Workforce Report

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Executive Summary

The American Speech-Language-Hearing Association (ASHA) conducted a survey of audiologists in the fall of 2025. The survey was designed to provide information about salaries, working conditions, and service delivery as well as to update and expand information gathered during previous *Audiology Surveys.*

The results are presented in a series of reports. This report is based on responses from audiologists in colleges and universities, hospitals, audiology franchises and retail chains, nonresidential health care facilities (including audiologists' and physicians' offices), industry, and schools.

Highlights

- 88% of the audiologists worked full time.
- 83% received primarily an annual salary.
- 73% were clinical service providers.
- Their median for "years of experience" was 16 years.
- 78% held an AuD degree as their only doctorate.
- 34% said that job openings and job seekers were in balance.
- 46% of audiologists in nonresidential health care facilities said that there were more job openings than job seekers.
- 38% said that recruitment and retention of qualified audiologists were not at all or slightly challenging.
- 47% were not experiencing burnout.
- 13% were considering leaving the profession because of burnout.
- 37% selected *providing step increases* as one of their top two initiatives for retaining audiologists.
- 85% of the audiologists who knew said that union representation was not available to them.

Who They Are

The data in this report were gathered from 1,525 ASHA-certified audiologists who responded to the *2025 Audiology Survey.*

Status

- 88% were employed full time.
- 12% were employed part time.

Salary Basis

- 83% received primarily an annual salary.
- 15% received primarily an hourly wage.
- 2% received primarily a commission.

Primary Function

- 73% were clinical service providers.
- 11% were college or university faculty or clinical educators.
- 7% were administrators, supervisors, directors, or owners.
- 2% were in sales, training, or technical support.
- 2% were researchers.
- 2% were consultants.
- 1% were hearing conservationists.
- 1% filled *other* functions.

Primary Facility

- 35% worked in nonresidential health care facilities.
- 31% worked in hospitals.
- 14% worked in colleges and universities.
- 12% worked in schools.
- 3% worked in industry.
- 2% worked in audiology franchises and retail chains.
- 1% worked in occupational / environmental safety programs.
- 3% worked in *other* facilities.

Years of Experience

- Overall median years of experience was 16 years.
  - 25 years in schools
  - 21 years in industry
  - 21 years in audiology franchises and retail chains
  - 20 years in colleges and universities
  - 15 years in nonresidential health care facilities
  - 12 years in hospitals

Highest Degree

- 11% held a master's as the highest degree.
- 78% held an AuD as their only doctorate.
- 6% held a PhD as their only doctorate.
- 1% held another doctoral degree as their only doctorate.
- 4% held multiple doctorates.

Population Density

- 40% worked in a cities or urban areas.
- 44% worked in a suburban area.
- 17% worked in a rural area.

Divisions of the Country

- 15% worked in New England: CT, MA, ME, NH, RI, VT.
- 5% worked in the Middle Atlantic states: NJ, NY, PA.
- 11% worked in the East North Central states: IL, IN, MI, OH, WI.
- 11% worked in the West North Central states: IA, KS, MN, MO, NE, ND, SD.
- 14% worked in the South Atlantic states: DC, DE, FL, GA, MD, NC, SC, VA, WV.
- 12% worked in the East South Central states: AL, KY, MS, TN.
- 4% worked in the West South Central states: AR, LA, OK, TX.
- 17% worked in the Mountain states: AZ, CO, ID, MT, NM, NV, UT, WY.
- 10% worked in the Pacific states: AK, CA, HI, OR, WA.

Job Market

We have been asking audiologists for their opinion on the job market for more than 25 years. This year, when we asked them to rate the current job market for audiologists in their type of employment facility and in their geographic area, their responses were fairly evenly distributed.

- 36% said that there were more job openings than job seekers.
- 34% said that job openings and job seekers were in balance.
- 30% said that there were fewer job openings than job seekers.

Facility

The type of facility where audiologists were employed had a significant impact on their responses ($p < .001$).

- Audiologists in nonresidential health care facilities (46%) were the most likely group—and those in schools (26%) were the least likely group—to say that there were more job openings than job seekers.
- Audiologists in franchises and retail chains (48%) were the most likely group—and those in industry (25%) were the least likely group—to say that job openings and job seekers were in balance.
- Audiologists in schools (46%) were the most likely group—and those in franchises and retail chains (17%) were the least likely group—to say that there were fewer job openings than job seekers (see AppendixTable 1).

Function

Five of the eight types of functions that were identified in the survey had sufficient numbers of respondents (i.e., at least 25) to report their responses (p = .003). Which groups were most likely to select each of the three responses?

- Audiologists who worked as administrators, supervisors, directors, or owners (48%) were more likely than those in other functions to select *more job openings than job seekers* than the other options.
- Audiologists who worked as college or university faculty and clinical educators (42%) were the only group that selected *job openings and job seekers in balance* more often than they selected the other options.
- Audiologists who were researchers (52%) and those involved in sales, training, and technical support (42%) selected *fewer job openings than job seekers* more often than they selected the other two options (see Appendix Table 2).

Divisions of the Country

The area of the country where audiologists were employed had an effect on their responses (p < .001).

- Audiologists in the Middle Atlantic (47%) and South Atlantic (49%) states were more likely to select *more job openings than job seekers* than to select the other options.
- Audiologists in the New England (36%) and East North Central (48%) states were more likely to select *job openings and job seekers in balance* than to select the other options.
- Audiologists in the West North Central (40%), West South Central (36%), and Mountain states (35%) were more likely to select *fewer job openings than job seekers* than to select the other options.
- East South Central and Pacific states were more complicated. Audiologists in each of those divisions had ties between two choices. Specifically, 35% of the audiologists in the East South Central states and 37% of those in the Pacific states selected (a) *more job openings than job seekers* and (b) *job openings and job seekers in balance.*

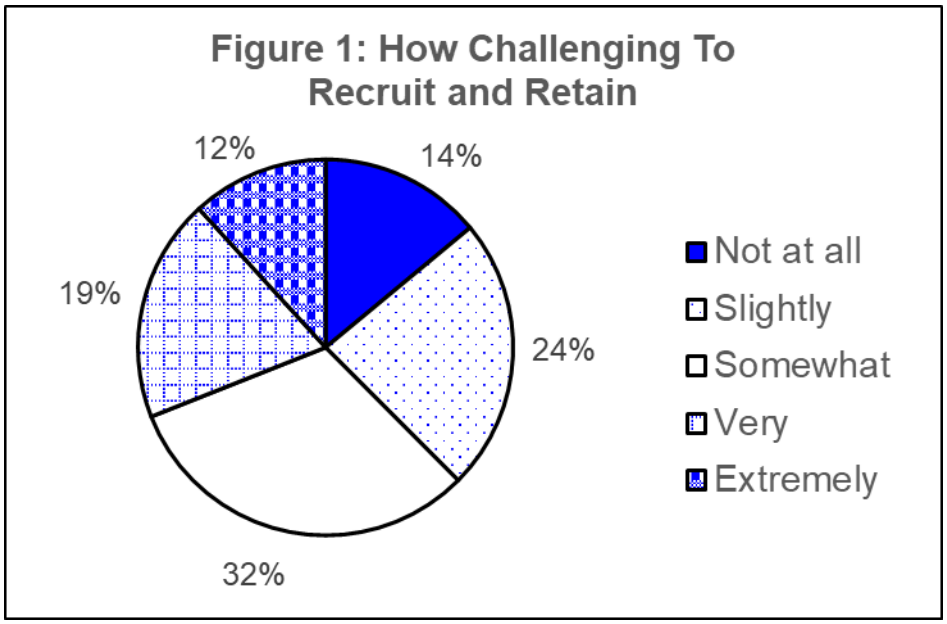
Population Density

Finally, population density of the patients or students whom audiologists serve was also a predictor of how they viewed job openings ($p < .001$).

- Audiologists in cities or urban areas were more likely to say that there were *more job openings than job seekers* (37%) than to select a different response.
- Audiologists in suburban areas were more likely to say that job openings and job seekers were in balance (38%) than to select a different response.
- Audiologists in rural areas had the strongest response: 51% of them said that there were more job openings than job seekers, with the other responses split evenly—*job openings and job seekers in balance* and *fewer job openings than job seekers* each being selected by 24% of the audiologists.

Recruiting and Retaining

We then asked how challenging it is to recruit and retain qualified audiologists in their type of employment facility and in their geographic area. More than one third (38%) said that recruitment and retention were *not at all* or *slightly* challenging (see Figure 1).



Note. n = 1,275.

Facility

Facility had an effect on the audiologists' choices (p = .004).The facility in which audiologists were more likely than any other to say that recruiting and retaining qualified audiologists was *not at all challenging* was schools (23%). At the other extreme, the facility category in which audiologists were more likely than any other to say it was *extremely challenging* was franchises or retail chains (17%; see Appendix Table 3).

Population Density

Population density also had an effect on the audiologists' choices (p < .001). Audiologists in cities or urban areas (14%) and in suburban areas (16%) were more likely than those in rural areas (9%) to say that recruitment and retention were *not at all challenging.* At the other end of the spectrum, audiologists in rural areas (23%) were more likely than those in cities or urban areas (9%) or in suburban areas (9%) to identify the challenge as *extreme* (not shown in any table).

Neither function (p = .159) nor division of the country (p = .595) had a significant effect on audiologists' responses to this question.

Professional Burnout

We asked the audiologists if professional burnout was prompting them to consider changing careers or retiring. Nearly half (47%) of the audiologists who were employed part- or full time said that they were not experiencing burnout. Among the remaining respondents:

- 20% said that they were considering changing to a different work setting because of burnout.
- 13% said that they were considering leaving the profession because of burnout.
- 5% said that they were considering a career change—but not because of burnout.
- 8% said that they were considering retiring because of burnout.
- 8% said that they were considering retiring—but not because of burnout.

When we combined the data into two functions—*clinical service providers* and *others*—function was not a predictor of responses (p = .768). Division of the country (p = .095) and population density (p = .235) also were not predictors. The type of facility had too many small cells to test whether it had an effect on responses.

Retention Initiatives

We presented a list of five initiatives—plus an "other" option and a "not applicable" option—that their employer could offer to help retain audiologists, and we asked them to select the top two. The response that was selected more often than any of the other responses by audiologists who were employed part- or full time was *provide step increases* (37%). Facility had an effect on this response, with answers ranging from 18% of audiologists in schools to 44% of audiologists— in colleges and universities selecting it as one of their top two ($p < .001$).

The initiative in second place—with 21% of the audiologists putting it in their top two—was *provide professional development funding*. Facility was related to this choice, with answers ranging from 15% of audiologists in franchises and retail chains to 26% of audiologists in hospitals and in industry selecting it ($p = .023$).

The third initiative selected was *reimburse ASHA dues* and was selected by 19% of the audiologists to be in their top two. Facility was related to this choice, ranging from 9% of audiologists in industry to 33% of audiologists in schools selecting it ($p < .001$).

The fourth initiative selected was *reimburse state licensure fees*—16% of the audiologists chose it to be in their top two. Facility was related to this choice, with responses ranging from 6% of audiologists in franchises and retail chains to 28% of audiologists in schools selecting it ($p < .001$).

Place audiologists on a separate salary schedule from teachers was ranked in their top two initiatives by 9% of the audiologists, ranging from 3% of audiologists in nonresidential health care facilities to 37% of audiologists in schools ($p < .001$).

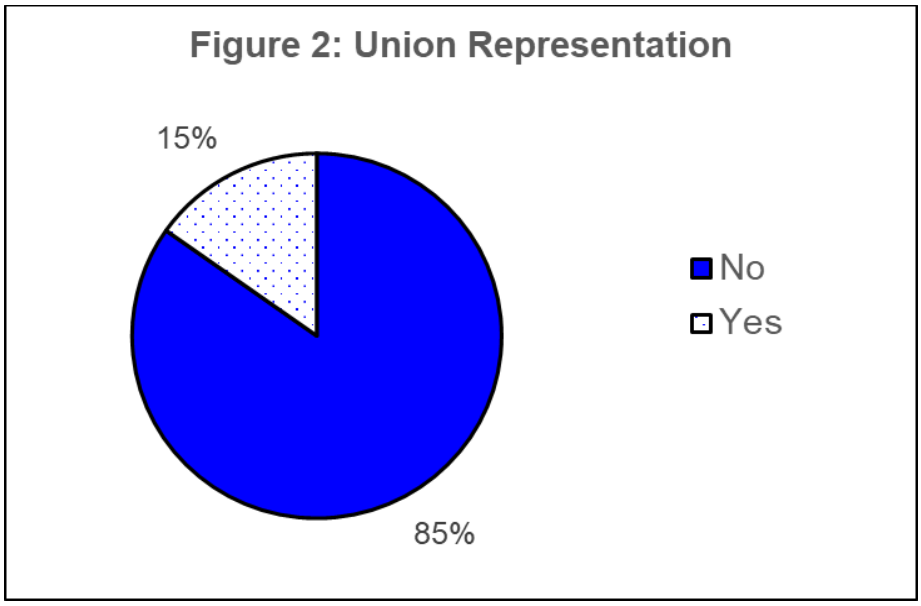
A list of "other" responses can be found in Appendix C, Q. 35, of the *Summary Report.* The "other" response was selected by 25% of the audiologists, with responses ranging from 13% of audiologists in schools to 29% of audiologists in hospitals ($p = .001$).

Finally, *not applicable* was selected by 14% of the audiologists—including 6% in schools, 8% in hospitals, 15% in colleges and universities, 18% in franchises and retail chains, 21% in industry, and 22% in nonresidential health care facilities ($p < .001$).

Union Representation

When we asked audiologists who were employed part- or full time if union representation were available to them through their employer, 12% responded that they *did not know.* This included 3% in industry, 7% in franchises and retail chains, 10% in schools, 11% in nonresidential health care facilities, and 13% in both (a) colleges and universities and (b) hospitals.

When we deleted the group who did not know and included only those who said *yes* or *no,* 85% said that union representation was not available (see Figure 2).



Note. n = 1,148.

Facility

Those who said *yes* included 0% in franchises and retail chains, 0% in industry, 2% in nonresidential health care facilities, 12% in hospitals, 26% in colleges and universities, and 55% in schools ($p < .001$).

Divisions of the Country

The division of the country where patients or clients were located had an effect on union representation, which was least available in the East South Central (5%), Middle Atlantic and West North Central (8%), and South Atlantic states (12%) and most available in the East North Central (17%), New England and West South Central (18%), Mountain (21%), and Pacific states (23%; $p < .001$).

Salary Basis

Audiologists who received primarily an annual salary (16%) were more likely than those who were paid primarily an hourly wage (11%) or primarily on commission (0%) to have union representation ($p = .031$).

Survey Notes and Methodology

The *ASHA Audiology Survey* was fielded in even-numbered years between 2004 and 2018 to gather information of interest to the profession. The 2020 version was postponed by 1 year because of the COVID-19 pandemic, but the survey has been fielded in odd-numbered years since 2021. Members, volunteer leaders, and staff rely on data from the survey to better understand audiologists' needs and priorities.

Response Rate

ASHA fielded the *2025 Audiology Survey* to all ASHA-certified audiologists (CCC-A) and dually certified constituents (CCC-A and CCC-SLP) who had addresses in the United States. Of the dually certified constituents, we included in the results only those who said that they were employed as audiologists. We also marketed the survey to known audiology communities and through social media invitations to provide additional avenues for audiologists to become aware that the survey was in the field. The survey was fielded electronically, via SurveyMonkey, six times between September 23 and November 6, closing on November 10.

We obtained a response rate of 13.8% (1,478 completed surveys directly from emailed invitations and an additional 47 responded on the web from a net sample of 11,044 audiologists).

Survey Reports

Results from the *2025 Audiology Survey* are presented in a series of reports:

- Survey Summary
- Annual Salaries
- Hourly Wages
- Clinical Focus Patterns
- Workforce
- Educational Audiologists
- Survey Methodology, Respondent Demographics, and Glossary

Suggested Citation

American Speech-Language-Hearing Association. (2026). *ASHA 2025 Audiology Survey: Workforce Report.* www.asha.org

Supplemental Resources

American Speech-Language-Hearing Association. (n.d.-a). *Advocacy.* www.asha.org/advocacy

American Speech-Language Hearing Association. *ASHA Career Portal: Your place for career development.* (n.d.-b). https://careers2.asha.org

American Speech-Language Hearing Association. (n.d.-c). *Audiology patient education handouts.* www.asha.org/aud/audiology-resource-library/

American Speech-Language Hearing Association. (n.d.-d). *Clinical personnel supply and demand in audiology and speech-language pathology.* www.asha.org/Research/Clinical-Workforce/

American Speech-Language Hearing Association. (n.d.-e). *Job seeker toolkit*. https://careers.asha.org/job-seeker-toolkit/

Consultation

For a free consultation with an ASHA staff audiologist, please contact audiology@asha.org.

Additional Information

For additional information regarding the *2025 Audiology Survey,* please contact ASHA's Audiology Practices unit at audiology@asha.org. To learn more about how the Association is working on behalf of ASHA-certified audiologists, visit ASHA's website at www.asha.org/aud.

Thank You!

ASHA would like to thank the audiologists who completed the *ASHA 2025 Audiology Survey.* Reports like this one are possible only because people like *you* participate.

Appendix Table 1: Job Openings, by Facility

32. Based on your own observations and experiences, how would you rate the current job market for audiologists in your type of employment facility and in your geographic area? *(Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Job Market	Facility Type						
	All facility types (*n* = 1,278)	**College/ university (*n* = 189)**	**Hospital (*n* = 412)**	**Franchise/ retail chain (*n* = 29)**	**Nonres. health care (*n* = 429)**	**Industry (*n* = 36)**	**School (*n* = 147)**
More job openings than job seekers	36.2	36.0	31.1	34.5	45.7	33.3	25.9
Job openings and job seekers in balance	34.3	43.4	37.1	48.3	29.1	25.0	28.6
Fewer job openings than job seekers	29.5	20.6	31.8	17.2	25.2	41.7	45.6
		Statistical significance: $\chi^2(10) = 55.60$, ***p* < .001**, Cramer's $V = .150$ Conclusion: There is adequate evidence from the data to say that the responses vary by type of facility.					

Appendix Table 2: Job Openings, by Function

32. Based on your own observations and experiences, how would you rate the current job market for audiologists in your type of employment facility and in your geographic area? *(Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Job Market	Function					
	All facility types (*n* = 1,278)	**Clinical service provider (*n* = 928)**	**College, university faculty / clinical educator (*n* = 151)**	**Researcher (*n* = 31)**	**Administrator, supervisor, director, owner (*n* = 93)**	**Sales, training, technical support (*n* = 26)**
More job openings than job seekers	36.2	35.9	36.4	16.1	48.4	30.8
Job openings and job seekers in balance	34.3	33.9	42.4	32.3	30.1	26.9
Fewer job openings than job seekers	29.5	30.2	21.2	51.6	21.5	42.3
		Statistical significance: $\chi^2(14) = 32.88$, ***p* = .003**, Cramer's *V* = .113 Conclusion: There is adequate evidence from the data to say that the responses vary by type of facility.				

Note. Consultant (*n* = 22), hearing conservationist (*n* = 11), and "other" (*n* = 16) were included in (a) the "All facility types" column and (b) the test of statistical significance.

Appendix Table 3: Recruiting and Retaining Audiologists, by Facility

33. How challenging is it to recruit and retain qualified audiologists in your type of employment facility and in your geographic area? *(Percentages)*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-A or dually certified (CCC-A and CCC-SLP employed as an audiologist)
- ❖ Employed full time or part time

Challenge	Facility Type						
	All facility types (*n* = 1,275)	**College/ university (*n* = 189)**	**Hospital (*n* = 414)**	**Franchise/ retail chain (*n* = 29)**	**Nonres. health care (*n* = 426)**	**Industry (*n* = 35)**	**School (*n* = 146)**
Not at all challenging	14.0	14.3	15.9	6.9	9.6	5.7	22.6
Slightly challenging	23.5	23.3	26.8	17.2	21.6	20.0	21.2
Somewhat challenging	31.5	31.2	31.9	31.0	31.7	34.3	32.2
Very challenging	19.2	18.5	15.2	27.6	24.2	31.4	11.6
Extremely challenging	11.8	12.7	10.1	17.2	12.9	8.6	12.3
		Statistical significance: $\chi^2(20) = 41.08$, ***p* = .004**, Cramer's $V = .091$ Conclusion: There is adequate evidence from the data to say that the responses vary by type of facility.					