



ASHA
Speech-Language Pathology
Dedicated to Advancing the Profession
of Speech-Language Pathology

SLP HEALTH CARE 2023 SURVEY

Workforce

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Contents

Executive Summary	1
Employment Status	2
Number of Employers	2
Years of Experience	3
Job Openings	3
Geographic Area	3
Function	4
Facility	4
Population Density	4
Funded, Unfilled Positions	5
Satisfaction With ASHA.....	5
Facility	5
Years of Experience	5
Pressure From Employers or Supervisors	6
Facility	6
Years of Experience	7
Geographic Area	7
Survey Notes and Methodology	8
Response Rate.....	8
Survey Reports	8
Suggested Citation	8
Supplemental Resources	9
Additional Information	9
Thank You	9
Appendix: State Listings and Data Tables	10
Regions of the Country.....	11
Appendix Table 1: Job Market, Clinical Service Providers, by Type of Facility ...	12
Appendix Table 2: Pressured, All Respondents, by Type of Facility	13
Figures	
Figure 1: SLPs Employed Full Time or Part Time	2
Figure 2: Satisfaction With ASHA (<i>Good</i>), by Years of Experience	6
Table	
Table 1: Years of Experience for Clinical Service Providers, by Facility	3

Executive Summary

The American Speech-Language-Hearing Association (ASHA) conducted a survey of speech-language pathologists (SLPs) in the spring of 2023. 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.

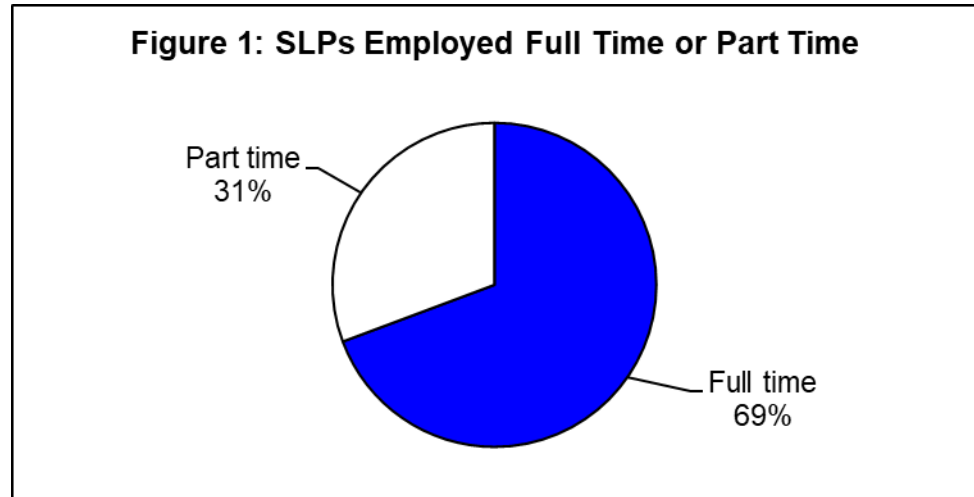
This report addresses only questions on the survey pertaining to workforce issues. Data are drawn from six categories of health care facilities: general medical, Veterans Affairs (VA), military, or long-term acute care (LTAC) hospitals; home health agencies or clients' homes; outpatient clinics or offices; pediatric hospitals; rehabilitation (rehab) hospitals; and skilled nursing facilities (SNFs) or subacute care facilities. We did not present data for table cells with fewer than 25 respondents.

Highlights

- 69% of the SLPs worked full time.
- The median number of years of experience for SLPs was 14 years; the mean was 16 years.
 - The median number of years of experience was highest in home health agencies or client's homes (16 years) and was lowest in rehab hospitals (11 years).
- 57% of the SLPs reported that there were more job openings than job seekers.
 - Job openings varied by function, facility, geographic area, and population density.
- 46% of clinical service providers had funded, unfilled positions for SLPs at their facility.
 - 61% in pediatric hospitals had funded, unfilled positions.
- 45% of SLPs said that ASHA was doing a *good* or *excellent* job serving SLPs who work in health care.
- 32% of SLPs in SNFs had been pressured to provide group therapy when individual therapy was appropriate.

Employment Status

Among all the respondents to the survey who were employed, 69% worked full time (see Figure 1).



Note. $n = 1,672$.

Employment function, primary employment facility, and years of experience had an effect on status. Respondents who were employed full time included:

- 66% of the SLPs who were primarily clinical service providers, 93% who were primarily administrators or supervisors but did see some patients, and 97% who were exclusively administrators or supervisors ($p = .000$).
- 58% of the SLPs who were employed in general medical, VA, military, LTAC, or university hospitals; 64% in home health agencies or clients' homes; 67% in rehab hospitals; 72% in outpatient clinics or offices; 74% in pediatric hospitals; and 76% in SNFs ($p = .000$).
- Between 83% of SLPs who had 1–5 years of experience and 58% who had 31 or more years of experience ($p = .000$).

The area of the country where they were employed, population density, and highest earned degree did not have an effect on status.

Number of Employers

The average number of employers for whom clinical service providers worked either full time or part time in a typical month was small; that is, they worked for a median of 1 and a mean of 1.5 employers. The type of facility, the area of the country where they were employed, and population density did not have an effect on the number of their employers.

Years of Experience

Overall, the median number of years of experience that SLPs reported having in the profession was 14 years, and the mean was 16 years. For clinical service providers, the median was 13 years, and the mean was 16. For SLPs who were primarily administrators or supervisors but who saw some patients, the median was 18 years, and the mean was 19 years; and for SLPs who were exclusively administrators or supervisors, the median was 17 years, and the mean was 20 years ($p = .001$).

Years of experience for clinical service providers varied by the type of facility where they were employed ($p = .000$; see Table 1).

	Median	Mean
General medical, VA, military, LTAC, or university hospital	12.0	14.9
Home health agency or client’s home	15.5	18.0
Outpatient clinic or office	12.0	14.6
Pediatric hospital	13.0	15.0
Rehab hospital	11.0	14.8
Skilled nursing facility	15.0	17.6

Note. $n = 1,423$. VA = Veterans Affairs; LTAC = long-term acute care.

Job Openings

Among the SLPs who were employed full time or part time, 57% said that there were more job openings than job seekers in their type of employment facility and in their geographic area, 26% said that job openings and job seekers were in balance, and 17% said that there were fewer job openings than job seekers. Responses for SLPs who were employed full- or part time varied by employment function, facility, area of the country, and population density.

Geographic Area

When the country was divided into nine geographic divisions, more clinical service providers in every geographic area selected the same response: *more job openings than job seekers*. Specifically, this option was selected by 46% of the SLPs in Middle Atlantic and East South Central states, 55% in West South Central and East North Central states, 58% in West North Central states, 59% in Pacific states, 61% in South Atlantic and Mountain states, and 65% in New England states ($p = .001$).

Function	<p>Employment function ($p = .016$):</p> <ul style="list-style-type: none"> • 3% of the SLPs who were exclusively administrators or supervisors, 14% who were primarily administrators or supervisors but saw some patients, and 17% who were primarily clinical service providers reported that there were fewer job openings than job seekers. • 56% who were either primarily clinical service providers or exclusively administrators or supervisors and 66% who were primarily administrators or supervisors but saw some patients reported that there were more job openings than job seekers. • 20% who were primarily administrators or supervisors but saw some patients, 27% who were primarily clinical service providers, and 42% who were exclusively administrators or supervisors reported that job openings and job seekers were in balance.
Facility	<p>Employment facility ($p = .000$; see Appendix Table 1):</p> <ul style="list-style-type: none"> • The range of SLPs who were primarily clinical service providers and reported that there were fewer job openings than job seekers was between 9% in home health agencies or clients' homes and 34% in rehab hospitals. • The range of clinical service providers who reported that there were more job openings than job seekers was between 42% in general medical, VA, military, LTAC, or university hospitals and 67% in home health agencies or clients' homes. • The range of clinical service providers who reported that job openings and job seekers were in balance was between 23% in rehab hospitals and 30% in pediatric hospitals.
Population Density	<p>Population density ($p = .002$):</p> <ul style="list-style-type: none"> • 10% of clinical service providers who were employed full time or part time in rural areas, 17% in suburban areas, and 21% in city or urban areas reported that there were fewer job openings than job seekers. • 51% in cities or urban areas, 58% in suburban areas, and 64% in rural areas reported that there were more job openings than job seekers. • 26% in suburban and rural areas and 28% in cities or urban areas reported that job openings and job seekers were in balance.

Funded, Unfilled Positions

Among the SLPs who were employed part- or full time, 47% said that they had funded, unfilled positions for SLPs at their facility.

- 46% of SLPs who were primarily clinical service providers, 53% who were primarily administrators or supervisors but saw some patients, and 61% who were exclusively administrators or supervisors reported that they had funded, unfilled positions for SLPs at their facility ($p = .045$).
- Among clinical service providers, the following reported that they had funded unfilled positions for SLPs at their facility ($p = .014$): 36% of SLPs in SNFs; 46% in home health agencies or clients' homes; 47% in general medical, VA, military, LTAC, or university hospitals, outpatient clinics or offices, and rehab hospitals; and 61% in pediatric hospitals.

Neither the area of the country nor population density where clinical service providers worked had an effect on whether there were funded, unfilled positions.

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, 16% of the respondents said *poor*, 39% said *fair*, 38% said *good*, and 7% said *excellent*. Employment function, population density, and area of the country were not significantly related to responses for clinical service providers, but employment facility and years of experience were.

Facility

Facility ($p = .000$):

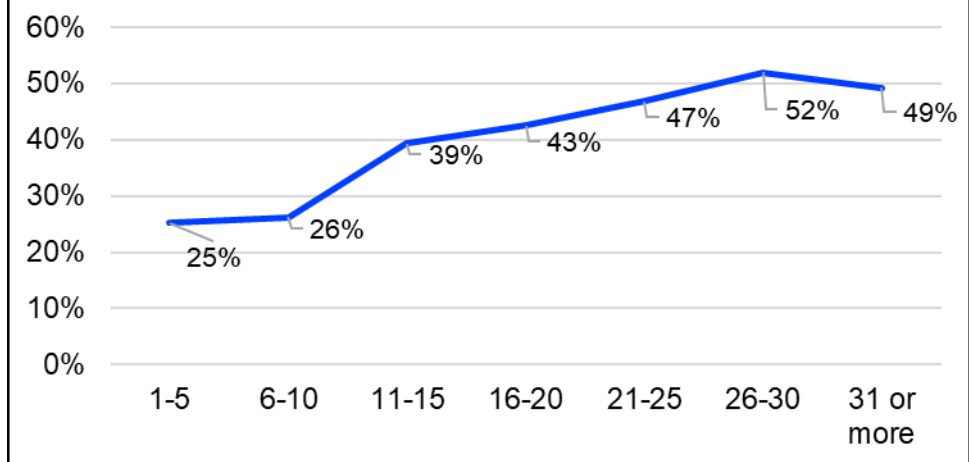
- Among clinical service providers, more SLPs who were employed in general medical, VA, military, LTAC, or university hospitals (38%), in outpatient clinics or offices (41%), in rehab hospitals (40%), in pediatric hospitals (47%), and in SNFs (43%) selected *fair* than any other response.
- Among clinical service providers, more SLPs who were employed in home health agencies or clients' homes (45%) selected *good* than any other response.

Years of Experience

Years of experience ($p = 000$):

- The percentage of clinical service providers who selected *good* nearly doubled as the number of years of experience increased from lowest to highest (see Figure 2).

Figure 2: Satisfaction With ASHA (Good), by Years of Experience



Note. $n = 1,450$.

Pressure From Employers or Supervisors

Survey respondents were presented with a list of six potential areas in which employers or supervisors could have exerted pressure. More than two-thirds (69%) said that they had not felt pressured. This response ranged from 46% in SNFs to 78% in pediatric hospitals ($p = .000$; see Appendix Table 2).

Facility

The type of facility in which SLPs worked either full time or part time was related to all six of the activities, and those in SNFs were the most likely group to have felt pressured with regard to five of the six activities.

- Overall, 10% said that they had been pressured to discharge inappropriately (e.g., early or delayed). The range was from 5% in outpatient clinics or offices to 28% in SNFs ($p = .000$).
- Overall, 10% said that they had been pressured to provide inappropriate frequency or intensity of services. The range was from 7% in outpatient clinics and offices and in home health agencies or clients' homes to 21% in SNFs ($p = .000$).
- Overall, 10% felt pressured to provide evaluation and treatment that were not clinically appropriate. The range was from 2% in pediatric hospitals to 25% 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 general medical, VA, military, LTAC, or university hospitals, in home health agencies or

clients' homes, and in rehab hospitals to 11% in outpatient clinics or offices ($p = .040$).

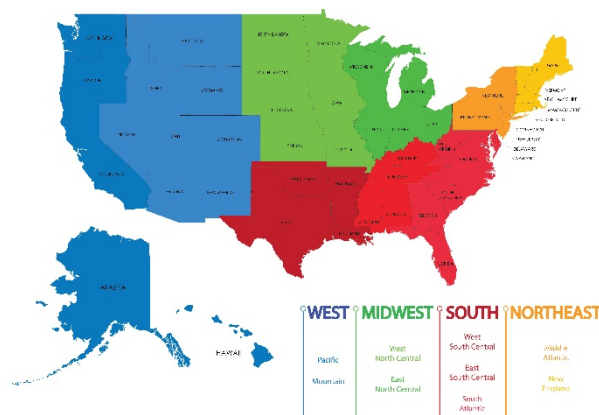
- Overall, 9% felt pressured to provide group therapy when individual therapy was appropriate. The range was from 2% in general medical, VA, military, LTAC, or university hospitals, in pediatric hospitals, and in home health agencies or clients' homes to 32% in SNFs ($p = .000$).
- Overall, 5% felt pressured to alter documentation for reimbursement. In SNFs, 11% selected this response compared with between 2% and 3% in other types of facilities ($p = .000$).

Years of Experience

Years of experience was significantly related to all six of the areas ($p = .000$ to $p = .040$). SLPs with fewer years of experience were more likely than those with more experience to report that they had been pressured. Conversely, SLPs with more experience were more likely to say they had not been pressured than were their counterparts with less experience ($p = .000$).

Geographic Area

Geographic area was related to one area. SLPs in the West (6%) were the least likely group to say they had been pressured to provide evaluation and treatment that were not clinically appropriate, followed by those in the Midwest (8%), South (11%), and Northeast (13%; $p = .013$).



Survey Notes and Methodology

The ASHA 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.

We fielded the survey via postal mail on February 2, March 9, and April 19, 2023, to a random sample of 5,000 ASHA-certified SLPs who were employed in health care settings in the United States. The sample was a random sample, stratified by type of facility. We oversampled small groups, such as pediatric hospitals. We used weighting when presenting data to reflect the actual distribution of SLPs in each type of facility.

Response Rate

Of the original 5,000 SLPs in the sample, 6 had retired, 42 had unusable addresses, and 89 were not currently employed in health care. The actual number of respondents was 1,677, resulting in a 34.5% response rate. The results presented in this report are based on responses from those 1,677 individuals.

Survey Reports

Results from the ASHA 2023 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

Suggested Citation

American Speech-Language-Hearing Association. (2023). ASHA 2023 SLP Health Care Survey: Workforce. www.asha.org.

Supplemental Resources

American Speech-Language-Hearing Association. (n.d.-a). *Career Transitions Mentorship Program (CTMP)*. www.asha.org/slp/career-transitions-mentorship-program/

American Speech-Language-Hearing Association. (n.d.-b). *Careers*. www.asha.org/careers/

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

American Speech-Language-Hearing Association. (n.d.-d). *Speech-language pathologists in health care settings*. www.asha.org/slp/healthcare

American Speech-Language-Hearing Association. (2023). *Annual workforce data: 2022 ASHA-certified audiologist- and speech-language pathologist-to-population ratios*. www.asha.org/research/memberdata/workforcereports/

Additional Information

For additional information regarding the *ASHA 2023 SLP Health Care Survey*, please contact Monica Sampson, director, Health Care Services in Speech-Language Pathology, 800-498-2071, ext. 5686, msampson@asha.org.

Thank You

ASHA would like to thank the SLPs who completed the *ASHA 2023 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

Appendix Table 1: Job Market, Clinical Service Providers, by Type of Facility

<p>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:</p> <ul style="list-style-type: none"> ❖ CCC-SLP ❖ Employed full time or part time ❖ Primarily clinical service provider 							
Job Market	Facility Type						
	All Facility Types (n = 1,445)	General/VA/ Military/ LTAC/ University Hospital (n = 198)	Home Health/ Client's Home (n = 247)	Outpatient Clinic/Office (n = 553)	Pediatric Hospital (n = 44)	Rehab Hospital (n = 88)	Skilled Nursing Facility (n = 254)
More job openings than job seekers	56.1	42.4	67.2	56.4	54.5	43.2	57.5
Job openings and job seekers in balance	26.7	25.3	23.5	29.1	29.5	22.7	27.2
Fewer job openings than job seekers	17.2	32.3	9.3	14.5	15.9	34.1	15.4
	Statistical significance: $\chi^2(10) = 69.4, p = .000$, Cramer's $V = .158$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.						

Appendix Table 2: Pressured, All Respondents, by Type of Facility

<p>18. Since January 2022, have you felt pressured by an employer or supervisor to engage in any of the following activities? <i>Select all that apply.</i> (Percentages; we changed the order of responses from alphabetic to descending order of frequencies.) Analyses limited to respondents who met the following criteria:</p> <ul style="list-style-type: none"> ❖ CCC-SLP ❖ Employed full time or part time 							
Pressure	Facility Type						
	All Facility Types (n = 1,672)	General Medical/VA/LTAC/University Hospital (n = 223)	Home Health/Client's Home (n ≥ 276)	Outpatient Clinic/Office (n ≥ 652)	Pediatric Hospital (n = 50)	Rehab Hospital (n ≥ 104)	Skilled Nursing Facility/Subacute Care (n = 293)
Discharge inappropriately (e.g., early or delayed)	10.4	7.2	8.7	4.6	6.0	9.6	27.6
	Statistical significance: $\chi^2(5) = 123.0, p = .000$, Cramer's $V = .277$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.						
Provide inappropriate frequency or intensity of services	10.3	8.1	7.2	6.9	12.0	12.4	20.8
	Statistical significance: $\chi^2(5) = 48.4, p = .000$, Cramer's $V = .174$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.						
Provide evaluation and treatment that are not clinically appropriate	9.5	9.4	4.3	4.4	2.0	13.3	24.9
	Statistical significance: $\chi^2(5) = 115.3, p = .000$, Cramer's $V = .268$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.						
(Question 18 continues on next page.)							

18. (cont'd) Since January 2022, have you felt pressured by an employer or supervisor to engage in any of the following activities?
Select all that apply. (Percentages; we changed the order of responses from alphabetic to descending order of frequencies.)
 Analyses limited to respondents who met the following criteria:
 ❖ CCC-SLP
 ❖ Employed full time or part time

Pressure	Facility Type						
	All Facility Types (n = 1,672)	General Medical/VA/ LTAC/ University Hospital (n = 223)	Home Health/ Client's Home (n ≥ 276)	Outpatient Clinic/Office (n ≥ 652)	Pediatric Hospital (n = 50)	Rehab Hospital (n ≥ 104)	Skilled Nursing Facility/ Subacute Care (n = 293)
Provide services for which you had inadequate training and/or experience	8.7	6.3	5.8	11.3	8.0	5.7	8.5
	Statistical significance: $\chi^2(5) = 11.6$, $p = .040$, Cramer's $V = .085$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.						
Provide group therapy when individual therapy was appropriate	8.7	2.2	1.8	3.8	2.0	8.6	32.1
	Statistical significance: $\chi^2(5) = 252.5$, $p = .000$, Cramer's $V = .397$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.						
Alter documentation for reimbursement	4.6	2.7	3.3	2.9	2.0	1.9	11.3
	Statistical significance: $\chi^2(5) = 41.1$, $p = .000$, Cramer's $V = .160$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.						
Did not feel pressured	69.1	74.9	77.2	74.5	78.0	69.2	46.1
	Statistical significance: $\chi^2(5) = 96.2$, $p = .000$, Cramer's $V = .245$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.						

8/16/23