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

**Figure 1: SLPs Employed Full Time or Part Time**

- **Part time**: 31%
- **Full time**: 69%

*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.

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.
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).

### Table 1. Years of Experience for Clinical Service Providers, by Facility

<table>
<thead>
<tr>
<th>Facility</th>
<th>Median</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>General medical, VA, military, LTAC, or university hospital</td>
<td>12.0</td>
<td>14.9</td>
</tr>
<tr>
<td>Home health agency or client’s home</td>
<td>15.5</td>
<td>18.0</td>
</tr>
<tr>
<td>Outpatient clinic or office</td>
<td>12.0</td>
<td>14.6</td>
</tr>
<tr>
<td>Pediatric hospital</td>
<td>13.0</td>
<td>15.0</td>
</tr>
<tr>
<td>Rehab hospital</td>
<td>11.0</td>
<td>14.8</td>
</tr>
<tr>
<td>Skilled nursing facility</td>
<td>15.0</td>
<td>17.6</td>
</tr>
</tbody>
</table>

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

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.

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

Employment function \((p = .016)\):
- 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

Employment facility \((p = .000\); see Appendix Table 1):
- 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

Population density \((p = .002)\):
- 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

- 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

- 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).
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).

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
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 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.

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.

### Response Rate

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

Supplemental Resources


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

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
   - Primarily clinical service provider

<table>
<thead>
<tr>
<th>Job Market</th>
<th>Facility Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Facility Types</td>
</tr>
<tr>
<td></td>
<td>(n = 1,445)</td>
</tr>
<tr>
<td></td>
<td>General/VA/ Military/ LTAC/ University Hospital (n = 198)</td>
</tr>
<tr>
<td></td>
<td>Home Health/ Client’s Home (n = 247)</td>
</tr>
<tr>
<td></td>
<td>Outpatient Clinic/Office (n = 553)</td>
</tr>
<tr>
<td></td>
<td>Pediatric Hospital (n = 44)</td>
</tr>
<tr>
<td></td>
<td>Rehab Hospital (n = 88)</td>
</tr>
<tr>
<td></td>
<td>Skilled Nursing Facility (n = 254)</td>
</tr>
<tr>
<td>More job openings than job seekers</td>
<td>56.1</td>
</tr>
<tr>
<td>Job openings and job seekers in balance</td>
<td>26.7</td>
</tr>
<tr>
<td>Fewer job openings than job seekers</td>
<td>17.2</td>
</tr>
</tbody>
</table>

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

18. 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

<table>
<thead>
<tr>
<th>Pressure</th>
<th>Facility Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General Medical/VA/LTAC/University Hospital (n = 223)</td>
</tr>
<tr>
<td>Discharge inappropriately (e.g., early or delayed)</td>
<td>10.4</td>
</tr>
<tr>
<td>Provide inappropriate frequency or intensity of services</td>
<td>10.3</td>
</tr>
<tr>
<td>Provide evaluation and treatment that are not clinically appropriate</td>
<td>9.5</td>
</tr>
</tbody>
</table>

Statistical significance: $\chi^2(5) = 123.0$, $p = .000$, Cramer’s $V = .277$
Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.

Statistical significance: $\chi^2(5) = 48.4$, $p = .000$, Cramer’s $V = .174$
Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.

Statistical significance: $\chi^2(5) = 115.3$, $p = .000$, Cramer’s $V = .268$
Conclusion: 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

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