

APA 2024 Practitioner Pulse Survey Methodology

SURVEY HISTORY

The 2024 Practitioner Pulse Survey is the latest survey cycle of a series of annual, online surveys conducted by the American Psychological Association (APA) that explores the nature of psychologists' practice patterns. First launched in 2020, the survey has different names, including the 2020 COVID-19 Telehealth Practitioner Survey, 2021 COVID-19 Telehealth Practitioner Survey, 2022 COVID-19 Practitioner Impact Survey, and 2023 Practitioner Pulse Survey. Earlier survey cycles focused primarily on the shift from in-person practice to telehealth and the impacts of the COVID-19 pandemic. The 2024 Practitioner Pulse survey focused more broadly on psychological practice, including what settings psychologists worked in, how psychologists specialized their practices, the nature of those practices, and additional topics. The survey was conducted on the Qualtrics survey platform in 2020-2022. From 2023-2024, the survey was conducted on Alchemer (formerly SurveyGizmo).

PARTICIPANTS AND SAMPLING PROCEDURES

The target population was doctoral-level psychologists who held a license to practice in at least one U.S. state. The population was identified by state licensing board lists obtained from the National Center for the Analysis of Healthcare Data. Psychologists were invited to respond to the survey if they had an active license and were further screened for eligibility within the survey. Eligibility criteria included all the following: holding a doctoral degree, actively working, actively treating patients, and holding an active license to practice psychology in at least one state. The APA included both members and non-members in its sample selection.

2024 SAMPLE

The 2024 Practitioner Pulse survey sample was a probability-based random sample, meaning any licensed psychologist that could be contacted had an equal likelihood of being invited to participate in the survey. A list of doctoral-level licensed psychologists with contact emails was generated and de-duplicated. A total of 118,365 psychologists were identified, and 60,338 had email addresses. Contact email addresses were generated from APA membership records and state licensing lists. To select the sample, each psychologist was assigned a random value between zero and one, and then these random values were sorted from lowest to highest. One sample of psychologists having the lowest 35,000 random values was then selected.

An initial survey invitation was sent to the random sample of 35,000 psychologists on September 4, 2024. Of the 35,000 licensed psychologists invited to participate in the 2024 Practitioner Pulse Survey, 7,685 did not receive the invitation due to bounced emails or other errors. An additional 127 psychologists were unsubscribed from survey email messages. This resulted in 27,188 invitations delivered to licensed psychologists. Psychologists who completed the survey, who disenrolled from notifications, who were unreachable, or who did not meet the qualification requirements were removed from the email campaign and received no further emails. Up to two reminder emails were sent September 11, 2024, and September 16, 2024. A final email extending the deadline was sent on September 24, 2024. The survey closed on September 30, 2024.

A total of 251 respondents did not agree to the consent statement at the beginning of the survey, did not meet the eligibility criteria, or did not sufficiently complete the survey. A total of 853 licensed psychologists completed the survey, resulting in a response rate of 3.1%.

SAMPLE COMPARISONS OVER TIME

Five annual cycles of data have been collected with the Practitioner Pulse Survey from 2020 to 2024. Below, we present descriptive statistics for selected demographic and work characteristics. In general, patterns were similar over time. While there were small fluctuations between survey cycles, overall there were no major shifts. The implementation of a random sample in 2023 and 2024 improved the generalizability of the findings.

Response Rate

While the overall number of responses was lower in 2024 than in some prior survey cycles, the response rate was similar to previous surveys (Table 1). The 2024 response rate was the lowest in the history of the survey, despite the survey being significantly shorter than previous years. The response has been steadily declining over most survey cycles.

Table 1. Survey Response Rates, 2020-2024

	2020	2021	2022	2023	2024
Total Sample	26,602	26,400	70,034	16,557	35,000
Delivered Invitations	22,802	*	62,877	14,601	27,188
Completions	1,787	1,141	2,295	561	852
Response Rate	7.8%	4.3%	3.6%	3.8%	3.1%

*This value was not tracked in survey year 2021. Response rate = completions/delivered invitations, except in 2021 where response rate = completions/total sample.

Select Sample Demographics

Race/Ethnicity (Table 2) and gender (Table 3) of the 2024 sample were in keeping with previous years' samples. While the 2024 sample had slightly smaller percentages of white respondents than previous years, these deviations were marginal. Of note, 2020's survey instrument did not include Arab American, Middle Eastern, North African, or Bi/Multi-racial options in its demographics section.

Table 2. Survey Sample Demographics, Race and Ethnicity, 2020-2024

	2020	2021	2022	2023	2024
American Indian, Alaska Native, and/or Indigenous	1%	1%	0%	0%	1%
Arab American, Middle Eastern, or North African	-	0%	0%	0%	1%
Asian or Asian American	3%	3%	2%	3%	2%
Bi/Multi-racial	-	1%	2%	2%	2%
Black or African American	3%	4%	3%	3%	3%
Latino/a/x or Spanish Origin	5%	5%	3%	3%	3%
Native Hawaiian or Other Pacific Islander	0%	0%	0%	0%	0%
Southeast Asian	0%	0%	0%	1%	0%
White/ European American	88%	87%	84%	82%	81%
Another race or ethnicity not listed	2%	1%	1%	1%	2%

Prefer not to answer	3%	3%	3%	3%	5%
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Both the race/ethnicity question and the gender identity question have seen steadily rising amounts of participants selecting “prefer not to answer”. Additional feedback provided by respondents to the 2024 Practitioner Pulse Survey suggested this may be due to fear of persecution over holding a marginalized identity, or due to political opposition to self-identification.

Table 3. Survey Sample Demographics, Gender, 2020-2024

	2020	2021	2022	2023	2024
Female/Woman	68%	70%	69%	64%	65%
Male/Man	32%	30%	28%	33%	31%
Nonbinary	0%	0%	1%	0%	1%
Prefer not to answer	-	0%	2%	2%	3%
Prefer to self-describe	0%	0%	0%	1%	0%
Two-spirit	0%	0%	0%	0%	0%

Respondents were assigned to career stage categories based on year of highest degree:

- Early Career: Psychologists who are practicing 10 or fewer years after receiving their doctorate
- Mid-Career: Psychologists who are practicing 11 to 20 years after receiving their doctorate
- Senior Career: Psychologists who are practicing 21 to 30 years after receiving their doctorate
- Late Senior Career: Psychologists who are practicing 31 or more years after receiving their doctorate

Career stage was relatively consistent across survey years.

Table 4. Survey Sample Demographics, Career Stage, 2020-2024

	2020	2021	2022	2023	2024
Early Career	14%	12%	14%	16%	12%
Mid-Career	21%	24%	26%	27%	24%
Senior Career	26%	26%	26%	26%	28%
Late Senior Career	37%	38%	34%	31%	36%

Practice Characteristics

Employment status remained consistent in 2024 compared to previous years (Table 5). The 2024 sample consisted of slightly fewer psychologists working full-time compared to previous samples, and slightly more reporting they were retired and not working. The latter group of respondents were screened out from completing the rest of the survey per the inclusion criteria.

Table 5. Survey Sample Demographics, Work Status, 2020-2024

	2020	2021	2022	2023	2024
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Working full-time, including self-employed, consulting and practice (at least 35 hours per week or at least 31 client hours per week)	55%	54%	52%	53%	48%
Working part-time (less than 35 hours per week or less than 31 client hours per week)	40%	41%	39%	33%	35%
Postdoctoral study	0%	0%	0%	0%	0%
Not working and seeking work	0%	0%	0%	1%	0%
Not working and NOT seeking work	0%	1%	0%	1%	0%
Retired and NOT working	1%	1%	3%	4%	5%
Retired and STILL working	4%	3%	5%	5%	7%
Not applicable	0%	0%	0%	4%	5%

Primary work setting for the 2024 sample was generally similar to previous percentages for this question. (Table 6).

Table 6. Survey Sample Demographics, Primary Work Setting, 2020-2024

	2020	2021	2022	2023	2024
Private Practice	77%	79%	76%	65%	70%
Hospital (includes VA Medical Centers)	6%	6%	9%	11%	11%
Organized Human Service Settings	5%	4%	4%	5%	4%
University	3%	2%	2%	4%	3%
Medical School/Academic Health Center	3%	2%	4%	6%	4%
Government Settings	2%	1%	1%	3%	3%
K-12 School	1%	1%	1%	1%	1%
Business & Other Settings	1%	1%	0%	1%	1%
Other Educational Settings (includes Independent Professional Schools of Psychology)	0%	0%	0%	0%	0%
Four-year College	0%	0%	0%	1%	0%
None of these	2%	1%	1%	2%	3%

Self-reported primary areas of specialty of the 2024 sample were generally similar to previous survey cycles (Table 7).

Table 7. Survey Sample Demographics, Primary Area of Specialty, 2020-2024

	2020	2021	2022	2023	2024
Clinical Child & Adolescent Psychology	15%	12%	12%	15%	10%
Clinical Health Psychology	6%	5%	6%	6%	5%
Clinical Neuropsychology	4%	4%	5%	6%	4%
Clinical Psychology	48%	55%	57%	48%	50%
Clinical Psychopharmacology	-	-	-	0%	0%
Cognitive Behavioral Psychology	8%	7%	5%	3%	9%
Counseling Psychology	8%	8%	8%	8%	8%
Couple & Family Psychology	4%	2%	1%	1%	1%
Forensic Psychology	1%	1%	1%	3%	3%

Group Psychology	1%	0%	0%	0%	0%
Organizational and Business Psychology	0%	0%	0%	1%	0%
Police & Public Safety Psychology	0%	0%	0%	1%	0%
Professional Geropsychology	1%	1%	1%	1%	1%
Psychoanalytic and Psychodynamic Psychology	3%	4%	4%	4%	5%
Rehabilitation Psychology	1%	0%	1%	1%	1%
School Psychology	1%	1%	1%	1%	1%
Serious Mental Illness Psychology	-	-	-	1%	1%

INSURANCE PARTICIPATION

Special analyses determined if insurance participation varied by specialty, setting, or services provided were conducted. The highest-represented categories were chosen for these sub-analyses. For specialties, self-reported primary specialties with more than 50 psychologists were examined. For work settings, private practice was included and, due to their similarity, hospitals, academic medical centers, and organized human services settings were combined into one work setting category. And for services provided, three categories were created: a “therapy” category for psychologists who provided individual, family, or group therapy (90% of psychologists); a “testing” category for psychologists who provided psychological or neuropsychological testing (35%); and an “Health Behavior Assessments and Interventions” (HBAI) category for psychologists who provided health behavior assessments and interventions (16%). Unlike the specialty and setting categories, the service categories were not mutually exclusive – an individual psychologist could belong to all three service categories.

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