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

SLP HEALTH CARE 2025 SURVEY

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 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 questions on the survey pertaining to practice 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.

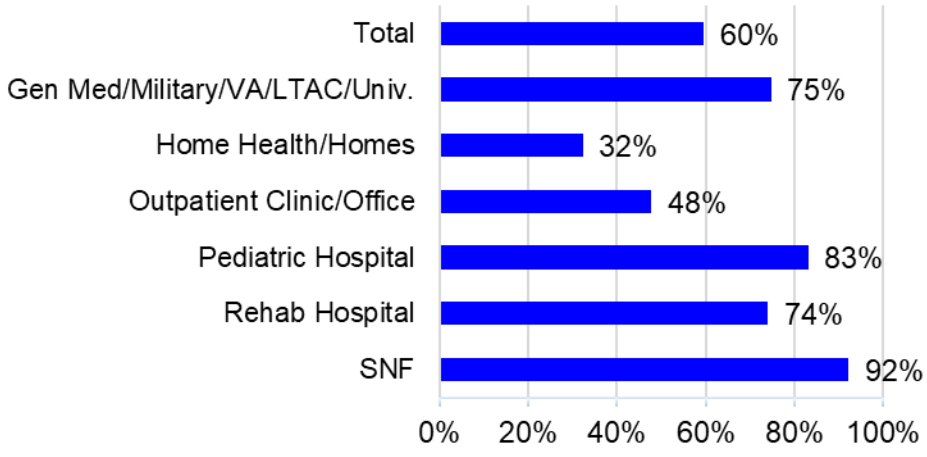
Highlights

- 60% of clinical service providers who worked full time, part time, or per diem had a productivity requirement–it was highest in SNFs (92%).
- The average (mean) productivity requirement was 79%–it was highest in the Middle Atlantic states (83%).
- 40% of clinical service providers said that nothing counted toward productivity when patients were not present.
- 37% of clinical service providers who were paid primarily per visit performed off-the-clock work daily.
- 11% of the SLPs said that they had been pressured to provide inappropriate frequency or intensity of services.
- 73% of the SLPs said that their facilities provided ongoing training in workplace safety protocols.
- 50% were very comfortable reporting safety concerns.
- 37% reported mental health and stress-related concerns as on-the-job safety risks.
- 53% reported administrative tasks as a barrier to providing optimal clinical care.
- 57% said that not receiving additional compensation had a major or moderate impact on providing supervision to graduate students.

Productivity Requirement

Of the SLPs who were primarily clinical service providers and worked full time, part time, or per diem, 60% said that they had a productivity requirement. SLPs in SNFs were the most likely to report having a requirement, and those in home health agencies or clients' homes were least likely ($p < .001$; see Figure 1).

Figure 1: Percentage of Clinical Service Providers With a Productivity Requirement, by Facility



Note. n = 2,310.

Productivity Percentage

As noted earlier, 60% of the clinical service providers did have a productivity requirement. They reported their mean productivity requirement as 79% and their median as 80% (see Table 1; $p < .001$).

Table 1. Productivity Requirement, by Facility (%)

Facility	Mean	Median
Total	79	80
General medical, military, VA, LTAC, university hospital	77	80
Home health agency or clients' homes	78	80
Outpatient clinic or office	77	78
Pediatric hospital	69	70
Rehab hospital	79	80
SNF, subacute care	85	85

Note. n = 1,271.

Interpreting data from Figure 1 and Table 1 tells us that 92% of clinical service providers in SNFs, for example, had a productivity requirement (see Figure 1) and that the average (mean) productivity requirement for that group was 85% (see Table 1).

Predictors

Salary basis, geographic area, and population density also were predictors of productivity.

Salary Basis

The average (mean) productivity requirement was 76% for clinical service providers who were employed full time, part time, or per diem and who received primarily an annual salary and was 81% for those who received primarily an hourly wage or who were paid primarily per visit ($p < .001$).

Geographic Area

Average (mean) productivity varied by geographic division—with the lowest being reported in New England and the Mountain states and the highest in the Middle Atlantic states (see Table 2; $p < .001$).

Table 2. Productivity Requirement, by Geographic Division (%)

Geographic Division	Mean	Median
New England	77	80
Middle Atlantic	83	85
East North Central	79	80
West North Central	77	80
South Atlantic	79	80
East South Central	80	80
West South Central	81	80
Mountain	77	80
Pacific	78	80

Note. n = 2,308.

Population Density

Clinical service providers in cities or urban areas and in suburban areas reported a median productivity rate of 80%; those in rural areas reported 85%. Mean productivity rates were statistically different. Clinical service providers reported means of 78% in cities or urban areas, 79% in suburban areas, and 82% in rural areas ($p < .001$).

Productivity Activities

Facility

We asked the clinical service providers who reported that they had a productivity requirement to select which of five activities counted toward their productivity calculation when patients were not present. Note that 40% said that nothing counted when patients were not present. This response was most prevalent among SLPs in SNFs (65%) and was least prevalent among those in home health agencies or clients' homes (21%; $p < .001$). Facility type predicted the first three activities in the list below, as noted by probability values of less than .05.

- 12% selected *clinical team meetings.* The range was from 8% in home health agencies or clients' homes to 22% in rehab hospitals ($p = .001$).
- 8% selected *documentation.* The range was from 6% in outpatient clinics or offices to 13% in SNFs ($p < .001$).
- 7% selected *care coordination activities.* The range was from 5% in outpatient clinics or offices to 12% in general medical, VA, military, or LTAC hospitals ($p < .001$).
- 10% selected *in-service or informal staff training sessions.* The type of facility where clinical service providers were employed was not a significant predictor of their responses ($p = .161$).
- 4% selected *other activities.* The type of facility where clinical service providers were employed was not a significant predictor of their responses ($p = .273$).

Function

Employment function was a predictor of one response: 8% of SLPs who were primarily clinical service providers and 13% of those who were primarily administrators or supervisors who saw some patients said that *documentation* counted when patients were not present ($p = .025$).

Geographic Area

Geographic division predicted two responses:

- The range of clinical service providers who reported that *documentation* counted toward productivity when patients were not present was from 6% in the East North Central states to 14% in the Pacific states ($p = .013$).
- The range who reported that *care coordination activities* counted toward productivity when patients were not present was from 5% in the Middle Atlantic and South Atlantic states to 13% in the Mountain states ($p = .011$).

Population Density

Population density was not a predictor of any of the activities counting toward productivity when patients were not present (p values were all greater than .05).

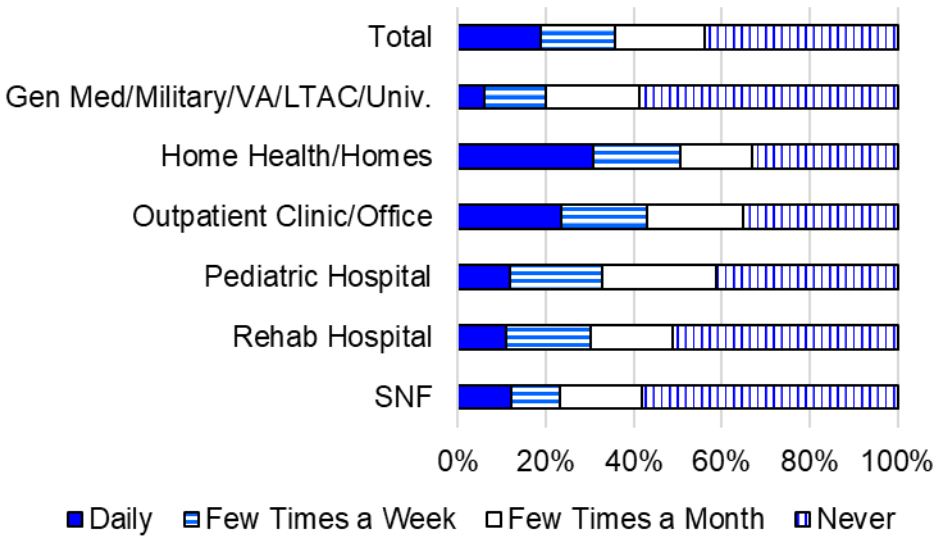
"Off-the-Clock" Work

Salary basis had an effect on whether clinical service providers who worked full time, part time, or per diem also performed off-the-clock work: 11% of those who were paid primarily per hour, 21% who were paid primarily an annual salary, and 37% who were paid primarily per visit performed off-the-clock work daily since January 2024 ($p < .001$).

Facility

Nearly one fifth (19%) of the clinical service providers who worked full time, part time, or per diem—regardless of their salary basis—said that they had typically performed off-the-clock work daily since January 2024. Another 17% said that they had performed off-the-clock work a few times a week, 20% a few times a month, and 44% never. More SLPs in home health agencies or clients' homes (31%) than in any other facility type reported daily off-the-clock work ($p < .001$; see Figure 2).

Figure 2: Daily Off-the-Clock Work for Clinical Service Providers, by Facility



Note. $n = 2{,}263$.

Function

SLPs who were primarily administrators or supervisors who also saw some patients (27%) were more likely than those who were primarily clinical service providers (19%) to perform off-the-clock work daily ($p < .001$).

Years of Experience

Performing off-the-clock work daily varied by the number of years of experience that clinical service providers had—but not in a straight line. In 5-year increments, beginning with 1 to 5 years and ending with 31 or more years, 23%, 20%, 25%, 21%, 13%, 14%, and 22% said that they performed off-the-clock work a few times a month ($p = .004$).

Pressure From Employers or Supervisors

We presented survey respondents 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 ($p < .001$; see Appendix Table 1).

Facility

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 ($p < .001$).
- 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 ($p < .001$).
- 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 ($p < .001$).
- 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 ($p < .001$).
- 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 ($p < .001$).
- 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 ($p < .001$).

Years of Experience

"Years of experience" was significantly related to all six of the areas. SLPs with fewer years of experience were more likely than those with more experience to report that they had been pressured (range: $p < .001$ to $p = .015$). Conversely, SLPs with more experience were more likely to say they had not been pressured than were their counterparts with less experience ($p < .001$).

Geographic Area

Geographic region was related to three potential areas of the U.S. in which employers or supervisors could have exerted pressure:

- SLPs in the South (8%) 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 West (9%), Midwest (10%), and Northeast (14%; $p = .007$).
- SLPs in the West (5%) were the least likely group to say *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 *they had been pressured to provide inappropriate frequency or intensity of services* than were those in the Northeast (12%) and Midwest (14%; $p = .042$).

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%; $p = .027$).

Contractor

We asked the SLPs who were employed full time, part time, or per diem if they worked directly for the facility they served (i.e., in-house provider) or for a contract company that assigns their location. A minority (18%) worked for a contract company.

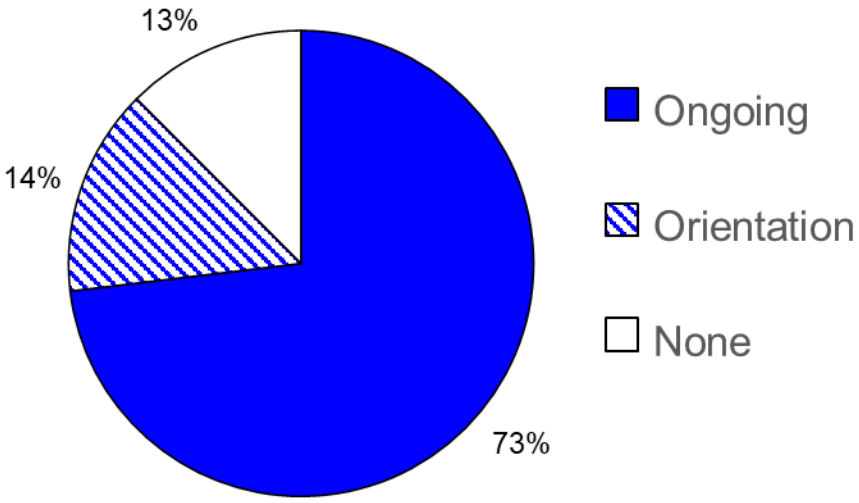
Facility type had an effect on the likelihood of SLPs saying that they worked for a contract company ($p < .001$).

- 0% of SLPs in pediatric hospitals were contractors.
- 5% of SLPs in rehab hospitals were contractors.
- 6% of SLPs in general medical, VA, military, LTAC, or university hospitals were contractors.
- 9% of SLPs in outpatient clinics or offices were contractors.
- 32% of SLPs in home health agencies or clients' homes were contractors.
- 44% of SLPs in SNFs were contractors.

Workplace Safety Training

We asked the SLPs who were employed full time, part time, or per diem whether their facilities provided training in workplace safety protocols. The vast majority said that their employers provide training on an ongoing basis. Fewer said that it was provided only during orientation (see Figure 3).

Figure 3: Workplace Safety Training



Note. n = 2,599.

Facility

Facility type had an effect on their response. Training on an ongoing basis was less likely to be provided in outpatient clinics or offices (65%), home health agencies or clients' homes (67%), and SNFs (76%) than in pediatric hospitals (87%); general medical, VA, military, LTAC, or university hospitals (88%); or rehab hospitals (89%; $p < .001$).

Geographic Area

SLPs in the South (70%) were the least likely group to say that training was provided on an ongoing basis—followed by those in the West (71%), Northeast (75%), and Midwest (78%; $p = .008$).

Population Density

Population density also had an effect. SLPs in suburban areas (14%) were the most likely group to say that their facility did not provide formal training, with fewer SLPs in cities or urban areas (12%) and in rural areas (10%; $p = .045$) saying the same thing.

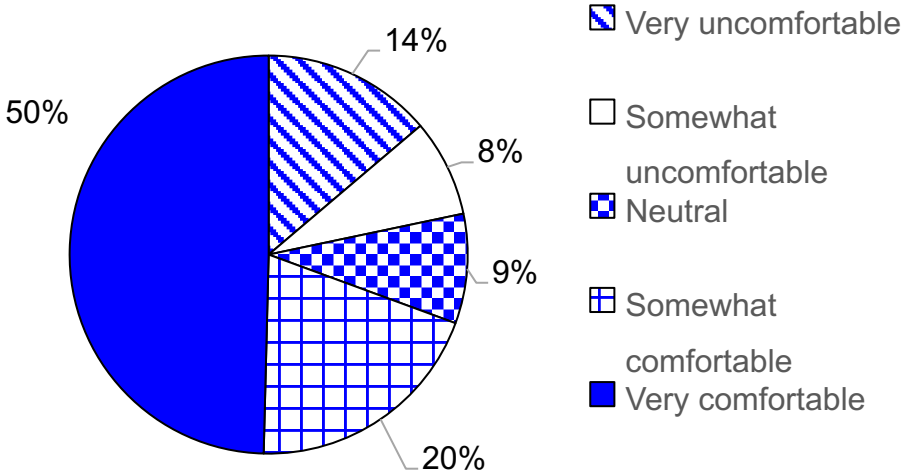
Feeling Safe At Work

We also asked the SLPs who worked full time, part time, or per diem how often they felt safe at work. More than half (56%) said that they *always* feel safe. An additional 43% replied *usually*. Very few said *rarely* (1%) or never (0.3%).

Reporting Safety Concerns

Another question in the battery of four questions about clinician safety asked SLPs how comfortable they were reporting concerns to their employers about their own safety. Half (50%) of the SLPs said that they were very comfortable (see Figure 4).

Figure 4: Comfort With Reporting Safety Concerns



Note. n = 2,569.

Facility

More than half of the SLPs in home health agencies or clients' homes (59%) and outpatient clinics or offices (54%) said that they felt *very comfortable* compared to 46% in general medical, VA, military, LTAC, or university hospitals; 43% in rehab hospitals; 40% in pediatric hospitals; and 39% in SNFs ($p < .001$).

Function

Function was another predictor of responses to how comfortable SLPs felt reporting safety concerns ($p < .001$). SLPs who reported being *very comfortable* included:

- 47% of the SLPs who were primarily clinical service providers
- 62% of the SLPs who were primarily administrators or supervisors but who saw some patients
- 67% of the SLPs who were exclusively administrators or supervisors

Safety Risks

We asked the SLPs who were employed full time, part time, or per diem to identify which safety risks they had experienced on the job since January 2024.

Facility type had an effect on choosing each of the safety risks in the list. *Mental health and stress-related concerns* was the risk cited, overall, by more SLPs than any other (37%) and was chosen more often by those in pediatric hospitals (52%) than by those in other facilities. All of the other risks, in all of the facilities, were selected by 40% or fewer of the SLPs (see Table 3).

Table 3. Safety Risks, by Facility (%)

Risk	Total	General Medical/ VA/LTAC Hospital	Home Health/ Client's Home	Outpatient Clinic/ Office	Pediatric Hospital	Rehab Hospital	Skilled Nursing Facility
Mental health and stress-related concerns***	37	40	31	35	**52**	40	41
Aggressive behavior, harassment, or bullying***	25	**40**	15	22	32	30	27
Ergonomic challenges (e.g., patient transfers, workspace set up)***	25	**40**	19	18	28	36	30
Physical safety in treatment environment***	10	8	**19**	9	10	5	8
Lack of access to personal protective equipment (e.g., masks, radiation safety gear)***	7	8	6	3	3	6	**18**
Workplace violence***	2	**5**	1	1	4	3	3
None of the above*** *(Option was only on Survey Monkey.)*	35	28	37	**40**	21	23	32
Other; specify:**	17	7	**15**	11	8	10	10

Note. n = 2,686.
**p < .01. ***p < .001.

Barriers to Care

We asked the SLPs who were employed full time, part time, or per diem to select up to three barriers to providing optimal clinical care in their facility from a list of seven (plus *other*).

Facility

Facility type had an effect on each of the barriers in the list except for *other* (see Appendix Table 2).

- *Administrative tasks (e.g., documentation, scheduling)* was the barrier included in their top three by more SLPs than any other (53%) and was chosen most often by SLPs in pediatric hospitals (67%; $p < .001$).
- 42% selected *productivity demands/lack of time*, ranging from 28% in home health agencies or clients' homes to 57% in SNFs ($p < .001$).
- 40% selected *payer or reimbursement limitations*, ranging from 22% in pediatric hospitals to 50% in outpatient clinics or offices ($p < .001$).
- 27% chose *insufficient staffing* as one of their top three barriers, ranging from 20% in outpatient clinics or offices to 40% in rehab hospitals ($p < .001$).
- 26% of the SLPs selected *others have a limited understanding of the SLP's role*, ranging from 17% in outpatient clinics or offices to 42% in general medical, VA, military, LTAC, or university hospitals ($p < .001$).
- 23% identified *difficulty accessing necessary equipment and resources* as a top three barrier, ranging from 18% in rehab hospitals to 28% in SNFs ($p = .016$).
- 13% said that *hesitancy of colleagues to change* was a barrier, ranging from 8% in home health agencies or clients' homes to 22% in general medical, VA, military, LTAC, or university hospitals ($p < .001$).

Function

Primary employment function was related to seven barriers.

- More clinical service providers than other SLPs selected *administrative tasks* (54%; $p = .018$), *productivity demands / lack of time* (45%; $p < .001$), and *others have a limited understanding of the SLP's role* (27%; $p = .023$).
- More SLPs who were exclusively administrators or supervisors than other SLPs selected *payer or reimbursement limitations* (58%; $p < .001$), *insufficient staffing* (43%; $p < .001$), *hesitancy of colleagues to change* (23%; $p = .007$), and *other* (15%; $p = .044$).

Employment function did not have an effect on *difficulty accessing necessary equipment and resources* ($p = .890$).

Supervising Graduate Students

We asked the SLPs who were clinical service providers and who were employed full time, part time, or per diem to identify the impact that nine barriers (plus *other*) had on providing supervision for graduate students in their settings.

Facility

Facility type had an effect on seven of the barriers in the list (see Appendix Table 3).

- 57% of the SLPs said that *not receiving additional compensation* had a major or moderate impact on providing supervision, ranging from 54% in home health or client's homes to 67% in pediatric hospitals ($p = .033$).
- 51% of the SLPs said that *limited time* had a major or moderate impact on providing supervision, ranging from 48% in rehab hospitals to 61% in pediatric hospitals ($p < .001$).
- Facility type had a major impact on the selection of *insufficiently prepared students* for 9% of the SLPs, ranging from 6% in both home health agencies or clients' homes and in SNFs to 15% in pediatric hospitals ($p < .001$).
- Facility type had a major impact on the selection of *reimbursement challenges* for 10% of the SLPs, ranging from 4% in general medical, VA, military, LTAC, or university hospitals to 19% in home health agencies or clients' homes ($p < .001$).
- 23% of the SLPs said that a *previous bad experience* had a minor impact on providing supervision, ranging from 9% in home health agencies or clients' homes to 31% in rehab hospitals ($p < .001$).
- 58% of the SLPs said that *lack of support from the administration* had no impact on providing supervision, ranging from 47% in pediatric hospitals to 63% in home health agencies or clients' homes and outpatient clinics or offices ($p = .036$).
- Between 69% of SLPs in home health agencies or clients' homes and 90% in rehab hospitals said there was no impact from *their setting's not allowing graduate students* ($p < .001$).

Geographic Area

Geographic area had an effect on three of the barriers.

- Between 25% of SLPs in the Midwest and 33% in the West said that *insufficiently prepared students* had a major or moderate impact on providing supervision in their settings ($p = .049$).
- Between 53% of SLPs in the West and 64% in the Midwest said that *limited supervision training* had no impact on providing supervision in their settings ($p = .036$).
- Between 52% of the SLPs in the West and 67% in the Northeast said that there was no impact from a *previous bad experience* on supervision of graduate students in their setting ($p = .039$).

Survey Notes and Method-ology

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: Practice issues.* www.asha.org/

Supplemental Resources

American Speech-Language-Hearing Association. (n.d.-a). *Productivity.* www.asha.org/slp/productivity/

American Speech-Language-Hearing Association. (n.d.-b). *Patient safety and the SLP.* www.asha.org/slp/healthcare/patientsafety/

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

American Speech-Language-Hearing Association. (n.d.-d). *Supervision.* www.asha.org/practice/supervision/

American Speech-Language-Hearing Association. (n.d.-e). *Workplace safety for SLPs in health care.* www.asha.org/slp/healthcare/workplace-safety-for-slps-in-health-care/

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: 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? *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)**
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* < .001,** Cramer's *V* = .180 Conclusion: 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* < .001,** Cramer's *V* = .112 Conclusion: 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* < .001,** Cramer's *V* = .218 Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					

(Appendix Table 1 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	8.8	11.6	25.6
		Statistical significance: $\chi^2(5) = 163.9$, ***p* < .001,** Cramer's *V* = .251 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	7.7	1.7	3.3	2.2	2.0	15.2	30.4
		Statistical significance: $\chi^2(5) = 405.4$, ***p* < .001,** Cramer's V = .395 Conclusion: 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* < .001,** Cramer's *V* = .100 Conclusion: 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* < .001,** Cramer's *V* = .236 Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					

Appendix Table 2: Barriers to Providing Optimal Clinical Care, by Type of Facility

27. What are the current TOP 3 barriers to providing optimal clinical care in your facility? *Select up to 3 responses.* (Percentages; we changed the order of responses from alphabetic to descending order of frequencies for this table.)

Analyses limited to respondents who met the following criteria:

- CCC-SLP
- Employed full time, part time, or per diem

Barrier	Facility Type						
	All Facility Types (*n* = 2,686)	**General Medical/VA/ LTAC Hospital (*n* ≥ 407)**	**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)**
Administrative tasks (e.g., documentation, scheduling)	52.6	44.6	55.6	59.7	66.7	56.1	36.9
		Statistical significance: $\chi^2(5) = 85.2$, ***p* < .001,** Cramer's *V* = .181 Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					
Productivity demands / lack of time	42.4	39.6	28.1	41.4	53.4	48.8	56.7
		Statistical significance: $\chi^2(5) = 81.1$, ***p* < .001**, Cramer's *V* = .177 Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					
Payer or reimbursement limitations	39.8	14.7	46.1	50.0	21.6	24.4	44.8
		Statistical significance: $\chi^2(5) = 194.3$, ***p* < .001,** Cramer's *V* = .273 Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					
Insufficient staffing	26.8	37.7	23.6	19.8	38.2	39.6	29.5
		Statistical significance: $\chi^2(5) = 75.8$, ***p* < .001,** Cramer's *V* = .171 Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					

(Appendix Table 2 continues on next page.)

27. (cont'd) What are the current TOP 3 barriers to providing Optimal clinical care in your facility? Select up to 3 responses. (Percentages; we changed the order of responses from alphabetic to descending order of frequencies for this table.)

Analyses limited to respondents who met the following criteria:

- CCC-SLP
- Employed full time, part time, or per diem

Barrier	Facility Type						
	All Facility Types (*n* = 2,686)	**General Medical/VA/ LTAC Hospital (*n* ≥ 407)**	**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)**
Others have a limited understanding of the SLP's role	26.1	42.4	26.4	17.4	23.5	29.9	31.3
		Statistical significance: $\chi^2(5) = 105.1$, ***p* < .001,** Cramer's $V = .201$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					
Difficulty accessing necessary equipment and resources (e.g., testing and treatment materials, instrumental equipment)	23.4	27.2	23.6	21.2	22.5	18.3	28.2
		Statistical significance: $\chi^2(5) = 14.0$, ***p* = .016,** Cramer's $V = .073$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					
Hesitancy of colleagues to change	12.7	21.6	7.5	10.1	13.7	18.9	14.1
		Statistical significance: $\chi^2(5) = 51.4$, ***p* < .001,** Cramer's $V = .141$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					
Other; specify:	8.6	8.6	9.2	9.7	7.8	8.5	5.8
		Statistical significance: $\chi^2(5) = 6.2$, $p = .283$ Conclusion: There is not enough evidence from the data to say that the responses vary by facility type.					

Appendix Table 3: Impact of Barriers on Graduate Student Supervision, by Type of Facility

28. What impact have the following barriers had on providing supervision for graduate students in your setting?
Analyses limited to respondents who met the following criteria:
- ❖ CCC-SLP
- ❖ Employed full time, part time, or per diem
- ❖ Primarily clinical service provider

Impact	Facility Type						
	All Facility Types	**General Medical/VA/ LTAC Hospital**	**Home Health/ Client's Home**	**Outpatient Clinic/Office**	**Pediatric Hospital**	**Rehab Hospital**	**Skilled Nursing Facility**
Insufficient guidance from academic program							
	n = 1,707	*n* = 288	*n* = 212	*n* = 723	*n* = 75	*n* = 104	*n* = 256
No impact	58.9	55.6	66.0	59.3	50.7	51.0	60.2
Minor impact	24.9	25.7	19.3	27.1	28.0	29.8	19.9
Moderate impact	11.6	34.0	25.1	10.0	13.3	14.4	15.2
Major impact	4.5	5.9	3.8	3.6	8.0	4.8	4.7
		Statistical significance: $\chi^2(15) = 23.1$, $p = .081$ Conclusion: There is not enough evidence from the data to say that the responses vary by facility type.					
Insufficiently prepared students							
	n = 1,713	*n* = 286	*n* = 214	*n* = 728	*n* = 76	*n* = 106	*n* = 257
No impact	43.0	30.4	63.1	41.9	27.6	25.5	54.1
Minor impact	28.4	33.6	20.1	28.6	32.9	34.9	22.6
Moderate impact	19.6	24.1	11.2	20.1	25.0	29.2	17.1
Major impact	9.0	11.9	5.6	9.5	14.5	10.4	6.2
		Statistical significance: $\chi^2(15) = 90.8$, ***p* < .001,** Cramer's $V = .135$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					

(Appendix Table 3 continues on next page.)

28. (cont'd) What impact have the following barriers had on providing supervision for graduate students in your setting?
Analyses limited to respondents who met the following criteria:
- ❖ CCC-SLP
- ❖ Employed full time, part time, or per diem
- ❖ Primarily clinical service provider

Impact	Facility Type						
	All Facility Types	**General Medical/VA/ LTAC Hospital**	**Home Health/ Client's Home**	**Outpatient Clinic/Office**	**Pediatric Hospital**	**Rehab Hospital**	**Skilled Nursing Facility**
Lack of administration support							
	n = 1,719	*n* = 292	*n* = 218	*n* = 723	*n* = 76	*n* = 106	*n* = 257
No impact	58.4	53.4	63.3	62.8	47.4	51.9	52.5
Minor impact	22.2	26.4	18.3	20.2	26.3	29.2	22.2
Moderate impact	12.3	12.3	11.9	10.9	17.1	13.2	15.2
Major impact	7.0	7.9	6.4	6.1	9.2	5.7	10.1
		Statistical significance: $\chi^2(15) = 26.2$, ***p* = .036,** Cramer's $V = .072$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					
Limited supervision training							
	n = 1,712	*n* = 287	*n* = 214	*n* = 728	*n* = 77	*n* = 105	*n* = 257
No impact	58.5	57.5	57.5	61.3	48.1	56.2	54.5
Minor impact	23.2	25.8	22.4	21.8	28.6	27.6	22.6
Moderate impact	12.8	11.8	12.1	12.5	15.6	9.5	16.0
Major impact	5.5	4.9	7.9	4.4	7.8	6.7	7.0
		Statistical significance: $\chi^2(15) = 16.2$, $p = .368$ Conclusion: There is not enough evidence from the data to say that the responses vary by facility type.					

(Appendix Table 3 continues on next page.)

28. (cont'd) What impact have the following barriers had on providing supervision for graduate students in your setting?
Analyses limited to respondents who met the following criteria:
- ❖ CCC-SLP
- ❖ Employed full time, part time, or per diem
- ❖ Primarily clinical service provider

Impact	Facility Type						
	All Facility Types	**General Medical/VA/ LTAC Hospital**	**Home Health/ Client's Home**	**Outpatient Clinic/Office**	**Pediatric Hospital**	**Rehab Hospital**	**Skilled Nursing Facility**
Limited time							
	n = 1,759	*n* = 297	*n* = 222	*n* = 739	*n* = 76	*n* = 106	*n* = 268
No impact	26.3	22.6	35.6	25.7	15.8	22.6	26.5
Minor impact	22.5	25.9	15.3	25.2	23.7	29.2	14.2
Moderate impact	23.8	26.9	18.9	24.4	31.6	21.7	20.9
Major impact	27.4	24.6	30.2	24.8	28.9	26.4	38.4
		Statistical significance: $\chi^2(15) = 53.8$, ***p* < .001,** Cramer's $V = .103$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					
No additional compensation							
	n = 1,756	*n* = 294	*n* = 231	*n* = 738	*n* = 75	*n* = 104	*n* = 262
No impact	26.3	22.8	35.1	26.0	17.3	20.2	26.0
Minor impact	17.0	21.1	10.8	16.8	16.0	20.2	16.4
Moderate impact	20.0	20.4	18.6	21.1	25.3	21.2	16.4
Major impact	36.7	35.7	35.5	36.0	41.3	38.5	41.2
		Statistical significance: $\chi^2(15) = 26.5$, ***p* = .033,** Cramer's $V = .072$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					

(Appendix Table 3 continues on next page.)

28. (cont'd) What impact have the following barriers had on providing supervision for graduate students in your setting?
Analyses limited to respondents who met the following criteria:
- ❖ CCC-SLP
- ❖ Employed full time, part time, or per diem
- ❖ Primarily clinical service provider

Impact	Facility Type						
	All Facility Types	**General Medical/VA/ LTAC Hospital**	**Home Health/ Client's Home**	**Outpatient Clinic/Office**	**Pediatric Hospital**	**Rehab Hospital**	**Skilled Nursing Facility**
Previous bad experience							
	n = 1,708	*n* = 289	*n* = 212	*n* = 724	*n* = 76	*n* = 105	*n* = 255
No impact	61.3	50.9	75.0	62.2	56.6	51.4	63.1
Minor impact	22.5	29.8	9.4	22.7	23.7	31.4	20.4
Moderate impact	9.3	10.0	9.0	9.1	10.5	11.4	9.4
Major impact	6.9	9.3	6.6	6.1	9.2	5.7	7.1
		Statistical significance: $\chi^2(15) = 45.8$, ***p* < .001,** Cramer's $V = .096$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					
Reimbursement challenges							
	n = 1,708	*n* = 286	*n* = 215	*n* = 723	*n* = 75	*n* = 105	*n* = 257
No impact	69.8	77.3	66.0	69.0	78.7	75.2	60.3
Minor impact	12.0	12.6	7.0	12.0	8.0	14.3	15.6
Moderate impact	8.7	6.3	8.4	10.0	8.0	5.7	10.1
Major impact	9.5	3.8	18.6	9.0	5.3	4.8	14.0
		Statistical significance: $\chi^2(15) = 58.2$, ***p* < .001,** Cramer's $V = .108$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					

(Appendix Table 3 continues on next page.)

28. (cont'd) What impact have the following barriers had on providing supervision for graduate students in your setting?
Analyses limited to respondents who met the following criteria:
- ❖ CCC-SLP
- ❖ Employed full time, part time, or per diem
- ❖ Primarily clinical service provider

Impact	Facility Type						
	All Facility Types	**General Medical/VA/ LTAC Hospital**	**Home Health/ Client's Home**	**Outpatient Clinic/Office**	**Pediatric Hospital**	**Rehab Hospital**	**Skilled Nursing Facility**
Setting does not allow							
	n = 1,690	*n* = 274	*n* = 235	*n* = 708	*n* = 72	*n* = 100	*n* = 257
No impact	84.3	88.3	68.9	88.7	80.6	90.0	80.2
Minor impact	6.2	4.7	8.5	4.7	9.7	7.0	8.9
Moderate impact	3.8	2.6	7.2	3.1	4.2	1.0	5.1
Major impact	5.7	4.4	15.3	3.5	5.6	2.0	5.8
		Statistical significance: $\chi^2(15) = 79.5$, ***p* < .001,** Cramer's $V = .127$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.					
Other; specify							
	n = 95	*n* = 8	*n* = 17	*n* = 22	*n* = 4	*n* = 2	*n* = 18
No impact	36.4	(*n* < 25)	(*n* < 25)	(*n* < 25)	(*n* < 25)	(*n* < 25)	(*n* < 25)
Minor impact	5.2						
Moderate impact	8.6						
Major impact	49.8						
		Too many cells (88%) have an expected count of fewer than 5. Conclusion: Too little data are available in some facility categories to test whether responses vary by facility type.					