SLP Health Care Survey Report
Practice Trends
2015–2025

Jeanette Janota, Surveys and Analysis
American Speech-Language-Hearing Association
2200 Research Boulevard
Rockville, MD 20850-3289
August 11, 2025

Contents

Introduction

The American Speech-Language-Hearing Association (ASHA) conducted the *2025 SLP Health Care Survey* to gather information from speech-language pathologists (SLPs) about practice issues, service provision, earnings, the workforce, and other professional topics. Results from this survey are presented in a series of reports, including this report on practice trends.

Results from the 2015, 2017, 2019, 2021, and 2023 *ASHA SLP Health Care Surveys* are included in this report for comparative purposes. Questions differ among surveys, so data on all topics are not available for all survey years.

Survey Report Highlights

Off-the-Clock Work

- In 2025, overall, 32% of SLPs who were paid per hour or per visit reported working "off the clock" (unpaid) in the last 12 months *typically daily* or *weekly*—down from previous years.
- In 2025, 33% of SLPs in home health care settings reported working "off the clock" *typically daily*—down from 37% in 2023, 47% in 2021, and 41% in 2019.
- Nearly half (48%) of SLPs reported *never or almost never* working "off the clock"—higher than the rate in 2019, 2021, and 2023.

Productivity

- In 2025, 60% of SLPs who were primarily clinicians had a productivity requirement—nearly the same as in 2023.
- In 2025, SLPs' overall median productivity requirement was 80%—the same as in every year since 2015.
- SLPs in skilled nursing facilities (SNFs) continued to have the highest median productivity requirements—85% in every year between 2015 and 2025.
- In 2025, 40% of SLPs reported that *nothing counts when the patient is not present,* continuing the decline from 42% in 2023 and 69% in 2019 and 2021.

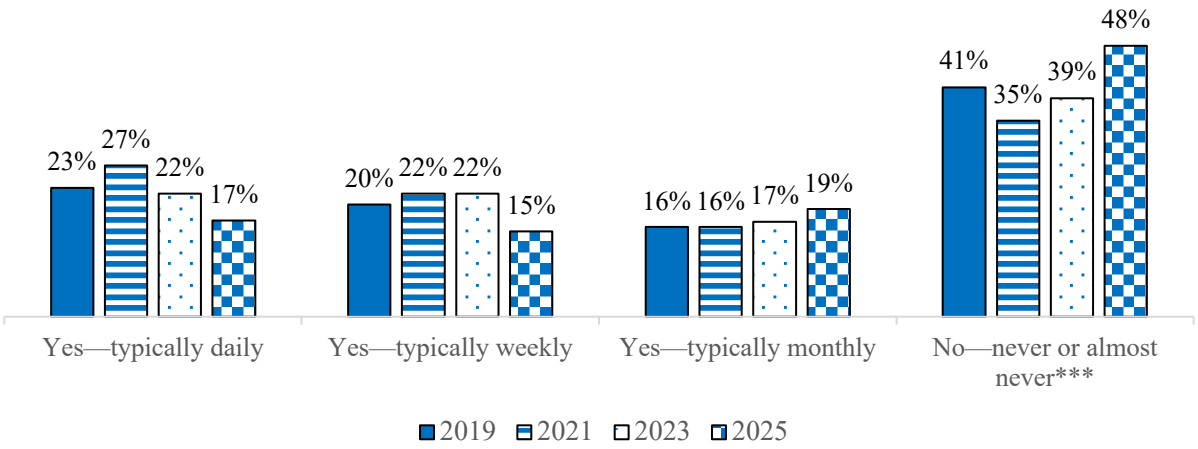
Pressure From Employers or Supervisors

- In 2025, 67% of SLPs reported that they had not felt *pressured by an employer or supervisor to engage in clinically inappropriate activities,* compared to between 58% and 69% who reported the same thing in prior years.
- In 2025, 11% of SLPs indicated that they had felt pressured *to provide inappropriate frequency or intensity of services,* up slightly from 10% in 2023, the same as in 2021, but down from all other years since 2015.

Off-the-Clock Work

In 2025, overall, 32% of SLPs who were employed full time, part time, or per diem,* who were paid per hour or per visit,** and who primarily worked as clinical service providers reported working "off the clock" (unpaid) in the last 12 months *typically daily* or *weekly*—down from previous years (see Figure 1 and Appendix Table 1). An additional 19% of SLPs reported working off the clock *typically monthly*—up slightly from previous years. Nearly half (48%) of SLPs reported *never or almost never* working off the clock—higher than in recent years by at least seven percentage points.

Figure 1. *Percentage of SLPs who were paid per hour or per visit who reported working off the clock in the last 12 months, by year.*



Note. These data are from the 2019 through 2025 *ASHA SLP Health Care Surveys.* Analyses are limited to SLPs who were employed primarily as clinicians. *In 2019, 2021, and 2023, employment status was *full time or part time.* **In 2019 and 2021 this item was *per home visit.* ***In 2019, this item was *no—never.*
n = 1,334 (2019); *n* = 965 (2021); *n* = 1,050 (2023); *n* = 1,517 (2025).

Off-the-Clock Work by Health Care Setting

From 2019 to 2025, SLPs in home health care settings who primarily worked full time or part time as clinical service providers and were paid per hour, per visit, or per diem were more likely than SLPs in other types of facilities to report working off the clock *typically daily* (see Appendix Table 1). In 2025, 33% of SLPs in home health care settings reported working off the clock *typically daily*—down from 37% in 2023, 47% in 2021, and 41% in 2019.

Productivity Requirement

In 2025, overall, 60% of clinical service providers had a productivity requirement—nearly the same as in 2023 (see Appendix Table 2).

Productivity Requirement by Health Care Setting

Since 2017, at least 93% of SLPs in skilled nursing facilities said that they had a productivity requirement—a higher percentage than in any of the other facilities (see Appendix Table 2). SLPs in home health care settings were the most likely group to say that they did not have a productivity requirement: 67% in 2015, 94% in 2017, 68% in 2019, 65% in 2021, and 66% in 2023 and 2025.

Productivity Requirement by Geographic Region

From 2019 to 2025, clinical service providers in the Midwest were more likely than those in the other regions of the country to have a productivity requirement (see Table 1; see page 8 for a key of geographic regions/divisions and corresponding states/District of Columbia). In 2025, 65% of SLPs in the Midwest had a productivity requirement—down from 69% in 2023.

Table 1. *Percentage of SLPs who had a productivity requirement, by geographic region and year*

	%				
Response	**Overall**	**Northeast**	**Midwest**	**South**	**West**
			2025 (*n* = 2,310)		
Yes	60	55	65	58	59
No	41	45	35	42	41
			2023 (*n* = 1,213)		
Yes	61	59	69	57	62
No	39	41	32	43	38
			2021 (*n* = 1,213)		
Yes	66	64	74	67	56
No	34	36	26	33	45
			2019 (*n* = 1,892)		
Yes	61	54	69	61	58
No	39	47	31	39	43

Note. These data are from the 2019 through 2025 *ASHA SLP Health Care Surveys.* Analyses are limited to SLPs who were employed full time, part time, or per diem (*full time or part time* in 2019, 2021, and 2023) primarily as clinicians. Percentages may not total exactly 100% because of rounding.

Productivity Percentage

In 2025, SLPs' overall median productivity requirement was 80%—the same as in every year since 2015 (see Appendix Table 3).

Productivity Percentage by Health Care Setting

Changes in productivity requirements have been negligible in the years between 2015 and 2025. SLPs in skilled nursing facilities had the highest median productivity requirement (85% in each year; see Appendix Table 3). SLPs in pediatric hospitals consistently had the lowest median productivity requirement (65%–70%).

Activities Counting Toward Productivity

We asked SLPs to indicate the activities that counted toward their productivity calculation when the patient was not present. In 2025, 40% reported that *nothing counts when the patient is not present*, continuing the decline from 42% in 2023 and 69% in 2019 and 2021 (see Table 2).

Table 2. *Percentage of SLPs who reported that certain activities counted toward their productivity calculation when the patient was not present, by year.*

	%					
Activity	**2015 (*n* = 916)**	**2017 (*n* = 1,021)**	**2019 (*n* = 1,159)**	**2021 (*n* = 854)**	**2023 (*n* = 1,485)**	**2025 (*n* = 2,310)**
Care coordination activities	13	11	12	11	9	7
Clinical team meetings	20	16	16	17	13	12
Documentation	19	13	14	11	11	8
In-services or informal staff training sessions[a]	18	15	14	17	12	10
Other activities[b]	11	5	5	5	4	4
Nothing counts when the patient is not present[c]	64	68	69	69	42	40

Note. These data are from the 2015 through 2025 *ASHA SLP Health Care Surveys*. Analyses are limited to SLPs who were employed full time, part time, or per diem (*full time or part time* from 2015 through 2023) primarily as clinicians. [a]In 2015, this item was *in-services or informal staff training.* [b]In 2015, this item was *other clinical activities (e.g., preparing materials, communication boards).* [c]In 2015, this item was *none of the above.*

Pressure From Employers or Supervisors

In 2025, overall, 67% of SLPs reported that they had not felt pressured by an employer or supervisor to engage in clinically inappropriate activities since January 2024. In prior years, between 58% and 69% reported the same thing (see Table 3 and Appendix Table 4).

When we asked SLPs to indicate the activities that they had felt pressured to engage in, *providing inappropriate frequency or intensity of services* was the most frequent response—or tied for most frequent—in every year between 2015 and 2025.

Table 3. *Percentage of SLPs who felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the last 12 months, by year.*

	%					
Activity	**2015 (*n* = 1,555)**	**2017 (*n* = 1,643)**	**2019 (*n* = 2,174)**	**2021 (*n* = 1,671)**	**2023 (*n* = 1,672)**	**2025[a] (*n* = 2,686)**
Alter documentation for reimbursement	8	6	4	3	5	5
Discharge inappropriately (e.g., early or delayed)	19	15	14	10	10	9
Provide evaluation or treatment that is not clinically appropriate[b]	16	11	12	10	10	10
Provide group therapy when individual therapy was appropriate	—	—	—	7	9	8
Provide inappropriate frequency or intensity of services	20	16	14	11	10	11
Provide services for which you had inadequate training or experience[c]	8	7	8	7	9	10
Did not feel pressured	62	69	68	58	69	67

Note. These data are from the 2015 through 2025 *ASHA SLP Health Care Surveys.* In 2015 and 2017, analyses were limited to SLPs who were employed full- or part time primarily as clinicians. In 2019, 2021, and 2023, analyses were limited to SLPs who were employed full- or part time. In 2025, analyses were limited to SLPs who were employed full time, part time, or per diem. [a]In 2025, the time period was *Since January 2024.* [b]From 2015 through 2023, this item was *Provide evaluation and treatment that are not clinically appropriate.* [c]From 2015 through 2023, this item was *Provide services for which you had inadequate training and/or experience.* Dash indicates that the item was not included in the survey.

Pressure From Employers or Supervisors by Health Care Setting

From 2015 to 2025, SLPs in skilled nursing facilities were least likely to report that they had not felt pressured by an employer or supervisor to engage in clinically inappropriate activities (see Appendix Table 4).

Survey Methodology

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 electronically 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 Rates

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.

Past *ASHA SLP Health Care Survey* response rates were 54.6% (2005), 63.8% (2007), 54.6% (2009), 62.5% (2011), 53.5% (2013), 46.9% (2015), 52.1% (2017), 50.3% (2019), 17.5% (2021), and 34.5% (2023). The 2005 to 2019 *ASHA SLP Health Care Surveys* were sent via postal mail, and the 2021 *ASHA SLP Health Care Survey* was sent electronically. The 2023 *ASHA SLP Health Care Survey* returned to being fielded via postal mail, and the 2025 survey was mixed mode (i.e., postal mail and electronic).

Suggested Citation

American Speech-Language-Hearing Association. (2025). *SLP Health Care Survey report: Practice trends, 2015–2025*. www.asha.org/

Additional Information

Companion survey reports are available on the ASHA website at www.asha.org/research/memberdata/healthcare-survey/.

Questions?

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.

Acknowledgment

Without the generous cooperation of the members who participate in our surveys, ASHA could not fulfill its mission to provide vital information about the professions and discipline to the Association membership and the public. Thank you!

Appendix

Key of geographic regions/divisions and corresponding states/District of Columbia.

Geographic region/division	Corresponding states/District of Columbia
Northeast	
New England	CT, ME, MA, NH, RI, VT
Mid-Atlantic	NJ, NY, PA
Midwest	
East North Central	IL, IN, MI, OH, WI
West North Central	IA, KS, MN, MO, NE, ND, SD
South	
South Atlantic	DE, DC, FL, GA, MD, NC, SC, VA, WV
East South Central	AL, KY, MS, TN
West South Central	AR, LA, OK, TX
West	
Mountain	AZ, CO, ID, MT, NV, NM, UT, WY
Pacific	AK, CA, HI, OR, WA

Off-the-Clock Work by Health Care Setting and Year

Appendix Table 1. *Percentage of SLPs who were paid per hour or per visit[a] who reported working off the clock in the last 12 months, by health care setting and year.*

Frequency	%						
	Overall	**General medical, VA, or, LTAC hospital[b]**	**Home health agency or client's home**	**Outpatient clinic or office**	**Pediatric hospital**	**Rehabilitation hospital**	**Skilled nursing facility**
			2025 (*n* = 1,517)				
Yes—typically daily	17	4	33	21	5	9	11
Yes—typically weekly	15	11	19	19	16	11	11
Yes—typically monthly	19	19	17	22	24	17	18
No—never or almost never[c]	48	66	31	38	54	63	60
			2023 (*n* = 1,050)				
Yes—typically daily	22	9	37	28	*n/r*	14	13
Yes—typically weekly	22	14	27	22	*n/r*	14	23
Yes—typically monthly	17	19	11	20	*n/r*	16	18
No—never or almost never[c]	39	58	25	30	*n/r*	55	46
			2021 (*n* = 965)				
Yes—typically daily	27	9	47	34	*n/r*	11	22
Yes—typically weekly	22	17	26	26	*n/r*	13	20
Yes—typically monthly	16	20	13	15	*n/r*	24	14
No—never or almost never[c]	35	54	14	26	*n/r*	52	44

(Table continues)

Appendix Table 1. Continued

Frequency	%						
	Overall	**General medical, VA, or, LTAC hospital[b]**	**Home health agency or client's home**	**Outpatient clinic or office**	**Pediatric hospital**	**Rehabilitation hospital**	**Skilled nursing facility**
			2019 (*n* = 1,334)				
Yes—typically daily	23	7	41	29	9	11	17
Yes—typically weekly	20	16	23	23	24	15	20
Yes—typically monthly	16	17	12	17	27	17	16
No—never[c]	41	60	25	31	41	57	47

Note. These data are from the 2019 through 2025 *ASHA SLP Health Care Surveys.* In 2019, 2021, and 2023, analyses were limited to SLPs who were employed full- or part time primarily as clinicians. In 2025, analyses were limited to SLPs who were employed full time, part time, or per diem primarily as clinicians. Because of rounding, percentages may not total exactly 100%. *n/r* = not reported (to preserve confidentiality and provide more certain results, we have not reported data for groups of fewer than 25 survey respondents). [a]In 2019 and 2021 this item was *per home visit.* [b]In 2021 this item was *general medical/Veterans Affairs (VA)/military/long-term acute care (LTAC)/university hospital.* In 2023 this item was *general medical/Veterans Affairs (VA)/long-term acute care (LTAC)/university hospital.* [c]In 2019, this item was *no—never.*

Productivity Requirement by Health Care Setting and Year

Appendix Table 2. *Percentage of SLPs who had a productivity requirement, by health care setting and year.*

Response	%						
	Overall	General medical, VA, or, LTAC hospital[a]	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2025 (*n* = 2,310)							
Yes	60	75	32	48	83	74	92
No	41	25	68	52	17	26	8
2023 (*n* = 1,672)							
Yes	61	77	34	49	78	77	93
No	39	23	66	51	22	23	7
2021 (*n* = 1,292)							
Yes	66	85	35	49	78	70	95
No	34	15	65	51	22	30	5
2019 (*n* = 1,897)							
Yes	61	76	32	43	79	69	94
No	39	25	68	57	21	31	6
2017 (*n* = 1,590)							
Yes	64	76	36	45	85	75	95
No	36	24	94	55	15	25	5
2015 (*n* = 1,537)							
Yes	60	59	33	51	87	80	83
No	40	41	67	49	13	20	17

Note. These data are from the 2015 through 2025 *ASHA SLP Health Care Surveys.* From 2015 through 2023, analyses were limited to SLPs who were employed full- or part time primarily as clinicians. In 2025, analyses were limited to SLPs who were employed full time, part time, or per diem primarily as clinicians. Because of rounding, percentages may not total exactly 100%. [a]In 2021 this item was *general medical/Veterans Affairs (VA)/military/long-term acute care (LTAC)/university hospital.* In 2023 this item was *general medical/Veterans Affairs (VA)/long-term acute care (LTAC)/university hospital.*

Productivity Percentage by Health Care Setting and Year

Appendix Table 3. *Productivity requirement of SLPs, by health care setting and year.*

Statistic	%						
	Overall	**General medical, VA, or, LTAC hospital[a]**	**Home health agency or client's home**	**Outpatient clinic or office**	**Pediatric hospital**	**Rehabilitation hospital**	**Skilled nursing facility**
			2025 (*n* = 1,271)				
Median (middle)	80	80	80	78	70	80	85
Mean (average)	79	77	78	77	69	79	85
Mode	80	80	80	80	80	75	85
			2023 (*n* = 829)				
Median (middle)	80	75	80	80	69	75	85
Mean (average)	79	76	80	77	69	78	85
Mode	80	75	80	80	60	75	85
			2021 (*n* = 823)				
Median (middle)	80	75	80	80	70	80	85
Mean (average)	79	76	79	76	71	80	85
Mode	80	75	80	80	65	80	85
			2019 (*n* = 1,053)				
Median (middle)	80	75	80	75	66	80	85
Mean (average)	79	76	78	76	68	78	84
Mode	80	80	80	80	65	75	85
			2017 (*n* = 962)				
Median (middle)	80	80	80	78	70	75	85
Mean (average)	78	78	73	76	69	78	85
Mode	80	80	80	80	60	75	85

(Table continues)

Appendix Table 3. Continued

Statistic	%						
	Overall	**General medical, VA, or, LTAC hospital[a]**	**Home health agency or client's home**	**Outpatient clinic or office**	**Pediatric hospital**	**Rehabilitation hospital**	**Skilled nursing facility**
2015 (*n* = 827)							
Median (middle)	80	80	80	75	65	80	85
Mean (average)	80	80	79	76	68	80	86
Mode	80	80	80	80	65	80	85

Note. These data are from the 2015 through 2025 *ASHA SLP Health Care Surveys.* From 2015 through 2023, analyses were limited to SLPs who were employed full- or part time primarily as clinicians. In 2025, analyses were limited to SLPs who were employed full time, part time, or per diem primarily as clinicians. [a]In 2021, this item was *general medical/Veterans Affairs (VA)/military/long-term acute care (LTAC)/university hospital.* In 2023 this item was *general medical/Veterans Affairs (VA)/long-term acute care (LTAC)/university hospital.*

Pressure From Employers or Supervisors by Health Care Setting and Year

Appendix Table 4. *Percentage of SLPs who felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the last 12 months, by health care setting and year.*

Activity	%						
	Overall	**General medical, VA, or, LTAC hospital[a]**	**Home health agency or client's home**	**Outpatient clinic or office**	**Pediatric hospital**	**Rehabilitation hospital**	**Skilled nursing facility**
	2025 (*n* = 2,686)						
Alter documentation for reimbursement	5	3	3	5	3	4	10
Discharge inappropriately (e.g., early or delayed)	9	5	8	5	9	12	26
Provide evaluation or treatment that are not clinically appropriate[b]	10	11	6	5	10	13	23
Provide group therapy when individual therapy was appropriate	8	2	3	2	2	15	30
Provide inappropriate frequency or intensity of services	11	11	9	7	12	16	22
Provide services for which you had inadequate training or experience[c]	10	9	8	14	13	7	6
Did not feel pressured	67	71	76	73	68	57	44

(Table continues)

Appendix Table 4. Continued

Activity	%						
	Overall	**General medical, VA, or, LTAC hospital[a]**	**Home health agency or client's home**	**Outpatient clinic or office**	**Pediatric hospital**	**Rehabilitation hospital**	**Skilled nursing facility**
	2023 (*n* = 1,672)						
Alter documentation for reimbursement	5	3	3	3	2	2	11
Discharge inappropriately (e.g., early or delayed)	10	7	9	5	6	10	28
Provide evaluation or treatment that are not clinically appropriate[b]	10	9	4	4	2	13	25
Provide group therapy when individual therapy was appropriate	9	2	2	4	2	9	32
Provide inappropriate frequency or intensity of services	10	8	7	7	12	12	21
Provide services for which you had inadequate training or experience[c]	9	6	6	11	8	6	8
Did not feel pressured	69	75	77	75	78	69	46

(Table continues)

Appendix Table 4. Continued

Activity	%						
	Overall	General medical, VA, or, LTAC hospital[a]	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
	2021 (*n* = 1,671)						
Alter documentation for reimbursement	3	2	5	3	0	2	4
Discharge inappropriately (e.g., early or delayed)	10	4	11	5	5	11	22
Provide evaluation or treatment that are not clinically appropriate[b]	10	7	7	5	5	16	21
Provide group therapy when individual therapy was appropriate	7	1	3	2	2	13	19
Provide inappropriate frequency or intensity of services	11	8	11	7	3	18	19
Provide services for which you had inadequate training or experience[c]	7	7	6	10	5	5	4
Did not feel pressured	58	70	57	60	70	56	43

(Table continues)

Appendix Table 4. Continued

Activity	%						
	Overall	General medical, VA, or, LTAC hospital[a]	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
	2019 (*n* = 2,174)						
Alter documentation for reimbursement	4	2	4	5	1	2	6
Discharge inappropriately (e.g., early or delayed)	14	7	12	6	8	15	35
Provide evaluation or treatment that are not clinically appropriate[b]	12	12	6	6	8	16	25
Provide group therapy when individual therapy was appropriate	—	—	—	—	—	—	—
Provide inappropriate frequency or intensity of services	14	17	11	8	14	12	23
Provide services for which you had inadequate training or experience[c]	8	8	7	11	8	6	6
Did not feel pressured	68	72	75	76	80	68	49

(Table continues)

Appendix Table 4. Continued

Activity	%						
	Overall	General medical, VA, or, LTAC hospital[a]	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
	2017 (*n* = 1,643)						
Alter documentation for reimbursement	6	7	4	4	2	4	10
Discharge inappropriately (e.g., early or delayed)	15	6	8	6	7	15	37
Provide evaluation or treatment that are not clinically appropriate[b]	11	14	6	4	4	12	23
Provide group therapy when individual therapy was appropriate	—	—	—	—	—	—	—
Provide inappropriate frequency or intensity of services	16	15	10	7	12	17	32
Provide services for which you had inadequate training or experience[c]	7	6	10	8	7	6	6
Did not feel pressured	69	75	76	79	77	70	47

(Table continues)

Appendix Table 4. Continued

Activity	%						
	Overall	General medical, VA, or, LTAC hospital[a]	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
	2015 (*n* = 1,555)						
Alter documentation for reimbursement	8	4	5	6	3	11	15
Discharge inappropriately (e.g., early or delayed)	19	13	12	11	9	16	43
Provide evaluation or treatment that are not clinically appropriate[b]	16	17	7	5	7	26	37
Provide group therapy when individual therapy was appropriate	—	—	—	—	—	—	—
Provide inappropriate frequency or intensity of services	20	19	11	10	6	24	41
Provide services for which you had inadequate training or experience[c]	8	11	10	10	6	5	5
Did not feel pressured	62	67	70	72	81	53	40

Note. These data are from the 2015 through 2025 *ASHA SLP Health Care Surveys.* In 2015 and 2017, analyses were limited to SLPs who were employed full- or part time primarily as clinicians. In 2019 and 2021, analyses were limited to SLPs who were employed full- or part time. In 2025, analyses were limited to SLPs who were employed full time, part time, or per diem. [a]In 2021 this item was *general medical/Veterans Affairs (VA)/military/long-term acute care (LTAC)/university hospital.* In 2023 this item was *general medical/Veterans Affairs (VA)/long-term acute care (LTAC)/university hospital.* [b]From 2015 through 2023, this item was *Provide evaluation and treatment that are not clinically appropriate.* [c]From 2015 through 2023, this item was *Provide services for which you had inadequate training and/or experience.* Dash indicates that the item was not included in the survey.