



## Z73: Exploring Burnout Among Speech-Language Pathologists in Tennessee

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### ABSTRACT

Published Online : April 18, 2025

This study attempts to look at if/how burnout impacts speech-language pathologists (SLP) in the state of Tennessee (TN). Undergraduate students in the communication sciences and disorders program researched current literature and created a Likert-Scale survey with commenting that was collected from TN SLPs via social media. Information was analyzed with a mixed-method study and examined for thematic coding and chi-square analysis to obtain the data results. The three main contributors to TN SLP burnout were identified as caseload, fees to maintain licensure/continuing education, and profession awareness. Although legislation has been passed to support SLPs in TN there is still work to be done to assist in decreasing burnout.

### KEYWORDS:

burnout, speech-language pathologists, Tennessee, caseload

Burnout is a real condition that impacts many healthcare professions including speech-language pathology (Brito-Marcelino et al., 2020; Caron, H., Heape, A., & Williams, K., 2024; Ewen, C. et al., 2021; Marante, L. & Farquharson, K., 2021). Burnout is included in the current eleventh revision of the International Classification of Diseases (ICD-11, 2019) as an “occupational phenomenon” (Durand-Moreau, Q.V., 2019). However, it has yet to be classified as a medical condition in the Diagnostic and Statistical Manual (Durand-Moreau, Q.V., 2019). The undergraduate students at Freed-Hardeman University involved in this study wanted to determine if speech-language pathologists (SLP) in Tennessee feel the effects of burnout and if so, what influences bear the most impact, and what can be done to help lessen the impacts? This specific group in Tennessee has been affected by Tennessee legislation such as SB0231/ HB0296 state that “Insurance Companies, Agents, Brokers, Policies - As introduced, requires health benefit plans to provide coverage for habilitative or rehabilitative speech therapy services; prohibits such coverage from being subject to any maximum annual benefit, limited based on the type of medical condition, or utilization review or management; requires such coverage to cover speech therapy in person or via telehealth. - Amends TCA Title 8; Title 56; Title 63; Title 68 and Title 71.” (Tennessee General

Assembly, 2025). These types of bills are fantastic for patients, but the reality for providers is that there is not a bill that caps caseloads or requires companies to have a certain number of providers for services, so the system still has the potential of high overwhelm compared to other states. This overwhelm is seen in the latest Speech-Language Survey Caseload Summary Report from 2022 which SLPs report a broad caseload range from 0-21, and “32 districts reported SLP vacancies at the time of the survey and fifteen districts report SLP vacancies exceeding six months (TDOE, 2022, p. 3). There were also “Anecdotal comments from both directors and SLPs indicate challenges recruiting and retaining qualified SLPs, and both report relying on the support of contracted providers, speech-language teachers, and speech-language pathology assistants, with non-metropolitan areas and rural districts more affected by shortages (TDOE, 2022, p. 9). The comments by the Speech-Language Survey Caseload Summary Report are highly concerning considering that 70 or the 95 counties in the state are considered residentially rural, which means less providers and more burden for the few providers available in these areas (TDOH, 2025).

This study seeks to find if and how burnout effects speech-language pathologists across the state and what advocacy groups can specifically advocate for and push Tennessee legislation to address care for these providers and the patients they serve.

### LITERATURE REVIEW

Articles reviewed presented multiple themes that can have impacts on SLP burnout. Articles were identified

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**\*Cite this Article : Meagan A. Spencer, Susan W. Lankford, Molli B. Deere, Shea S. Robison (2025). Z73: Exploring Burnout Among Speech-Language Pathologists in Tennessee. International Journal of Clinical Science and Medical Research, 5(4), 88-93**

using CINAHL, a comprehensive database for nursing and allied health using search terms “slp burnout” “Tennessee slp” and “healthcare burnout” and the Tennessee government websites.

Identified topics were advocacy with both professional and public awareness of SLP scope of practice, increases in and high caseloads, and diversity of client needs (Blood et al., 2002, Brito-Marcelino et. al., 2020; Ewen et al., 2021; Fimian et al., 1991; Farquharson et al., 2022; Marante, L. & Farquharson, K., 2021; Marante, et al., 2022; Oh, S.M. 2019; Sylvan et al., 2020). Burnout appears to be impacted by setting as well (Blood et al., 2002, Brito-Marcelino et. al.2020; Ewen et al., 2021; Fimian et al., 1991; Farquharson

et al., 2022; Marante, L. & Farquharson, K., 2021; Marante, et al., 2022; Sylvan et al., 2020). Public school-based factors identified were caseload, lack of support, emotional fatigue, and difficulties in work-life balance (Fimian et al.,1991; Farquharson et al., 2022; Marante, L., & Farquharson, K., 2021; Blood et al., 2002). Within rehabilitation centers noted themes were job stress, job autonomy, and workplace culture (Oh, S. M., 2019). In other settings, mental health, job dissatisfaction, physical health risk, and burnout syndrome were identified as contributors to SLP burnout (Caron et al., 2024; Ewen et al., 2021; Brito-Marcelino et al., 2020). The main influences in the literature can be seen in Table 1.

Table 1

Work Setting	Factors	Study	Number of Participants	Focus/Rationale
Public School Based	Caseload Lack of Support Emotional Fatigue Difficulties in Work-Life Balance	Blood, G. W., Ridenour, J. S., Thomas, E. A., Qualls, C. D., & Hammer, C. S. (2002)	1,207	Job satisfaction
		Fimian, M. J., Lieberman, R. J., & Fastenau, P. S. (1991)	626	Occupational Stress
		Farquharson, K., Tambyraja, S., & Coleman, J. (2022)	1,069	Job Satisfaction
		Marante, L., & Farquharson, K. (2021).	453	Stress and Burnout
Rehabilitation Centers	Job Stress Job Autonomy Workplace culture	Oh, S. M. (2019)	164	Job Stress and Service Attitude
Others	Mental Health Job dissatisfaction Physical Health Risk Burnout syndrome	Caron, H., Heape, A., & Williams, K. (2024)	6	Clinical Supervision
		Ewen, C., Jenkins, H., Jackson, C., Jutley-Neilson, J., & Galvin, J. (2021)	Review	Job Satisfaction
		Brito-Marcelino, A., Oliva-Costa, E. F., Sarmiento, S. C. P., & Carvalho, A. A. (2020)	Review	Burnout Syndrome

In 2019, TN legislation eliminated a \$400 privilege tax which many professionals including SLPs had been required to pay (Tennessee Department of Revenue, 2020). The bill was initiated in 2015, and eventual passage was benefitted by lobbying and TAASLP encouraging TN SLPs

to advocate for change (Tennessee Association of Audiologists and Speech Language Pathologists, n.d.). Another relevant area of legislative concern is the establishment of a maximum caseload for TN SLPs

(Tennessee Association of Audiologists and Speech Language Pathologists, n.d.).

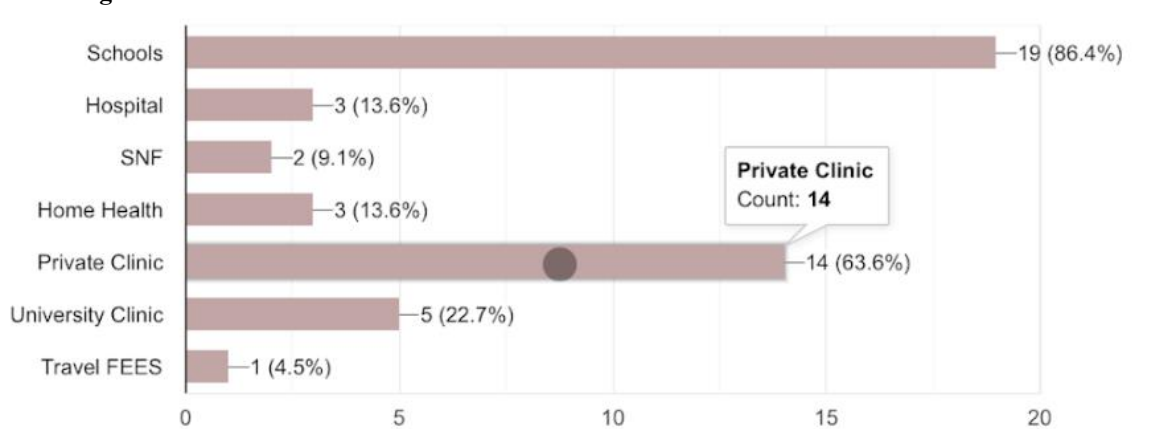
## METHOD

A Likert-Scale survey with commenting was distributed among Tennessee SLPs via social media by the 4 female authors including 2 faculty and 2 students who all completed the CITI research training required by the university's Institutional Review Board (IRB). Data analysis included quantitative and qualitative data along with content analysis. Twenty-two surveys were successfully submitted and analyzed for themes coded from individual comments. Quantitative Chi-Square was 53.13 with a p-value of 0.000025. The p-value renders significantly strong evidence to reject the null hypothesis.

## Demographics

Participants' ages ranged from 20-55 years old with most (50%) being 26-35. Years of experience as SLPs ranged from 1-10+ with 1-3-year range with 31.8% and 10+ year range with 36.4% being almost equal. This balance of experience gave a varied perspective. Workplace settings represented in the responses were schools, hospital, skilled nursing facility, home health, private clinic, and travel as seen in Figure 1. Some respondents served in more than one setting causing the numbers to not translate to 100%. Schools were the majority setting with 86.4% and private practice was the next highest setting with 63.6% representation.

Figure 1. Work Settings



## Themes

Qualitative analysis of individual comments revealed two main themes. The first theme uncovered is detriments, apparently negatives to job satisfaction, and include case load, extra duties, lack of appreciation, documentation, lack of compensation for fee/continuing education requirements. The impacts were noted and then comments were considered.

The second theme discovered is benefits including diversity of caseload and busyness. The positive attributes discovered in individual comments seem to promote job satisfaction.

Both themes can be viewed in Table 2 with their quotes and codes.

Table 2. Theme Analysis

Themes	Codes	Quotes
Detriments	Caseload Extra Duties Lack of Appreciation Documentation Uncompensated	"Caseload and workload take a heavy toll, but I am still expected to do other activities like bus and lunch duty." "Traveling to different buildings gets olds on top of the increase in case loads." "It does get old that no one in my workplace does not know what my job actually is and I don't feel appreciated." "When I worked in the schools caseload was a significant factor." "Lack of time to complete documentation." "Uncompensated for required work and education/training."

Benefits	Diversity of Caseload Busyness	<p>“I do like having diversity and variety in my caseload because it keeps my workload from becoming boring or stale.”</p> <p>“Working in a medical setting find myself to enjoy high caseload because being busier makes the day go by quicker.”</p>
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DISCUSSION

Our survey revealed the primary impacts of burnout for Tennessee SLP are caseload at 86.4% (as viewed in Figure 2), increased fees at 59.1% (as viewed in Figure 3), and other professional’s unawareness of SLP scope of practice at 59.1% (as viewed in Figure 4). With caseload being the primary contributor to burnout among TN SLPs, it is easy to see the need for change. A caseload bill was passed in TN on the first consideration by the House in 2020 but was deferred by the Senate Education Committee the same year claiming the need for further examination. No further measure has occurred

with a caseload cap since then. This may in part be due to the current lack of funding TAASLP has for a lobbyist which is directly affected by a decrease in TAASLP membership. The decrease may be due to increased fees in continuing education/membership fees. A cycle can be seen of increased fees/decreased coverage/reimbursement affecting where to spend money, affecting less membership in TAASLP, affecting the amount of money available for lobbyist and the promotion of SLP needs to those passing laws (Tennessee Association of Audiologists and Speech Language Pathologists, n.d.).

Figure 2. How does increased caseload affect burnout for you?

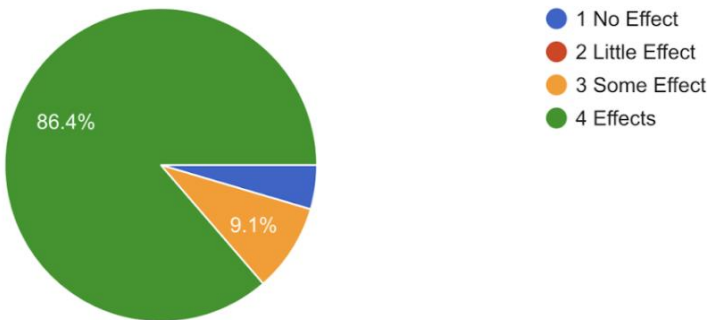


Figure 3. How does increasing fees to maintain licensure and certifications affect burnout for you?

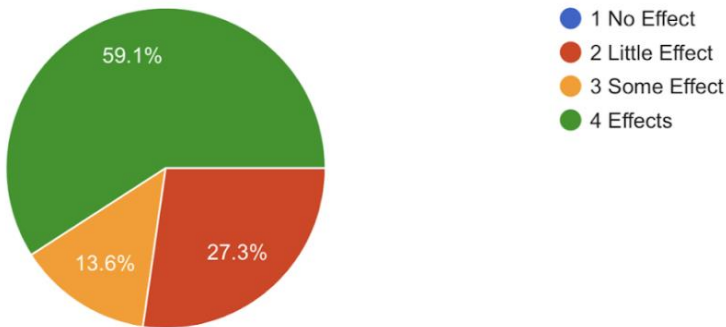
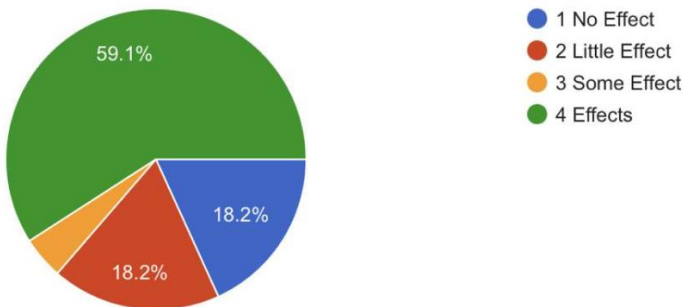


Figure 4. How do other professionals’ unawareness of your scope of practice affect burnout for you?



Furthermore, the team ran a Chi-Square analysis of the data including the Likert-scale results from each question comparing observed versus expected measures using rendering the expected frequencies per category based on the null hypothesis of no significant difference between the

groups or what is expected if there is no difference between groups (Mircioiu & Atkinson, 2017). Overall, there was found to be sufficiently strong evidence to reject the null hypothesis as found in Table 3.

Table 3. Chi-Square Survey Data

1						
2	Question	1	2	3	4	Row Total
3	How does servicing a diversity of needs affect burnout for you?	2	4	11	5	22
4	How does servicing a variety of settings affect burnout for you?	1	5	12	4	22
5	How do increases in caseload numbers affect burnout for you?	1	0	2	19	22
6	How do other professionals' unawareness of your scope of practice affect burnout for you?	4	4	1	13	22
7	How do increasing fees to maintain licensure and certifications affect burnout for you?	0	6	3	13	22
8	How does public unawareness of your scope of practice affect burnout for you?	4	6	6	6	22
9	How do changes in policies and regulations in the field affect burnout for you?	3	5	9	5	22
10	Column Total	15	30	44	65	154
11	Expected	2.142857143	4.285714286	6.285714286	9.285714286	
12						
13						
14	Question	1	2	3	4	
15	How does servicing a diversity of needs affect burnout for you?	0.01	0.02	3.54	1.98	
16	How does servicing a variety of settings affect burnout for you?	0.61	0.12	5.19	3.01	
17	How do increases in caseload numbers affect burnout for you?	0.61	4.29	2.92	10.16	
18	How do other professionals' unawareness of your scope of practice affect burnout for you?	1.61	0.02	4.44	1.49	
19	How do increasing fees to maintain licensure and certifications affect burnout for you?	2.14	0.69	1.72	1.49	
20	How does public unawareness of your scope of practice affect burnout for you?	1.61	0.69	0.01	1.16	
21	How do changes in policies and regulations in the field affect burnout for you?	0.34	0.12	1.17	1.98	

Question	1	2	3	4
How does servicing a diversity of needs affect burnout for you?	2.142857143	4.285714286	6.285714286	9.285714286
How does servicing a variety of settings affect burnout for you?	2.142857143	4.285714286	6.285714286	9.285714286
How do increases in caseload numbers affect burnout for you?	2.142857143	4.285714286	6.285714286	9.285714286
How do other professionals' unawareness of your scope of practice affect burnout for you?	2.142857143	4.285714286	6.285714286	9.285714286
How do increasing fees to maintain licensure and certifications affect burnout for you?	2.142857143	4.285714286	6.285714286	9.285714286
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How do changes in policies and regulations in the field affect burnout for you?	2.142857143	4.285714286	6.285714286	9.285714286

Chi Square:	53.13
p value	0.000025
Significance	0.05
The p value renders significance p < 0.05	
Sufficiently strong evidence to reject the null hypothesis	

LIMITATIONS AND FUTURE RESEARCH

Both small sample size and geographic location are limitations to the current study. Further research could include a larger sample size, ways to support and/or prevent burnout, legislation to cap caseload, reduction in/funding for fees, and awareness of the profession among other healthcare members/professions. Different contributors to burnout could possibly alter in future studies with the use of Artificial Intelligence, changing regulations, etc.

CONCLUSION

Our hypothesis was that caseload, broad patient needs and settings, professional fees, public awareness, and policy are factors that influence SLP burnout in Tennessee. Our survey, sent through social media mediums, was analyzed by qualitative and quantitative data. We wanted to identify what factors influence SLP burnout the most in Tennessee. Twenty-two Likert-Scale surveys (with commenting) were examined using thematic coding and chi-square analysis. Our results allowed us to confirm the hypothesis and reject the null hypothesis. The three main contributors to burnout were caseload, fees to maintain licensure and continuing education, and profession awareness. We looked at the literature and found that while legislative measures have been taken to lessen the impacts of these top three contributors, there is still work to be done to support Tennessee SLPs and decrease burnout.

Author Note

This study was registered with the Freed-Hardeman University IRB  
We have no known conflicts of interest to disclose.  
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