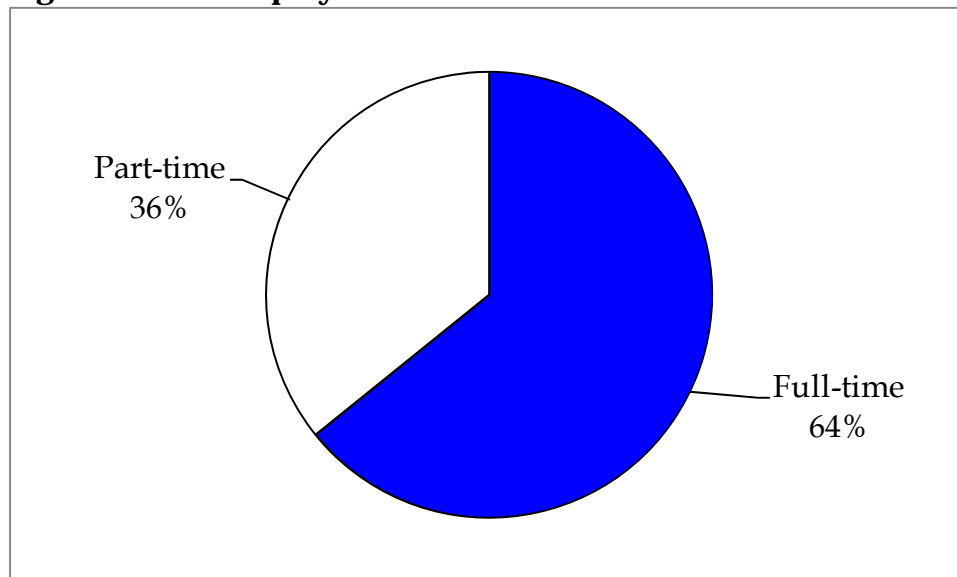
Overall, 41% of the SLPs said that they would support the use of SLP assistants in their facilities if their services could be reimbursed; 59% were not supportive. Support ranged from 32% in general medical hospitals to 49% in outpatient clinics or offices ($p = .000$). The range by *region* of the country was from 32% in the East North Central states to 50% in the South Atlantic area ($p = .000$).

Support tended to decrease as *years of experience* increased, but not in a straight line ($p = .015$). The highest level of support was from SLPs who had worked for 1-3 years (66%). *Population density* had no effect on responses to this item ($p = .106$; none of these data are shown in tables).

Full-Time/ Part-Time

Among the respondents to the survey who were employed, 64% worked full-time (see Figure 1).

Figure 1. SLPs Employed Full- or Part-Time



$n = 1,947$

Private Practice Owners

SLPs in SNFs (71%) were more likely to be employed full-time than were SLPs in other types of facilities. On the other hand, SLPs in pediatric hospitals were the most likely group to be employed part-time (44%; $p = .003$).

Overall, 24% of the SLPs in the survey reported that they were *owners or co-owners* of a private practice. The rate of ownership was highest in outpatient clinics and offices (47%) and lowest in rehab hospitals (7%, $p = .000$; not shown in appended tables).



Professional Services

Full-time SLPs worked an average of 8 (median) or 8.3 (mean) hours per day. Medians ranged from 8.0 hours in general medical and rehab hospitals, SNFs, and home health agencies and clients' homes to 9.0 hours in pediatric hospitals (see Appendix, Table 4).

Hours Worked per Day

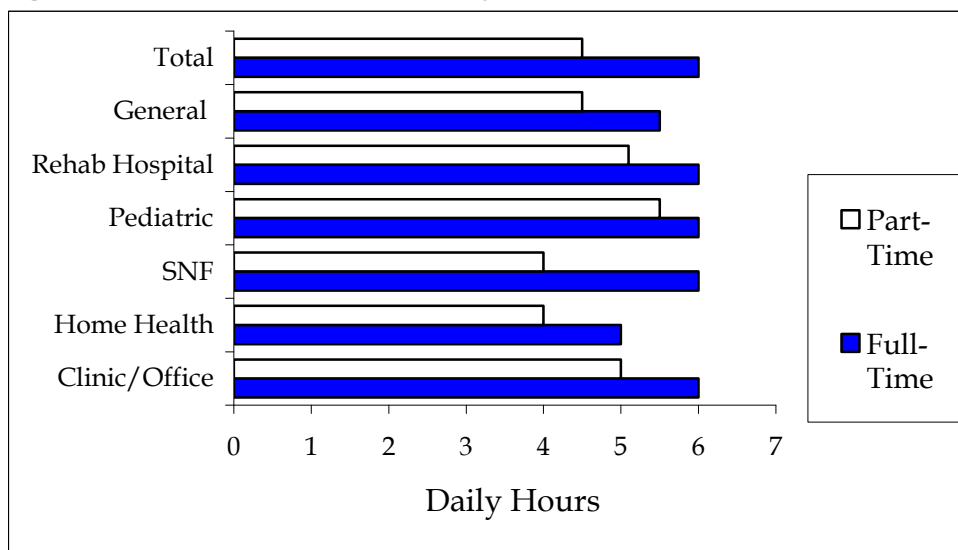
Part-time SLPs reported working an average of 6.3 hours (mean) or 6.5 hours (median) daily. Medians varied by type of facility:

- 5.5 hours (in SNFs)
- 6 hours (in home health agencies and clients' homes)
- 7 hours (in general medical and outpatient clinics and offices)
- 7.5 hours (in rehab hospitals)
- 8 hours (in pediatric hospitals; not shown in appended tables)

Direct Patient Care Hours

Full-time SLPs spent between 5 and 6 hours per day on direct patient care, with the lowest number of hours occurring in home health agencies and clients' homes. Their *part-time* counterparts spent between 4 and 5.5 hours daily, the smallest amount of time being in SNFs and home health agencies and clients' homes (see Figure 2).

Figure 2. Direct Patient Care Daily Hours (Median)



n = 1,222 full-time, 662 part-time

Productivity

Of the SLPs who worked either full-time or part-time, 59% reported that they had a productivity requirement at their facility. The percentage reporting a productivity requirement varied by type of facility – from 34% in home health agencies and clients’ homes to 86% in SNFs (see Appendix, Table 5).

The actual productivity requirement averaged 77% (mean) or 78% (median) and varied by *facility* ($p = .000$; see Appendix, Table 5), *region of the country* ($p = .007$), and *population density* ($p = .000$). The lowest mean by facility occurred in pediatric hospitals (69%) and the highest in SNFs (81%).

The lowest mean by region of the country was in New England (74%); the highest was in the West South Central area (80%). SLPs in rural areas had higher mean productivity requirements (79%) than their counterparts in either suburban (78%) or metropolitan (75%) areas (not in any tables).

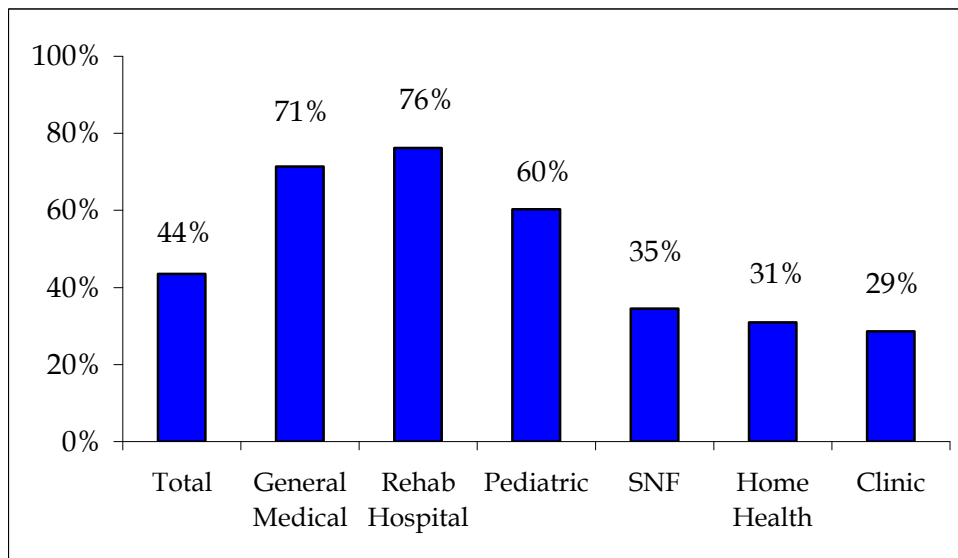


Weekend Service

Facility

Fewer than half (44%) of the respondents reported that their facility provided weekend service. Weekend service was provided most often in rehabilitation hospitals and least often in outpatient clinics and offices ($p = .000$; see Figure 3).

Figure 3. Percentage Providing Weekend SLP Service



$n = 1,900$

Responses also varied by region of the country ($p = .000$) and population density ($p = .000$; not in any tables). SLPs in Mountain states were most likely to work in facilities that provide weekend services (53%), whereas SLPs in Middle Atlantic, South Atlantic, and West South Central states were least likely (38%). Half (51%) of the SLPs in metropolitan areas worked in facilities with weekend services, compared with 40% of suburban and 34% of rural SLPs.

Dysphagia

When asked whether professionals other than SLPs provided primary swallowing services in their facility, an average of 10% said yes. Responses ranged from 3% to 16% in all facilities except for pediatric hospitals (47%; see Appendix, Table 6) and from 6% in rural areas to 12% in metropolitan/urban areas (see Appendix, Table 7). More SLPs in Mountain (18%) and Pacific (17%) states than in other regions reported that other professionals provided swallowing services ($p = .000$; not shown in any table).

Undesired Changes

Survey respondents were presented with a list of nine changes and asked to select all undesired changes that had happened to them during the past 12 months (see Table 1).

In five of the facility types, the most often selected response was “none of the changes.” The exception was pediatric hospitals, where increased caseload/workload/productivity was the most frequently selected response.

Table 1. Rank Order of Undesired Changes

Response	Total	Gen Med	Re-hab	Ped	SNF	HH	Clin
None of the changes	1	1	1	2	1	1	1
Increase in caseload/workload/productivity	2	2	2	1	2	2	2
Reduction in salary or benefits (without changes in hours)	3	3	3	3	6	3	3
Reduction in caseload/workload/productivity	4	4	5	5	5	7	4
Reduction in work hours	5	5	4	5	4	5	5
Increase in the number of sites served	6	6	9	7	3	4	7
Increase in work hours	7	7	5	4	7	5	6
Conversion from salaries to hourly or PRN pay	8	8	7	9	8	8	8
Job loss/layoff	9	9	7	7	9	8	10
Replacement by support personnel	10	10	10	9	10	8	9

n = 2,064

On average, 26% of the SLPs said that they had experienced an *increase in caseload/workload/productivity*. The range was from 19% in home health and clients’ homes to 44% in pediatric hospitals. A *reduction in salary or benefits* (without changes in hours) was reported by between 9% of SLPs in SNFs and 25% in pediatric hospitals. Fewer than 3% of the SLPs in any facility had been replaced by *support personnel* (see Appendix, Table 8).

Billing Medicare

The initial mailing of the survey took place 4 months before changes in Medicare billing were to take effect. SLPs were asked which of three Medicare billing possibilities best described them:

- 85% said they had no plans to become Medicare providers.
- 8% said they would begin seeing Medicare patients in their private practice.
- 7% said they would become private practitioners to treat Medicare patients.

Responses varied by both type of facility ($p = .000$) and population density ($p = .017$; not shown in any table).

- SLPs in *outpatient clinics or offices* were more likely than those in other facilities to suggest that they would begin seeing Medicare patients in their private practice (18%). *Rural* SLPs were more likely than others to make this statement as well (13%).
- SLPs in *SNFs* and *home health agencies or clients' homes* were slightly more likely than others to state that they would become private practitioners (9%).

Ethics

When asked whether they'd felt pressured by an employer or supervisor during the past 12 months to engage in unethical activities, 74% of the SLPs said that they had not.

- 2% had felt pressured to bill inappropriate codes;
- 4% had felt pressured to provide services for which they had inadequate training and/or experience;
- 4% had felt pressured to provide a specific type of treatment;
- 6% had felt pressured to provide services that were not clinically appropriate;
- 11% had felt pressured to provide inappropriate frequency or intensity of services;
- 2% had experienced pressure to engage in other unethical activities.

The highest single reported response in any facility, geographic region, or population density was for being asked to provide inappropriate frequency or intensity of services:

- 27% in *SNFs*
- 20% in the *East North Central* region
- 15% in *rural* areas

Dues

Most ASHA members pay for their own annual dues. However, some employers pay a part or all, and some SLPs own a private practice and pay dues as a business expense. What proportion of members fall into each category? With changes in the economy, have there been changes in who is paying?

Respondents were given four options to identify how their 2008 and 2009 dues had been paid:

- *Self*: I personally paid all dues.
- *Employer*: My company/ employer paid all dues.
- *Split*: I personally paid some, and my company/ employer paid the rest.
- *Business Expense*: Not applicable. I personally run the company, so both company and personal expenses are the same.

Who's Paying?

In both 2008 and 2009, nearly three quarters of the SLPs personally paid all of their dues (see Table 2).

Table 2. Source of Dues Payments, 2008 and 2009

Source	2008	2009
Self	71.3%	71.4%
Employer	18.1%	17.7%
Split	2.8%	2.9%
Business expense	7.8%	8.0%
<i>n</i>	2,049	2,032

Changes in Payment Source

Further analysis shows that for most SLPs, dues were paid by the *same* source in both 2008 and 2009. Specifically, 96% of the self group, 86% of the employer group, 82% of the split group, and 99% of the business expense group made no change from 2008 to 2009 (not shown in any table).

For the remaining SLPs, the most notable changes were:

- 13% of the 359 SLPs in the *employer* group in 2008 moved to the self group in 2009.
- 15% of the 55 SLPs who had *split* the cost of dues with their employer in 2008 moved to the self group in 2009.

Survey Notes and Method- ology

Response Rate

The 20-year-old ASHA Omnibus Survey has been retired, replaced by surveys specific to work settings and/or professions to better meet affiliates' needs. This 2009 ASHA SLP Health Care Survey is one of the replacements and melds topics from both the Omnibus Surveys and previous SLP Health Care Surveys.

The survey was mailed in March 2009 to a random sample of 4,000 ASHA-certified SLPs who were employed in health care settings in the United States. Second (April) and third (May) mailings followed, at approximately 3- or 4-week intervals, to individuals who had not responded to earlier mailings.

The sample was a random sample, stratified by type of facility and by private practice. Small groups, such as pediatric hospitals, were oversampled. Therefore, where results are reported for all respondents ("total"), either in text or tables, they have been weighted to reflect the actual distribution of SLPs in each type of facility within ASHA. All other results, including the number of respondents (*n*) shown, are unweighted.

Of the original 4,000 SLPs in the sample, 11 were retired, 22 had bad addresses, 18 were not employed in the field, and 169 were employed in other types of facilities, leaving 3,780 possible respondents. The actual number of respondents was 2,064, resulting in a 54.6% response rate. The results presented in this report are based on responses from those 2,064 individuals.

Other Reports

Results from the 2009 SLP Health Care Survey are presented in a series of reports:

- Survey Summary Report
- Caseload Characteristics
- Workforce and Work Conditions
- Annual Salary Report
- Hourly and Per Visit Salary Report
- Private Practice Owners
- Survey Methodology, Respondent Demographics, and Glossary

Suggested Citation

American Speech-Language-Hearing Association. (2009). *ASHA SLP Health Care Survey 2009: Workforce and work conditions*. Rockville, MD: Author.

Supplemental Sources

American Speech-Language-Hearing Association. (2009). *Health care resources*. Available from www.asha.org/slp/healthcare/. (Members only)

American Speech-Language-Hearing Association. (2009). *Productivity*. Available from www.asha.org/slp/productivity.htm. (Members only)

American Speech-Language-Hearing Association. (2009). *Documentation*. Available from www.asha.org/slp/healthcare/documentation.htm. (Members only)

American Speech-Language-Hearing Association. (2009). *Recruitment and retention of SLPs in health care*. Available from www.asha.org/careers/recruitment/healthcare/.

Additional Information

For additional information regarding the SLP Health Care Survey 2009, please contact Amy Hasselkus, Associate Director of Health Care Services, at 800-498-2071, ext. 5686, ahasselkus@asha.org, or Janet Brown, Director of Health Care Services, at ext. 5679, jbrown@asha.org. To learn more about resources for ASHA members working in health care, visit ASHA's Web site at www.asha.org/members/slp/healthcare.

Thank You

ASHA would like to thank the SLPs who completed the 2009 Health Care Survey. Reports like this one are only possible because people like *you* participated.

Is this information valuable to you? If so, please accept the invitation 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: Job Market by Type of Facility

Q. 3 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							
Job Market	Total	General Medical	Rehab Hospital	Pediatric Hospital	SNF	Home Health/ Client's Home	Outpatient Clinic/ Office
	(n = 1,864)	(n = 368)	(n = 143)	(n = 65)	(n = 437)	(n = 286)	(n = 534)
Job openings more numerous than job seekers	46.8	34.2	35.0	30.8	56.3	60.8	47.4
Job openings in balance with job seekers	34.0	36.1	39.2	40.0	30.4	26.6	35.2
Job openings fewer than job seekers	19.2	29.6	25.9	29.2	13.3	12.6	17.4
Statistical significance	$\chi^2(10) = 91.8, p = .000, \text{Cramer's } V = .158$						

Table 2: Job Market by Geographic Division

<p>Q. 3 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</p>				
	Job Market			
Geographic Division	Job openings more numerous than job seekers	Job openings in balance with job seekers	Job openings fewer than job seekers	<i>n</i>
New England	51.8	38.4	9.8	112
Middle Atlantic	42.0	33.3	24.7	255
East North Central	50.5	30.3	19.2	317
West North Central	42.6	39.7	17.6	136
South Atlantic	44.9	34.8	20.3	374
East South Central	30.8	42.1	27.1	107
West South Central	51.1	32.1	16.8	190
Mountain	47.4	37.9	14.7	116
Pacific	57.4	25.3	17.3	249
Statistical significance	$\chi^2(16) = 42.8, p = .000, \text{Cramer's } V = .107$			

Table 3: Funded, Unfilled Positions by Type of Facility

Q. 2 Do you currently have funded, unfilled positions for SLPs at your facility? (Percentages) Analyses limited to respondents who met the following criteria: ❖ CCC-SLP ❖ Employed full-time or part-time							
Funded, Unfilled Positions	Total	General Medical	Rehab Hospital	Pediatric Hospital	SNF	Home Health/ Client's Home	Outpatient Clinic/ Office
	(n = 1,926)	(n = 381)	(n = 146)	(n = 67)	(n = 445)	(n = 285)	(n = 551)
Yes	26.4	20.2	26.7	32.8	25.4	36.1	24.5
No	73.6	79.8	73.3	67.2	74.6	63.9	75.5
Statistical significance	$\chi^2(5) = 24.2, p = .000, \text{Cramer's } V = .114$						

Table 4: Daily Hours Worked by Type of Facility, Full-Time

Q. 16 How many hours do you work in a typical <u>DAY</u> ? Round to the nearest half hour.							
Analyses limited to respondents who met the following criteria:							
❖ CCC-SLP							
❖ Employed full-time							
❖ Worked at least 1 hour/day							
Hours Per Day	Total	General Medical	Rehab Hospital	Pediatric Hospital	SNF	Home Health/ Client's Home	Outpatient Clinic/ Office
	(n = 1,225)	(n = 225)	(n = 93)	(n = 37)	(n = 317)	(n = 175)	(n = 358)
Mean	8.3	8.3	8.3	8.8	8.2	8.1	8.6
Standard deviation	1.2	1.1	1.0	1.2	1.1	1.5	1.3
Median	8.0	8.0	8.0	9.0	8.0	8.0	8.3
Mode	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Statistical significance	$F(5, 1199) = 7.7, p = .000$						

Table 5: Productivity Requirement by Type of Facility

Q. 18 Does your facility have a productivity requirement? (Percentages)							
Analyses limited to respondents who met the following criteria:							
❖ CCC-SLP							
❖ Employed full-time or part-time							
Response	Total	General Medical	Rehab Hospital	Pediatric Hospital	SNF	Home Health/ Client's Home	Outpatient Clinic/ Office
	(n = 1,915)	(n = 381)	(n = 148)	(n = 68)	(n = 447)	(n = 291)	(n = 552)
Yes	59.0	67.5	73.6	85.3	86.1	34.4	33.5
No	41.0	32.5	26.4	14.7	13.9	65.6	66.5
Statistical significance	$\chi^2(5) = 397.4, p = .000, \text{Cramer's } V = .459$						
Q. 19 Indicate the productivity requirement at your facility. (Percentages)							
Analyses limited to respondents who met the following criteria:							
❖ CCC-SLP							
❖ Employed full-time or part-time							
❖ Yes to Q. 18							
	(n = 1,012)	(n = 257)	(n = 109)	(n = 58)	(n = 385)	(n = 100)	(n = 185)
Mean	76.7	74.8	77.6	68.6	80.9	73.9	74.1
Standard deviation	10.8	10.9	12.9	9.8	6.8	14.6	11.5
Median	78.0	75.0	80.0	65.0	80.0	75.0	75.0
Mode	80.0	75.0	80.0	75.0	80.0	80.0	80.0
Statistical significance	$F(5, 995) = 25.2, p = .000$						

Table 6: Dysphagia Services by Type of Facility

<p>Q. 21 In your facility, do any professionals other than SLPs provide primary swallowing services (e.g., assessment, treatment, instrumental studies)? (Percentages)</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 							
Response	Total	General Medical	Rehab Hospital	Pediatric Hospital	SNF	Home Health/ Client's Home	Outpatient Clinic/ Office
	(n = 1,894)	(n = 381)	(n = 147)	(n = 66)	(n = 443)	(n = 283)	(n = 545)
Yes	10.3	9.2	5.4	47.0	2.9	15.9	11.2
No	89.7	90.8	94.6	53.0	97.1	84.1	88.8
Statistical significance	$\chi^2(5) = 135.8, p = .000, \text{Cramer's } V = .270$						

Table 7: Dysphagia Services by Population Density

<p>Q. 21 In your facility, do any professionals other than SLPs provide primary swallowing services (e.g., assessment, treatment, instrumental studies)? (Percentages)</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 				
Response	Total	Metropolitan/urban	Suburban	Rural
	(n = 1,894)	(n = 745)	(n = 815)	(n = 312)
Yes	10.3	12.2	10.1	6.1
No	89.7	87.8	89.9	93.9
Statistical significance	$\chi^2(2) = 9.0, p = .011, \text{Cramer's } V = .069$			

Table 8: Undesired Changes by Type of Facility

Q. 6 During the past 12 months, which of the following UNdesired changes happened to you? (Select all that apply.)
 (Columns may total more than 100% because multiple responses were allowed.) (Percentages)
 Analyses limited to respondents who met the following criteria:
 ❖ CCC-SLP

Change	Total	General Medical	Rehab Hospital	Pediatric Hospital	SNF	Home Health/ Client's Home	Outpatient Clinic/ Office
	(n = 2,064)	(n = 384)	(n = 148)	(n = 68)	(n = 452)	(n = 301)	(n = 564)
Job loss/layoff *	2.7	3.1	4.7	1.5	4.0	2.3	0.7
Reduction in work hours	10.0	9.9	10.1	5.9	13.1	8.0	11.2
Increase in work hours	7.7	6.8	6.1	7.4	8.8	8.0	9.9
Reduction in salary or benefits (without changes in hours) **	13.7	14.8	16.2	25.0	9.3	15.0	16.1
Conversion from salaries to hourly or PRN pay *	3.5	3.9	4.7	0.0	5.8	2.3	2.7
Increase in the number of sites served ***	9.9	8.6	4.1	1.5	17.9	10.6	7.3
Reduction in caseload/ workload/ productivity **	11.3	11.5	6.1	5.9	12.4	7.0	15.6
Increase in caseload/ workload/ productivity ***	26.4	26.6	36.5	44.1	31.6	19.3	23.4
Replacement by support personnel	1.2	0.5	0.7	0.0	1.1	2.3	2.3
None of the above **	42.2	40.9	41.2	32.4	35.8	49.5	39.4

* $p < .05$, ** $p < .01$, *** $p = .000$