



SLP HEALTH CARE 2025 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 2025. 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.

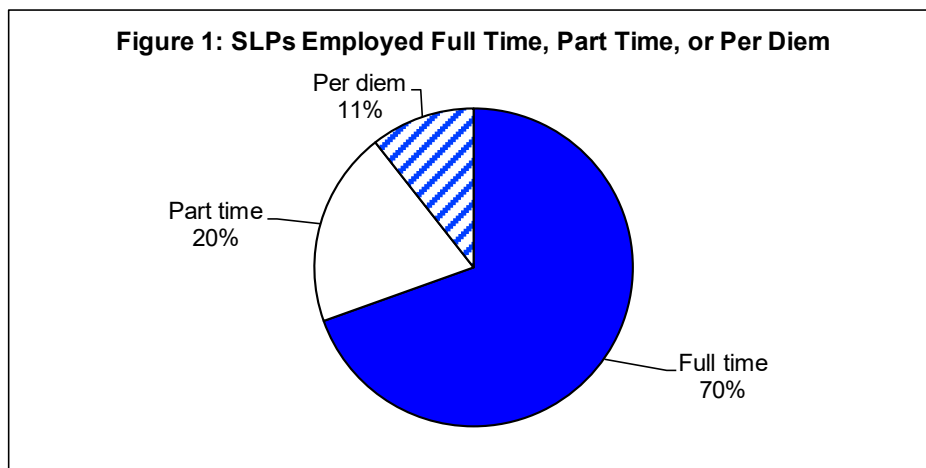
This report addresses only those questions on the survey that pertain to workforce issues. Data are drawn from six categories of health care facilities: (1) general medical, Veterans Affairs (VA), military, or long-term acute care (LTAC) hospitals; (2) home health agencies or clients' homes; (3) outpatient clinics or offices; (4) pediatric hospitals; (5) rehabilitation (rehab) hospitals; and (6) skilled nursing facilities (SNFs) or subacute care facilities. We did not present data for table cells with fewer than 25 respondents.

Highlights

- 70% of the SLPs worked full time.
- 75% of the SLPs worked as in-house providers.
- The median number of years of experience for SLPs was 15 years; the mean was 17 years.
 - The median number of years of experience was highest in home health agencies or clients' homes (19 years).
 - The mean number of years of experience was lowest in pediatric hospitals (14 years).
- 56% of the SLPs reported that there were more job openings than job seekers.
 - Job openings varied by geographic area, function, facility, and population density.
- 44% of clinical service providers had funded, unfilled positions for SLPs at their facility.
 - 57% of those in pediatric hospitals had funded, unfilled positions.
- 30% of SLPs in SNFs had been pressured to provide group therapy when individual therapy was appropriate.

Employment Status

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



Note. $n = 2,686$.

Employment function, primary employment facility, years of experience, and population density had an effect on status.

Respondents who were employed full time included the following:

- 66% of the SLPs who were primarily clinical service providers, 91% who were primarily administrators or supervisors but did see some patients, and 92% who were exclusively administrators or supervisors ($p < .000$).
- 64% of the SLPs who were employed in general medical, VA, military, LTAC, or university hospitals; 58% in home health agencies or clients' homes; 71% in rehab hospitals; 74% in outpatient clinics or offices; 79% in pediatric hospitals; and 73% in SNFs ($p < .000$).
- Between 85% of SLPs who had 1–5 years of experience and 53% who had 31 or more years of experience ($p < .000$).
- 72% of SLPs who worked in cities or urban areas, 66% in the suburbs, and 70% in rural areas ($p = .041$).

Neither of the following two predictors had an effect on status:

- area of the country where they were employed ($p = .145$)
- highest earned degree ($p = .780$)

Contract or In-House Provider

Of the SLPs who were employed full time, part time, or per diem, 75% said that they worked directly for the facility they serve as an in-house provider, 16% worked for a contract company that assigned their location, and 9% said that the question was not applicable to them.

The type of facility where they worked had an effect on their response ($p < .000$). SLPs employed in pediatric hospitals (96%), in rehab hospitals (93%) and in general medical, VA, military, LTAC, or university hospitals (91%) were more likely than SLPs in other facilities to be in-house providers. Alternatively, SLPs in SNFs (43%) and home health agencies or clients' homes (27%) were more likely than SLPs in other facilities to be contract providers.

Years of Experience

Overall, the median number of years of experience that SLPs reported having in the profession was 15 years, and the mean was 17 years. For clinical service providers, the median was 14 years, and the mean was 17 years. For SLPs who were primarily administrators or supervisors but who saw some patients, the median was 19 years, and the mean was 21 years. For SLPs who were exclusively administrators or supervisors, the median was 22 years, and the mean was 23 years ($p < .000$).

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

	Median	Mean
General medical, VA, military, LTAC, or university hospital	15.0	17.1
Home health agency or client's home	18.5	20.1
Outpatient clinic or office	12.0	15.4
Pediatric hospital	11.5	14.3
Rehab hospital	11.5	14.9
SNF	15.0	17.2

Note. $n = 2,170$. VA = Veterans Affairs; LTAC = long-term acute care. SNF = skilled nursing facility

Job Openings

Among the SLPs who were employed full time, part time, or per diem, 56% said that there were more job openings than job seekers in their type of employment facility and in their geographic area, 24% said that job openings and job seekers were in balance, and 20% said that there were fewer job openings than job seekers. Responses varied by primary employment facility, function, geographic area, and population density.

Facility

Employment facility ($p < .000$; see Appendix Table 1):

- The range of SLPs who were employed full time, part time, or per diem as primarily clinical service providers and who reported that there were fewer job openings than job seekers was between 11% in home health agencies or clients' homes and 34% in general medical, VA, military, LTAC, or university hospitals.
- The range of SLPs who reported that there were more job openings than job seekers was between 38% in general medical, VA, military, LTAC, or university hospitals and 66% in home health agencies or clients' homes.
- The range of SLPs who reported that job openings and job seekers were in balance was between 23% in home health agencies or clients' homes and 30% in rehabilitation hospitals.

Function

Employment function ($p < .000$):

- 17% of the SLPs who were employed full time, part time, or per diem exclusively as administrators or supervisors, 16% who were primarily administrators or supervisors but saw some patients, and 21% who were primarily clinical service providers reported that *there were fewer job openings than job seekers*.
- 54% who were primarily clinical service providers, 65% who were primarily administrators or supervisors but who saw some patients, and 71% who were exclusively administrators or supervisors reported that *there were more job openings than job seekers*.
- 13% who were exclusively administrators or supervisors, 19% who were primarily administrators or supervisors but who saw some patients, and 25% who were primarily clinical service providers reported that *job openings and job seekers were in balance*.

Geographic Area

When the country was divided into nine geographic divisions, more clinical service providers who were employed full time, part time, or per diem in every geographic area selected the same response: *more job openings than job seekers*. Specifically, this option was selected by 41% of the SLPs in Middle Atlantic states, 49% in West South Central states, 50% in East North Central states, 53% in East South Central states, 55% in Mountain states, 56% in West North Central states, 59% in Pacific states, and 62% in New England and South Atlantic states ($p < .000$).

Population Density

Population density ($p < .000$):

- 16% of clinical service providers who were employed full time, part time, or per diem in rural areas, 19% in suburban areas, and 25% in cities or urban areas reported that *there were fewer job openings than job seekers*.
- 49% of those employed in cities or urban areas, 55% in suburban areas, and 65% in rural areas reported that *there were more job openings than job seekers*.
- 18% of those employed in rural areas, 26% in suburban areas, and 27% in cities or urban areas reported that *job openings and job seekers were in balance*.

Funded, Unfilled Positions

Among all of the SLPs who were employed full time, part time, or per diem, 45% said that they had funded, unfilled positions for SLPs at their facility.

- 44% who were primarily clinical service providers, 52% who were primarily administrators or supervisors but saw some patients, and 59% who were exclusively administrators or supervisors reported that they had funded, unfilled positions for SLPs at their facility ($p = .001$).
- Among clinical service providers, the following reported that they had funded unfilled positions for SLPs at their facility ($p < .000$): 33% of SLPs in SNFs; 42% in home health agencies or clients' homes; 45% in outpatient clinics or offices; 46% in general medical, VA, military, LTAC, or university hospitals; 47% in rehabilitation hospitals; and 57% in pediatric hospitals.

Neither of the following two factors had an effect on whether there were funded, unfilled positions for SLPs at their facility:

- area of the country ($p = .366$)
- Population density where clinical service providers worked ($p = .118$)

Pressure From Employers or Supervisors

Facility

Survey respondents were presented with a list of six potential areas in which employers or supervisors could have exerted pressure. More than two-thirds (67%) said that they had not felt pressured. This response ranged from 44% in SNFs to 76% in home health agencies or clients' homes ($p < .000$; see Appendix Table 2).

The type of facility in which SLPs worked full time, part time, or per diem 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, 11% of respondents said that *they had been pressured to provide inappropriate frequency or intensity of services*. The range was from 7% in outpatient clinics or offices to 22% in SNFs ($p < .000$).
- Overall, 10% of respondents felt pressured to *provide services for which they had inadequate training and/or experience*. The range was from 6% SNFs to 14% in outpatient clinics or offices ($p < .000$).
- Overall, 10% of respondents felt pressured to *provide evaluation and treatment that were not clinically appropriate*. The range was from 5% in outpatient clinics or offices to 23% in SNFs ($p < .000$).
- Overall, 9% of respondents 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 26% in SNFs ($p < .000$).
- Overall, 8% of respondents said that *they had 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 and in outpatient clinics or offices to 30% in SNFs ($p < .000$).
- Overall, 5% of respondents felt pressured to *alter documentation for reimbursement*. In SNFs, 10% selected this response compared with between 3% and 5% in other types of facilities ($p < .000$).

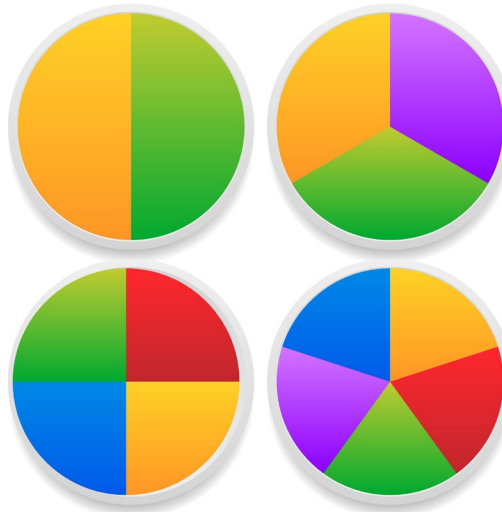
Years of Experience

"Years of experience" was significantly related to all six of the areas (range: $p < .000$ to $p = .015$). 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 three potential areas in which employers or supervisors could have exerted pressure:

- SLPs in the South (8%) were the least likely group to say that *they had been pressured to provide evaluation and treatment that were not clinically appropriate*, followed by those in the West (9%), Midwest (10%), and Northeast (14%; $p = .007$).
- SLPs in the West (5%) were the least likely group to say that *they had been pressured to provide group therapy when individual therapy was appropriate*, followed by those in the Northeast (7%), South (8%), and Midwest (11%; $p = .002$).
- SLPs in the West and South (10%) were less likely to say that *they had been pressured to provide inappropriate frequency or intensity of services* than were those in the Northeast (12%) and Midwest (14%).



Population Density

Population density was related to three notable findings:

- SLPs in suburban areas (8%) were less likely to say *they had been pressured to provide services for which they had inadequate training or experience* than were those in cities or urban areas (11%) or in rural areas (14%; $p = .005$).
- SLPs in cities or urban areas (8%) were less likely to say *they had been pressured to discharge inappropriately* than were those in rural (10%) or suburban areas (11%; $p = .044$).
- SLPs in cities or urban areas (6%) were less likely to say *they had been pressured to provide group therapy when individual therapy was appropriate* than were those in suburban (9%) or rural areas (10%; $p = .027$).

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 to a random sample of 15,000 ASHA-certified SLPs who were employed in health care settings in the United States. One-third of the surveys were fielded via postal mail; two-thirds were fielded via Survey Monkey. Fielding dates were February 27, March 27, and April 24, 2025, for both modes—with an additional fielding of the electronic version on May 8. 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 15,000 SLPs in the sample, 7 had retired, 181 had unusable addresses, 43 were not currently employed in health care, and 273 were ineligible for other reasons. The actual number of respondents was 2,693, resulting in an 18.6% response rate. The results presented in this report are based on responses from those 2,693 individuals.

Survey Reports

Results from the ASHA 2025 SLP Health Care Survey are presented in a series of reports:

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

Suggested Citation

American Speech-Language-Hearing Association. (2025). *ASHA 2025 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. (2024). *Annual workforce data: 2023 ASHA-certified audiologist- and speech-language pathologist-to-population ratios*. www.asha.org/research/memberdata/workforcereports/

Additional Information

For additional information regarding the *ASHA 2025 SLP Health Care Survey*, please contact Brooke Hatfield, senior director, Health Care Services in Speech-Language Pathology, 800-498-2071, ext. 5692, bhatfield@asha.org.

Thank You

ASHA would like to thank the SLPs who completed the *ASHA 2025 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 for Clinical Service Providers, by Type of Facility

<p>2. 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)</p> <p>Analyses are limited to respondents who met the following criteria:</p> <ul style="list-style-type: none"> ❖ CCC-SLP ❖ Employed full time, part time, or per diem ❖ Primarily clinical service provider 							
Job Market	Facility Type						
	All Facility Types (n = 2,285)	General/VA/ Military/ LTAC/ University Hospital (n = 357)	Home Health/ Client's Home (n = 374)	Outpatient Clinic/Office (n = 899)	Pediatric Hospital (n = 88)	Rehab Hospital (n = 130)	Skilled Nursing Facility (n = 363)
More job openings than job seekers	53.7	38.4	66.3	54.6	40.9	42.3	58.7
Job openings and job seekers in balance	25.4	27.5	22.5	25.6	27.3	30.0	24.0
Fewer job openings than job seekers	20.9	34.2	11.2	19.8	31.8	27.7	17.4
		<p>Statistical significance: $\chi^2(10) = 94.3$, $p < .000$, Cramer's $V = .146$</p> <p><u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.</p>					

Appendix Table 2: Pressures, by Type of Facility

20. Since January 2024, 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 for this table.) Analyses are limited to respondents who met the following criteria: ❖ CCC-SLP ❖ Employed full time, part time, or per diem							
Pressure	Facility Type						
	All Facility Types (n = 2,686)	General Medical/VA/ LTAC Hospital (n = 408)	Home Health/ Client’s Home (n ≥ 423)	Outpatient Clinic/Office (n ≥ 1,066)	Pediatric Hospital (n = 102)	Rehab Hospital (n = 164)	Skilled Nursing Facility (n ≥ 433)
Provide inappropriate frequency or intensity of services	11.0	11.3	9.0	6.5	11.8	15.9	22.4
		Statistical significance: $\chi^2(5) = 84.6$, $p < .000$, Cramer’s $V = .180$ <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by facility type.					
Provide services for which you had inadequate training and/or experience	10.3	9.3	7.8	14.0	12.7	6.7	5.5
		Statistical significance: $\chi^2(5) = 32.4$, $p < .000$, Cramer’s $V = .112$ <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	9.9	11.3	6.4	4.9	9.8	12.8	23.0
		Statistical significance: $\chi^2(5) = 122.9$, $p < .000$, Cramer’s $V = .218$ <u>Conclusion</u> : There is adequate evidence from the data to say that the responses vary by facility type.					
(Appendix 2 continues on next page.)							

20. (cont'd) Since January 2024, 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 for this table.) Analyses are limited to respondents who met the following criteria: ❖ CCC-SLP ❖ Employed full time, part time, or per diem							
Pressure	Facility Type						
	All Facility Types (n = 2,686)	General Medical/VA/ LTAC Hospital (n = 408)	Home Health/ Client's Home (n ≥ 423)	Outpatient Clinic/Office (n ≥ 1,066)	Pediatric Hospital (n = 102)	Rehab Hospital (n = 164)	Skilled Nursing Facility (n ≥ 433)
Discharge inappropriately (e.g., early or delayed)	9.4	5.4	7.5	5.2	8.5	11.6	25.6
		Statistical significance: $\chi^2(5) = 163.9, p < .000$, Cramer's V = .251 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.					
Provide group therapy when individual therapy was appropriate	7.7	1.7	3.3	2.2	2.0	15.2	30.4
		Statistical significance: $\chi^2(5) = 405.4, p < .000$, Cramer's V = .395 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.					
Alter documentation for reimbursement	4.9	3.4	3.3	4.9	2.9	3.7	9.7
		Statistical significance: $\chi^2(5) = 26.0, p < .000$, Cramer's V = .100 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.					
Did not feel pressured	67.1	71.1	75.7	73.1	67.6	57.3	44.2
		Statistical significance: $\chi^2(5) = 144.4, p < .000$, Cramer's V = .236 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.					