Workforce and Practice Issues

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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 2015. 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 and practice issues. Data are drawn from six types of health care facilities: general medical, Veterans Affairs (VA), and long-term acute care (LTAC) hospitals; rehabilitation (rehab) hospitals; pediatric hospitals; skilled nursing facilities (SNFs); home health agencies and clients’ homes; and outpatient clinics and offices.

**Highlights:**

- 62% of SLPs worked full-time.
- 32% reported that job openings were more numerous than job seekers, with the highest rate reported by SLPs who worked in home health agencies and clients’ homes (48%).
- 27% reported that their facilities had funded, unfilled positions.
- 65% felt more challenged in 2014 than they did in 2013 to demonstrate the value of their services.
- More than 80% of SLPs in rehab hospitals (82%), SNFs (83%), and pediatric hospitals (89%) had productivity requirements.
- The average productivity requirement was 80%, ranging from 68% in pediatric hospitals to 86% in SNFs.
- 42% said that meeting the productivity requirement was very important at their jobs.
- 32% typically performed “off the clock” work.
- 44% usually or always completed documentation at point of service.
- 20% felt pressured to provide inappropriate frequency or intensity of services.
- 17% provided treatment on a daily basis in collaboration with other professionals.
- 12% believed they were very qualified to address cultural and linguistic influences on service delivery and outcomes.
Among the respondents to the survey who were employed, 62% worked full-time (see Figure 1).

**Figure 1. SLPs Employed Full- or Part-Time**

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>62%</td>
<td>38%</td>
</tr>
</tbody>
</table>

\( n = 1,719 \)

Being employed full- or part-time did not vary significantly by the type of facility where SLPs were employed (\( p = .050 \)).

Overall, 32% of respondents stated that job openings were more numerous than job seekers. By facility, between 17% (general medical, VA, and LTAC hospitals) and 48% (home health agencies and clients’ homes; \( p = .000 \)) selected this response when asked about the current job market (see Appendix, Table 1).

When the country was divided into nine geographic divisions, more than one third of the SLPs in the West South Central (34%), Mountain (36%), South Atlantic (37%), and Pacific (41%) states declared that job openings were more numerous than job seekers (see Appendix for listing of states in each division and Table 2 for data).
Overall, 27% of the SLPs responded that they had funded, unfilled positions at their facilities. The range was from 24% in outpatient clinics and offices and SNFs to 33% in pediatric hospitals and home health agencies and clients’ homes ($p = .041$; see Appendix, Table 3).

SLPs in the Middle Atlantic states were least likely to report open positions (17%) whereas those in the West South Central and Mountain states were most likely (36%; $p = .000$; not shown in any table) to report openings.

Population density ($p = .002$) had an effect on the response SLPs made about whether there were funded, unfilled positions at their facilities. Those in rural areas were least likely (20%) to report openings, followed by SLPs in the suburbs (26%) and metropolitan/urban areas (30%).

The average (mean) number of positions eliminated during 2014 was 0.2. When respondents who said that no positions had been eliminated from their facilities were removed from the analysis, the mean number of eliminated positions was 1.4, and the median was 1.0. The type of facility where SLPs worked did not have an effect on their answers ($p = .058$).

A total of 69% said that ASHA was doing a good or excellent job in serving its speech-language pathology members who work in health care facilities (see Figure 2).

**Figure 2. Satisfaction With ASHA**

- **Excellent**: 12%
- **Good**: 57%
- **Fair**: 27%
- **Poor**: 4%

$n = 1,791$
Nearly two thirds (65%) of the SLPs reported that they felt more challenged in 2014 than they had in 2013 to demonstrate the value of their services to administrators, clinicians, or payers. Their responses did not vary by type of facility where they worked ($p = .176$) but did by geographic area ($p = .033$; see Figure 3).

**Figure 3. More Challenged in 2014 to Demonstrate Value of Services**

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast</td>
<td>64%</td>
</tr>
<tr>
<td>Midwest</td>
<td>61%</td>
</tr>
<tr>
<td>South</td>
<td>69%</td>
</tr>
<tr>
<td>West</td>
<td>61%</td>
</tr>
</tbody>
</table>

$n = 1,538$

SLPs selected up to four resources that could assist them in demonstrating their value.

- 63% selected outcomes data that demonstrate improvement resulting from speech-language pathology services.
- 33% selected educational sessions on how to negotiate with payers/administrators.
- 28% chose educational sessions on how to gather data to demonstrate value.
- 22% selected networking with others on this topic.
- 11% said none of the four would be helpful.
Productivity requirements were most commonly reported in pediatric hospitals, SNFs, and rehab hospitals ($p = .000$; see Figure 4).

**Figure 4. Percentage of Facilities With a Productivity Requirement**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic/Office</td>
<td>51%</td>
</tr>
<tr>
<td>Home Health</td>
<td>34%</td>
</tr>
<tr>
<td>SNF</td>
<td>83%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>89%</td>
</tr>
<tr>
<td>Rehab</td>
<td>82%</td>
</tr>
<tr>
<td>Gen Med/VA/LTAC</td>
<td>60%</td>
</tr>
</tbody>
</table>

$n = 1,537$

The average (mean) productivity requirement was 80%, ranging from a low of 68% in pediatric hospitals to a high of 86% in SNFs ($p = .000$; see Figure 5).

**Figure 5. Productivity Percentage Required by Type of Facility**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic/Office</td>
<td>76%</td>
</tr>
<tr>
<td>Home Health</td>
<td>79%</td>
</tr>
<tr>
<td>SNF</td>
<td>86%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>68%</td>
</tr>
<tr>
<td>Rehab</td>
<td>80%</td>
</tr>
<tr>
<td>Gen Med/VA/LTAC</td>
<td>80%</td>
</tr>
</tbody>
</table>

$n = 827$

Combining data from Figures 4 and 5, 51% of SLPs in clinics or offices, for example, had a productivity requirement (Figure 4), and the average productivity requirement for that group was 76% (Figure 5).
SLPs who reported that they had a productivity requirement were asked to use a 5-point scale to estimate how important the productivity requirement was at their jobs. More than three fourths of the respondents indicated it was of high importance by selecting 4 or 5. Fewer than 1% selected not at all important.

**Figure 6. Importance of Productivity Requirement**

<table>
<thead>
<tr>
<th>Importance Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Of no importance</td>
<td>0.4%</td>
</tr>
<tr>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>3 (Midpoint)</td>
<td>20%</td>
</tr>
<tr>
<td>4</td>
<td>34%</td>
</tr>
<tr>
<td>5 Extremely important</td>
<td>42%</td>
</tr>
</tbody>
</table>

$n = 897$

SLPs could select which of five activities counted toward their productivity calculation when patients were not present.

- The option clinical team meetings (20%) was selected by more respondents than any of the other activities.
  - SLPs in cities or urban areas (25%) were more likely than those in suburban (17%) or rural (18%) area to select this option ($p = .013$).
- Documentation was selected by 19% of the SLPs.
- The option in-services or informal staff training was selected by 18%.
  - SLPs in the Northeast (9%) were much less likely to select this option than were those in other regions of the country (17% in the South, 21% in the Midwest, and 22% in the West; $p = .004$).
- The option care coordination activities was selected by 13%.
- The option other clinical activities (e.g., preparing materials, communication boards) was selected by 11%.

Hourly employees were asked if they ever performed “off the clock” work. Nearly one third (32%) said that they typically did this daily. The type of facility where they worked had an effect on their responses ($p = .000$).

- 52% of hourly employees in pediatric hospitals said that they never did this.
- The range of those who typically do it a few times a week was between 15% in general medical/VA/LTAC hospitals and 24% in outpatient clinics and offices.
- The range for doing it a few times a month was from 3% of SLPs in pediatric hospitals to 26% in SNFs.
The distribution of how often SLPs completed documentation at point of service, with the patient present, was fairly even (see Figure 7).

**Figure 7. Completion of Documentation at Point of Service**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>13%</td>
</tr>
<tr>
<td>Usually</td>
<td>31%</td>
</tr>
<tr>
<td>Rarely</td>
<td>33%</td>
</tr>
<tr>
<td>Never</td>
<td>23%</td>
</tr>
</tbody>
</table>

\[ n = 1,527 \]

The range of SLPs who always complete documentation at point of service was between 3% in general medical/VA/LTAC hospitals and 23% in home health agencies and clients’ homes \( (p = .000) \); not shown in any table).

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, 62% said that they had not been pressured. This response ranged from 40% in SNFs to 81% in pediatric hospitals \( (p = .000) \).

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

- Overall, 20% felt pressured to provide inappropriate frequency or intensity of services. The range was from 6% in pediatric hospitals to 41% in SNFs \( (p = .000) \).
- Overall, 19% said they’d been pressured to discharge inappropriately (e.g., early or delayed). The range was from 9% in pediatric hospitals to 43% in SNFs \( p = .000 \).
- Overall, 16% felt pressured to provide evaluation and treatment that were not clinically appropriate. The range was from 5% in outpatient clinics or offices to 37% in SNFs \( p = .000 \).
- Overall, 8% felt pressured to provide services for which they had inadequate training and/or experience. The range was from 5% in SNFs and rehab hospitals to 11% in general medical/VA/LTAC hospitals \( p = .045 \).
- Overall, 8% felt pressured to alter documentation for reimbursement. The range was from 3% in pediatric hospitals to 15% in SNFs \( p = .000 \).
Interprofessional collaboration was defined in the survey as occurring “when two or more individuals from different fields work together to provide comprehensive, integrated services (e.g., develop and implement a treatment plan collaboratively as a team) in a health care environment.” Respondents were asked if they had engaged in interprofessional collaborative practice, as defined, in their primary work settings during the past 12 months. Eighty percent of the SLPs said that they had. The type of facility where they worked had no effect on their responses ($p = .332$).

The SLPs who said “yes” were then asked to identify how frequently they engaged in interprofessional collaboration for each of five services using a 5-point scale where:

- **N** = Never
- **L** = Less often than monthly
- **M** = Monthly
- **W** = Weekly
- **D** = Daily

The service most likely to occur daily in collaboration with other professionals was treatment (17%). Documentation was the activity that was most likely to never occur collaboratively (38%; see Table 1).

### Table 1. Interprofessional Collaboration Frequency

<table>
<thead>
<tr>
<th>Service</th>
<th>N</th>
<th>L</th>
<th>M</th>
<th>W</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>24%</td>
<td>24%</td>
<td>21%</td>
<td>21%</td>
<td>10%</td>
</tr>
<tr>
<td>Treatment</td>
<td>6%</td>
<td>16%</td>
<td>24%</td>
<td>37%</td>
<td>17%</td>
</tr>
<tr>
<td>Documentation</td>
<td>38%</td>
<td>24%</td>
<td>15%</td>
<td>16%</td>
<td>7%</td>
</tr>
<tr>
<td>Interprofessional collaborative team meeting</td>
<td>4%</td>
<td>18%</td>
<td>29%</td>
<td>42%</td>
<td>7%</td>
</tr>
<tr>
<td>Patient/family meeting</td>
<td>6%</td>
<td>23%</td>
<td>27%</td>
<td>33%</td>
<td>11%</td>
</tr>
</tbody>
</table>

$n \geq 1,333$
The type of facility where SLPs work had an effect on each of the five services ($p = .000$):

- SLPs in general medical, VA, or LTAC hospitals were the group most likely to engage in collaborative assessment on a daily basis (22%), whereas SLPs in rehab hospitals were the group most likely to say they never did (32%).
- SLPs in pediatric hospitals were more likely than those in other types of facilities to engage in collaborative treatment on a daily basis (24%). However, they were also the most likely group to say they never did this (16%).
- SLPs in rehab hospitals and general medical, VA, or LTAC hospitals were the most likely to engage in collaborative documentation daily (15%), and SLPs in pediatric hospitals were the group most likely to never do this (46%).
- SLPs in general medical, VA, or LTAC hospitals were the most likely ones to engage daily in interprofessional collaborative team meetings (17%); those in clinics or offices were most likely to never do this (7%).
- SLPs in general medical, VA, or LTAC hospitals were more likely than those in other types of facilities to engage in daily patient/family meetings (16%), and those in clinics or offices, pediatric hospitals, as well as in general medical, VA, or LTAC hospitals were most likely to never do this (9% each).

The SLPs were asked to use a 5-point scale to describe how qualified they believed they were to address cultural and linguistic influences on service delivery and outcomes. Respondents were more likely to identify themselves as qualified (40%) than not (23%); see Figure 8.

**Figure 8. Qualified to Address Cultural and Linguistic Influences**

- 5 Very qualified 12%
- 4 28%
- 3 (Midpoint) 37%
- 2 17%
- 1 Not at all qualified 7%

$n = 1,711$

*Values of 7% and 17% were both rounded up.*
Clinical Approaches

Using an interpreter or cultural broker was a clinical approach used by half (50%) of the SLPs during the past 12 months when delivering services to address cultural and linguistic influences on communication. This choice was lowest among SLPs in SNFs (30%) and highest among those in pediatric hospitals (85%; $p = .000$).

Modifying assessment strategies and procedures was selected by 45% of SLPs, from 40% in SNFs to 57% in general medical, VA, or LTAC hospitals ($p = .001$).

Acquiring translated materials was the third most frequently selected approach: 31% of SLPs overall, from 26% in outpatient clinics and offices to 41% in pediatric hospitals ($p = .001$).

The fourth most frequently selected approach was referral to bilingual service providers (27%). SLPs in SNFs were least likely to make this choice (15%), and those in pediatric hospitals were most likely (59%; $p = .000$).

Translating therapy tools was an approach used by 24% of SLPs, from 17% in outpatient clinics or offices to 39% in rehab hospitals ($p = .000$).

Translating written materials, including consumer information, was selected by 22% of SLPs, from a low of 17% in outpatient clinics or offices to a high of 37% in rehab hospitals ($p = .000$).

Finally, nearly one quarter (24%) of the SLPs said that they had not used any of the six approaches during the past 12 months. The range was from 4% in pediatric hospitals to 33% in SNFs ($p = .000$).

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 mailed in February 2015 to a random sample of 4,000 ASHA-certified SLPs who were employed in health care settings in the United States. An e-mail reminder was sent a week later. Second (March) and third (April) 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. Weighting was used when presenting data to reflect the actual distribution of SLPs in each type of facility within ASHA.

Of the original 4,000 SLPs in the sample, 1 was deceased, 5 were retired, 14 had bad addresses, 42 were employed in other types of facilities, 6 were not employed in the field, and 5 were ineligible for other reasons, leaving 3,927 possible respondents. The actual number of respondents was 1,842, resulting in a 46.9% response rate. The results presented in this report are based on responses from those 1,842 individuals.
Results from the 2015 SLP Health Care Survey are presented in a series of reports:

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


Health care resources. [www.asha.org/slp/healthcare](http://www.asha.org/slp/healthcare)

Productivity. [www.asha.org/slp/productivity.htm](http://www.asha.org/slp/productivity.htm)

Documentation. [www.asha.org/slp/healthcare/documentation/](http://www.asha.org/slp/healthcare/documentation/)


Interprofessional education/interprofessional practice (IPE/IPP) resources [www.asha.org/Practice/IPE-IPP-Resources/](http://www.asha.org/Practice/IPE-IPP-Resources/)

For additional information regarding the 2015 SLP Health Care Survey, please contact Gennith Johnson, associate director, Health Care Services, at 800-498-2071, ext. 5681, or gjohnson@asha.org; Monica Sampson, associate director, Health Care Services, at ext. 5686, or msampson@asha.org; or Janet Brown, director, Health Care Services, at ext. 5679, or jbrown@asha.org. To learn more about resources for ASHA members working in health care, visit ASHA’s website at [www.asha.org/slp/healthcare](http://www.asha.org/slp/healthcare).

ASHA would like to thank the SLPs who completed the 2015 Health Care Survey. Reports like this one are only possible 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