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Exploring the unemployment crisis among speech therapists and audiologists in South Africa: perspectives on institutional roles, professional bodies, and the path to job creation

Nomfundo Moroe[1*], Nothando Nkosi[1] and Ben Sebothoma[1]

Abstract

Background Despite the critical need for speech therapists and audiologists to meet various healthcare demands, including those outlined in the National Health Insurance Bill, unemployment among these professionals in South Africa remains a growing concern. Previous studies indicate that 16% of newly graduated speech therapists and audiologists are unemployed within the first year after completing community service, with this figure increasing to 19% by the second year. However, little is known about the lived experiences of unemployment among these professionals.

Purpose To explore the lived experiences of unemployed speech therapists and audiologists after community service, including their perceptions of job creation efforts by the government, universities, and professional bodies and their reflections on their chosen field of study and considerations of alternative career paths.

Methods A non-probability purposive sampling strategy was employed to recruit participants who met the inclusion criteria. Participants consisted of speech therapists and audiologists who were either currently unemployed or had experienced unemployment within the last five years. Semi-structured interviews were conducted online to collect qualitative data. Data were analysed qualitatively, following Braun and Clarke's thematic analysis.

Results Three key subthemes emerged from the data on the lived experiences of participants: (1) social and lifestyle changes, (2) mental health concerns, and (3) financial strain. Participants also shared their perspectives on job creation, emphasizing the need for universities to better prepare graduates for the private sector and for professional boards and heads of departments to advocate more effectively for the profession. Despite their challenges, participants expressed a strong commitment to their profession, with many seeking alternative roles within the field and expressing no regrets about their career choices.

Discussion The findings reveal the multifaceted challenges faced by unemployed speech therapists and audiologists in South Africa, spanning systemic, social, financial, and psychological domains. Participants' experiences highlight the importance of coordinated efforts by the government, universities, professional bodies, and the private sector to address unemployment and create sustainable career pathways.

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Conclusion This study highlights the urgent need for systemic interventions to support unemployed speech therapists and audiologists. Efforts must focus on enhancing graduate employability, promoting advocacy for job creation, and developing alternative opportunities within the profession. Addressing these issues is essential for aligning the workforce with the nation's healthcare needs and ensuring that speech therapists and audiologists can contribute effectively to the healthcare system.

Keywords Unemployment, Speech therapists and Audiologists, South Africa

Background

In South Africa, speech therapists and audiologists play a critical role in the healthcare system, providing essential services to individuals with communication and hearing difficulties [1–3]. Their expertise spans across age groups, from children with speech or language delays to older adults experiencing hearing loss. These professionals are particularly valuable in a country characterised by linguistic diversity and socio-economic disparities [4, 5]. Effective communication is vital for quality of life, and speech therapists and audiologists contribute significantly to addressing these needs in both public and private healthcare settings [6, 7].

Despite the demand for these services, particularly in underserved and rural communities, many qualified speech therapists and audiologists remain unemployed after completing their studies [8]. A recent study by Hlayisi [8] surveyed 132 audiologists to explore employment rates among newly graduated South African audiologists and to identify challenges related to securing and sustaining employment. The findings revealed that 16% [8] of participants were unemployed within the first year after graduation, with this figure rising to 19% by the second year. Of those employed, nearly a fifth (19%) were working outside the audiology or healthcare sectors.

This situation is particularly concerning in light of South Africa's ongoing implementation of the National Health Insurance (NHI) bill, which aims to reform the healthcare system [9, 10]. The NHI is projected to require an additional 608 audiologists and speech therapists between 2017 and 2030 to meet its objectives [6]. However, as of 2024, six years before the NHI's target year (2030), South Africa faces a significant shortage of these professionals. An unemployment rate of 16% to 19% is considered relatively high when compared to the estimated annual number of audiology graduates in South Africa, which ranges from 100 to 150 across the seven institutions offering the programme. This suggests that an entire cohort of audiology graduates from a single institution could experience unemployment within their first and second years after graduation [8], which has implications for the NHI targets. Furthermore, the current practitioner-to-population ratio stands at just 0.57 per 10,000 people, and only 22% of the workforce is employed within the public healthcare sector [11]. This disparity highlights a clear mismatch between the demand for and supply of audiologists and speech therapists, as well as issues related to capacity versus demand [11, 12]. Furthermore, it has significant implications for underserved and rural communities, where the unequal distribution of therapists between urban and rural facilities exacerbates the issue. Over half of the rehabilitation workforce is employed in urban areas [13], leaving rural hospitals struggling to attract healthcare professionals due to limited resources. Those who do take up positions in these areas often face challenging working and living conditions, making staff retention difficult. Additionally, undergraduate training programmes fail to prepare therapists for the demanding workloads and diverse case mix typically encountered in rural hospital settings [13].

The shortage of these professionals raises critical concerns about South Africa's ability to meet the 2030 Agenda for Sustainable Development Goals, which stresses the need for increased health financing and improved recruitment, development, training, and retention of the health workforce [6]. The ongoing shortages question the NHI's potential effectiveness in addressing the unequal distribution of health professionals and providing universal health coverage. Additionally, it challenges the NHI's goal of ensuring quality healthcare services for all South Africans and rectifying disparities between the private and public sectors [6, 14, 15].

The persistent staff shortages, particularly in critical health professions, highlight the need for urgent action [16, 17]. Compounding this issue is the fact that universities continue to graduate a substantial number of new professionals annually, further exacerbating the surplus of qualified individuals who struggle to find employment [18]. For example, from 2018 and 2023, the number of medical interns trained by universities increased by 60% in response to the demand for more doctors in government hospitals, despite the availability of vacant posts and allocated budgets. While universities have responded to the government's call to produce more graduates in health sciences, health departments have struggled to align the growing supply with the number of available posts [18].

In the Speech Language and Hearing profession, the division of speech pathology and audiology as separate

fields (discussed in more detail in the next section) in training has led to an increase in student enrolment without corresponding provisions for job security after graduation. This situation is exacerbated by the limited availability of posts in the public sector, which fails to absorb the increasing number of graduates, particularly after community service [8].

Context and education system of speech therapists and audiologists in South Africa

In South Africa, the Speech Therapy and Audiology degree is offered at seven universities. Training in this field began in 1937 with a two-year diploma in Logopaedics at the University of the Witwatersrand [15]. By 1946, the programme evolved into a four-year degree that enabled graduates to register as both speech therapists and audiologists [15]. Over the years, the Board for Speech-Language and Hearing Professions recognised speech-language therapy and audiology as two separate but interweaved and autonomous professions [19]. As a result, universities moved away from the traditional programme that combined both fields, and since 1999, students have been trained and graduated separately as either speech-language therapists or audiologists [15]. Historically, there has been a favourable bias towards white speech therapists and audiologists, who are predominantly female and English or Afrikaans-speaking [20]. According to the 2012 South African Speech Language and Hearing Association (SASLHA) database, native English and/or Afrikaans speakers predominantly operated in private practice (67%) and were based in urban areas, with only 5% being black African language speakers [20, 21]. However, in recent years, there has been an overall average annual increase of 9% in diversity within the profession. Significant growth has been observed among coloured individuals (16.1%) and black individuals (18.6%); however, the field remains predominantly white (40%), followed by Indian (28%), black (24%), and other ethnic groups (7%) [15].

Just over a decade ago, in 2013, the Department of Health implemented a mandatory year-long community service programme for allied health professionals, including speech-language therapists and audiologists, following the completion of their undergraduate studies. This programme serves as an opportunity for these healthcare professionals to apply and refine their skills and knowledge in a practical setting [22]. It is the responsibility of the National Department of Health, in consultation with the Provincial Department of Health to place graduates for their community service [23]. After completing their community service, practitioners "are free to seek employment in workplaces of their choice" as there are no legal obligations for the healthcare system to employ them once their community service is complete [24]. Although there may be a moral obligation to provide employment opportunities, this obligation is contingent on the availability of budgetary resources [24]. While specific data for speech therapists and audiologists is unavailable, in 2023, out of approximately 2,500 community service doctors, an estimated 200 to 400 were left without employment following the completion of their community service [24].

Globally, awareness of audiology and speech-language pathology (SLP) and the services they offer remain limited, even in developed countries [25, 26]. Both local and international studies consistently report low levels of public knowledge and understanding of these professions and their roles [25, 27–29]. Surprisingly, even within the healthcare industry, medical professionals often lack comprehensive knowledge about audiology and SLP [30]. The limited awareness among the public is largely due to insufficient research in these fields and a shortage of qualified speech therapists and audiologists. Furthermore, there is a scarcity of campaigns and educational initiatives designed to raise awareness about audiology, speech-language pathology, and the professionals in these fields, especially in low-income countries. This lack of awareness hinders individuals from recognising the value of these services or seeking them out, particularly in communities with a strong reliance on traditional or alternative medicine, as seen in South Africa. A study by Lokheshwar [31] in India aimed to assess medical practitioners' awareness of SLPs and their services, focusing on the importance of inter-professional collaboration in holistic healthcare. The study revealed that only 56.1% of the participants were familiar with the SLP profession. Similarly, in South Africa, Joubert's study [27] examined the awareness of audiology in a rural province and found that only 14% of the 297 participants were aware of the profession. However, in the last two decades, South Africa has seen a notable increase in individuals seeking clinical audiology and speech-language pathology services in South Africa [6].

Unemployment and contributing factors

South Africa, like many other developing nations, faces a national crisis due to persistently high unemployment rates. Recent data shows a steady increase, with the overall unemployment rate rising to 32.9% in the first quarter of 2024. This issue disproportionately affects young people, with the unemployment rate for individuals aged 15–34 reaching 45.5% [32]. Of particular concern is the increasing number of unemployed graduates in healthcare professions [33].

The South African public healthcare system faces several challenges, including constrained financial resources,

which limit its ability to absorb, retain, and remunerate all health professionals. Other issues include limited demand in the labour market, lack of work experience, and a mismatch between the skills of graduates and available positions [34, 35]. The global COVID-19 pandemic further exacerbated unemployment rates across various sectors, including healthcare. Many micro and macro companies went out of business, resulting in widespread retrenchment and early retirement [36, 37]. The healthcare sector, including rehabilitative services, was also severely impacted, with many services restricted to emergencies to curb the spread of the virus. This resulted in an approximately 80% reduction in patient caseloads, leading to practice closures and employment challenges for speech therapists and audiologists [38, 39]. The survey conducted by Hlayisi [8] identified several factors contributing to workplace challenges and ultimately unemployment. The most frequently cited issue was remuneration (37%), followed by a lack of resources (18%), high workload (18%), work environment concerns (10%), unfavourable working hours (9%), and interprofessional relationship challenges (8%).

A study by Moroe and Nkosi [40] (in review), investigated the factors contributing to the unemployment of speech therapists and audiologists in South Africa. Five factors emerged: insufficient jobs in the public sector, language barriers, qualification disparity, work experience, and transportation challenges. Furthermore, these participants expressed concerns about the rising student enrolment in Speech Language and Hearing programmes, which does not match the job availability, leading to heightened unemployment rates among graduates. This disconnect between educational output and actual job opportunities necessitates a re-evaluation of strategies to align supply with demand and address the workforce imbalances in South Africa's healthcare system.

While the long-term effects of COVID-19 on employment, particularly in healthcare fields like speech therapy and audiology, are still uncertain, a modelling study by Altman [41] in 2022 identified some significant trends. In 2020, the country's GDP declined by 6.4% due to the pandemic, but had a 4.8% recovery in 2021, with a forecast of a 1,7% increase in 2022. The economic downturn was largely a result of lockdowns implemented locally and globally, but it was anticipated that the economy would reach pre-crisis levels in about 2.5 years. During the second quarter of 2020, 2.2 million jobs were lost, equating to 13.6% of total employment. By the following year, only 800,000 of those jobs had been restored. As of 2022, it was predicted that one million fewer jobs would exist compared to before the pandemic [41]. If this prediction holds, the unemployment of speech therapists and audiologists contributes to a broader cascade of negative effects, resulting in significant losses across multiple sectors [6].

In higher education, the underutilization of these scarce skills represents a wasted investment, as substantial resources are spent training professionals who remain unemployed. For the Department of Health, this "wastage in the health workforce" impedes progress toward achieving crucial healthcare access goals, which, even 20 years after the end of apartheid, have yet to be fully realised for many South Africans in need. Economically, the situation worsens, as skilled but unemployed individuals contribute to South Africa's already staggering youth unemployment rate, which stands at 65% for those under 35 years of age [6].

There is a lack of studies addressing the unemployment experiences of speech therapists and audiologists in South Africa. Therefore, this study aims to explore the lived experiences and impact of unemployment on speech therapists and audiologists after completing community services. Additionally, the study examined their perceptions of the role of universities and professional boards in preparing graduates for employment opportunities after completion of their studies.

Methods

Aim

To explore the lived experiences of unemployed speech therapists and audiologists in South Africa, including their perceptions of the roles of professional boards, universities, and the government in job creation and advocacy to address unemployment within the profession.

Research design

This study is part of a larger research project investigating the reasons contributing to unemployment among speech therapists and audiologists in South Africa. As such, the methodology is discussed in detail in another study [40] (in review). This study utilized an exploratory descriptive design within the qualitative paradigm, aiming to gain a holistic understanding of participants' experiences [42]. This approach is well-suited to uncovering the nature of events, particularly in exploring the challenges faced by unemployed speech therapists and audiologists in South Africa.

Sampling

A non-probability purposive sampling strategy was used to intentionally select participants based on specific criteria [43]. Additionally, snowball sampling [44] was employed to expand the participant pool. Participants were required to be registered with the Health Professions Council of South Africa (HPCSA) and either

currently unemployed or recently employed after a period of unemployment within the last five years. The sample size was determined based on the principle of saturation [18], which was reached after interviewing 12 participants (see Table 1 for participant descriptors). At this point, no new information emerged, and data collection was concluded.

Data collection

Semi-structured interviews were conducted online via Microsoft Teams or Zoom, each lasting approximately 45 minutes. Conducting the interviews online helped maintain confidentiality and facilitated an in-depth exploration of the factors contributing to unemployment within the profession. All participants provided informed consent and agreed to have the interviews recorded. An interview guide, developed by the researchers for the bigger study was used in this study as well as in another study [40] (in review). The interview guide was piloted with two purposively selected audiologists who met the inclusion criteria. Feedback from this pilot led to refinements in both the interview questions and the overall process. NN conducted the interviews, took field notes, and maintained a reflective journal to capture key observations, which were used to validate the findings.

Data analysis

Interview recordings were automatically transcribed since they were conducted online. MN and BS reviewed the transcriptions for accuracy. The data were analysed using thematic analysis following Braun and Clarke's six-phase method [45]: familiarization with the data, generating codes, developing and reviewing themes, defining and naming themes, and selecting exemplars to illustrate key themes. NN began by reviewing the transcripts and field notes, ensuring accuracy in the transcriptions. She developed an initial codebook by systematically coding the transcripts and identifying relevant sections, applying descriptive labels. NM and BS independently reviewed the first two transcripts to ensure consistency and reliability in the coding process. The researchers then met to finalize the codebook through consensus, discussing any differences and similarities in the coding process [46]. The finalized codebook was developed collaboratively [46, 47], and NN manually coded all transcripts using the final codes. Thematic analysis was completed by grouping similar excerpts and reviewing the transcripts multiple times. The research team met again to explore relationships between the codes, merging frequently occurring codes into broader themes, which were then reviewed, refined, and formally defined. NN documented the final themes, and the study presents both summaries and

Table 1 Participants' descriptors

Parti-cipant	Age	Gender	Race	Qualification	Profession	Community Service Year	Employment status	Unemployment period	Tuition Fees
1	29	Female	Black	Bachelors	Audiology	2018	Unemployed	3 years	Self-funded
2	27	Female	Black	Bachelors	Speech Therapy and Audiology	2020	Employed	3 months	Bursary
3	25	Female	Black	Bachelors	Speech Therapy and Audiology	2021	Employed	1 month	Bursary
4	24	Female	Black	Bachelors	Speech Therapy and Audiology	2021	Employed	6 months	Bursary
5	31	Female	White	Bachelors	Speech Therapy and Audiology	2015	Unemployed	1 month	Self-funded
6	24	Male	Coloured	Bachelors	Audiology	2021	Unemployed	7 months	Bursary
7	28	Female	Coloured	Bachelors	Speech Therapy	2021	Unemployed	6 months	Bursary
8	30	Female	Indian	Bachelors	Audiology	2015	Temporary, short-term employment	3 and a half years	Self-funded
9	28	Female	Indian	Masters	Speech Therapy and Audiology	2016	Employed	4 months	Self-funded
10	38	Female	Black	Masters	Speech Therapy and Audiology	Never placed for community service	Unemployed	7 years	Self-funded
11	25	Female	Black	Bachelors	Speech Therapy and Audiology	2021	Employed	7 months	Bursary
12	26	Female	Black	Bachelors	Audiology	2021	Unemployed	8 months	Bursary

interpretations, supported by direct quotes from participants. Three main themes and subthemes emerged from the analysis (Fig. 2).

Ethical considerations

Ethics clearance was granted by the Human Research Ethics Committee at the University of the Witwatersrand. Ethical principles—including informed consent, confidentiality, anonymity, and the right to withdraw—were strictly adhered to. Since this study also utilised snowball sampling, numeric codes were used to ensure complete anonymity and to protect the participants' identities. Participants were informed that they could withdraw from the study at any point without facing any negative consequences.

Trustworthiness

To ensure the trustworthiness of the study, Nowell's criteria were followed [48]. NN maintained detailed notes on her reflections and theoretical thoughts throughout the analysis. NM and BS contributed to researcher triangulation by reviewing and validating the emerging themes. Member checks were conducted with some participants to reduce bias and verify interpretations [49]. Additionally, findings were shared with a community of practice where experienced scholars provided further feedback.

Data management

All data was stored securely in password-protected files on the researcher's computer and Google Drive. The well-organized data allowed for clarity during analysis and ensured its availability for future secondary use.

Results

The demographic breakdown of participants (Table 2) shows a notable gender imbalance, with females making up 92% (11 individuals) and males comprising 8% (1 individual) (Fig. 1a). Regarding age, 17% (2 participants) were between 21 and 24 years old, 58% (7 participants) were aged 25 to 29, 17% (2 participants) fell in the 30–34 age range, and 8% (1 participant) was aged 35–39. In terms of race, 58% (7 participants) identified as Black, while 17% (2 participants) were Coloured, 17% (2 participants) were Indian, and 8% (1 participant) was White (Fig. 1b). Professionally, 8% (1 participant) was solely a speech therapist, 33% (4 participants) were audiologists, and 58% (7 participants) held dual qualifications in speech therapy

Table 2 Participants' demographics

Variables	Categories	Frequency (*n*=12)	Percentage
Age (years)	21-24	2	17%
	25-29	7	58%
	30-34	2	17%
	35-39	1	8%
Gender	Male	1	8%
	Female	11	92%
Race	Black	7	58%
	White	1	8%
	Coloured	2	17%
	Indian	2	17%
Profession	Audiology	4	34%
	Speech Therapy	1	8%
	Speech Therapy and Audiology	7	58%
Qualification	Bachelors	10	83%
	Masters	2	17%
Employment status	Employed	6	50%
	Unemployed	5	42%
	Seasonal	1	8%
Unemployment period	Less than 12 months	9	75%
	1-3 years	2	17%
	4-7	1	8%
Tuition funding	Self-funded	5	42%
	Bursary	7	58%

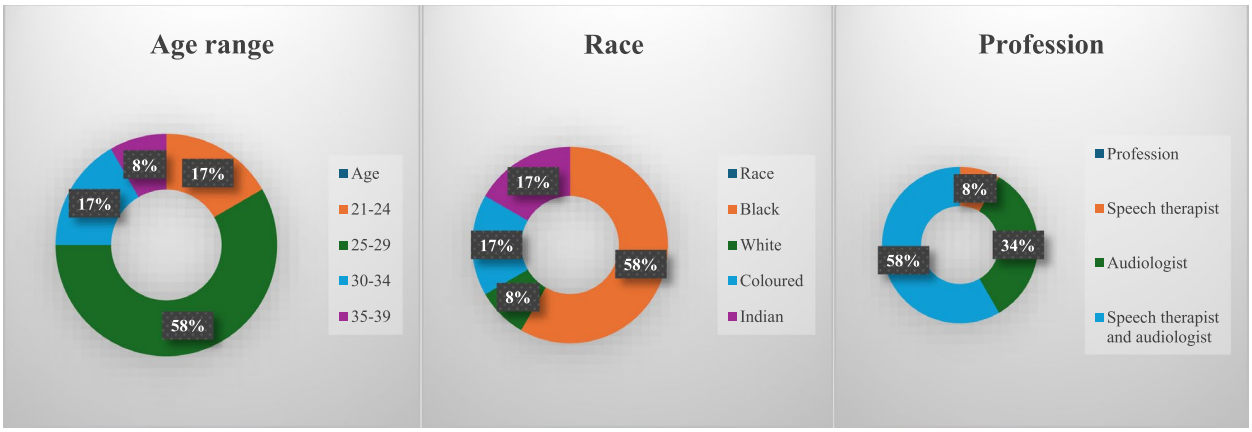


Fig. 1 a,b,c Age range, race and profession of the participants

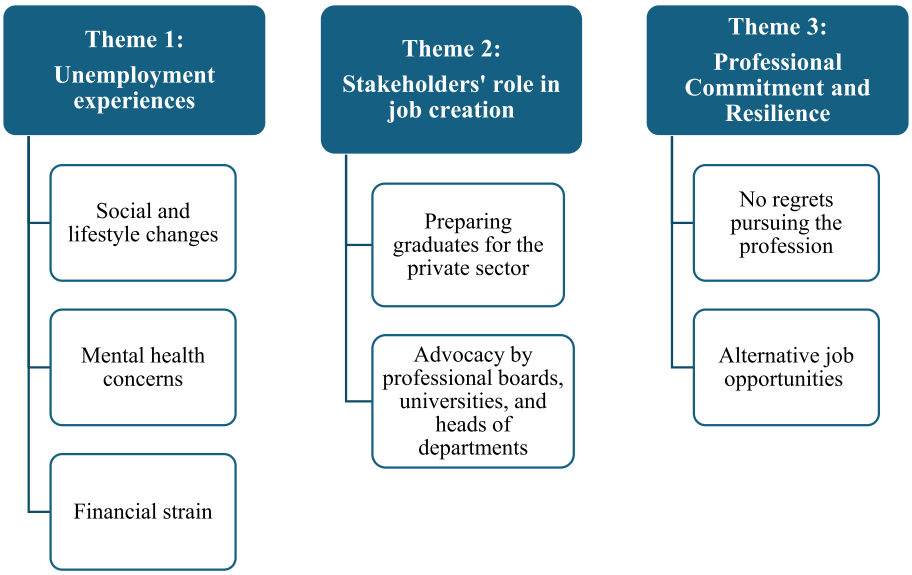


Fig. 2 Themes and subthemes emerging from the analysis

and audiology (Fig. 1c). Regarding education, 83% (10 participants) had undergraduate degrees, while 17% (2 participants) had master's degrees. In terms of university affiliations, 50% (6 participants) were graduates of the University of the Witwatersrand, 42% (5 participants) from the University of Cape Town, and 8% (1 participant) from the University of KwaZulu-Natal.

Most participants, eight (67%), had recently completed their community service between 2020 and 2021, while the remaining four (33%) graduated between 2014 and 2019. In terms of employment status, half of the participants (50%) were currently unemployed, five (42%) had found employment after experiencing a period of unemployment in the past five years, and one (8%) had temporary short-term employment. Additionally, 58% (seven participants) had received bursaries, while the other 42% (five participants) were self-funded. The length of unemployment varied, with five participants (42%) reporting unemployment lasting between one and four months, four participants (33%) experiencing unemployment for five to twelve months, two participants (17%) facing unemployment for three to four years, and one participant (8%) remaining unemployed for over four years.

Themes

Through in-depth interviews with 12 participants, several themes emerged, including i) experiences of

unemployment, ii) job creation, and iii) No regrets and alternative job opportunities. Within these themes, there were several sub-themes (Fig. 2).

Theme 1: Experiences of unemployed speech therapists and audiologists

Participants described their personal experiences during periods of unemployment, highlighting how it affected their social life, mental health, and financial stability. Three major subthemes emerged from these discussions.

Subtheme 1: Social and lifestyle changes

Participants expressed how unemployment negatively impacted their social lives and lifestyles, often leading to isolation, restricted social interactions, and difficulty maintaining previous lifestyle standards.

Participant 4:

"You will be isolating yourself and cutting back on social life."

Participant 4 also indicated that she felt stuck during that period:

"Life comes to a standstill; you can't do things you used to do before."

Participant 8 indicated that she had to cut expenses and was no longer taking care of her medical well-being:

"The biggest lifestyle change for me has been in my household. I used to afford healthier options, like gluten-free pasta, but now those are a luxury. I have to buy whatever is special. This is especially difficult because I have health issues. I can't afford medical aid, so seeing a doctor is not an option. If I'm ill, I have to save up for a visit or rely on home remedies and over-the-counter medication. Currently, I go to a public hospital to get the medication I need."

Participant 2 indicates feeling ashamed of being unemployed:

"So, for three months, when people ask what you are doing, I was like, I'm on leave."

Participant 1 indicated that she:

"was going out was less. I'm not a spender by nature, so for me, it didn't really make a difference."

Participant 7 and 8 reported being isolated because of unemployment:

Participant 7*:*

"I've become very isolated because I don't have a daily routine. I don't have a place that I go to, you know, for 8 hours and people that I interact with every day. So, I've become, very isolated because I do live on my own, (and)don't always have people to interact with."

Participant 8:

"I no longer hang out with people as much as I did because you can't afford the social life. You can't afford to go out as often. You can't afford to take a treat, a gift, or anything to other people's homes."

Participants were affected socially, and their lifestyle was affected. Participants isolated themselves and stopped going out, cutting back on their social life because of unemployment.

Subtheme 2: Mental health concerns

Participants shared the emotional toll of unemployment, discussing feelings of depression, anxiety, and a loss of self-worth. These mental health struggles were exacerbated by the uncertainty and lack of control over their situation.

Five participants expressed how unemployment affected their mental health.

Participant 12:

"No, I'm still here. I'm still unemployed. So, it has been stressful, depressing, and taxing, emotionally so."

Participant 8 also reported experiencing anxiety and depression:

"Like really, really depressed or getting severe anxiety, especially when you are waiting for certain calls."

Participant 5 indicated that her confidence was affected by not being employed and she was disappointed by the profession:

"When I was unemployed in 2017 it took a huge knock on my confidence, and I actually withdrew from Audiology completely as I felt disappointed with the field."

Participant 7 indicated that her self-worth has been affected because of unemployment:

"Yeah, affecting my confidence and self-worth because a lot of that is tied to my career."

Participant 9 indicated that she felt like she was not good enough and felt judged because she was unemployed:

"It was kind of hard to hear them, you know, like I said, be settled. But I guess very subconsciously I felt like maybe I was being judged like okay maybe, I'm useless. I'm not good enough. No one wants me. I'm

so passionate about being a speech and audio. But, you know, people are judging me, thinking that I'm not good enough."

Subtheme 3: Financial strain

Financial hardships were a common experience among unemployed participants. They spoke about their inability to provide for their families, losing financial independence, and depleting their savings.

Participant 8 indicated that providing becomes difficult because of not finding work:

"Because it's not feasible currently to try to raise children and try to, pay for petrol and the cost of living. Go through the inflation without having a permanent job. Life has gotten expensive, and we have dependents that require financial assistance and unfortunately, I can't be that person and unfortunately, I cannot provide for my family as I'd hoped."

Participant 7 indicated that because of unemployment, she now lacks financial independence because her family must support her in that regard:

"I believe the main impact has been financial because my family has been supporting me during the six months I've been unemployed. It has affected them financially, as they now have to use their funds to support me, which was never part of the plan."

Participant 3 indicated that unemployment left her with no savings:

"It was hard, I had no income, and my savings were running out."

Participant 4 indicated some of the financial difficulties that come with being unemployed:

"You spend a lot of money on interviews."

Theme 2: Stakeholder's roles in job creation

Participants discussed the responsibility of various stakeholders, including universities, heads of departments, and professional boards, in creating employment opportunities for speech therapists and audiologists. Two key subthemes emerged regarding the advocacy efforts by these institutions and the need for better preparation for private sector employment.

Subtheme 1: Preparing graduates for the private sector

Participants felt that universities should better equip students with the skills needed to start private practices, as this could help mitigate the unemployment issue by opening up more self-employment opportunities. Participant 12 indicated that institutions can teach students how to start private practices:

"Teaching students about private practice and how to start one and stuff."

Participant 8 also thinks the university should teach students how to open private practices:

"I feel that universities should equip undergraduate students with the necessary skills for running a private practice, as this would make them more capable and eligible to open their own practices."

Participant 6 indicated how universities can help new graduates find employment:

"Universities can have workshops to help us on how to create CVs and find employment."

Subtheme 2: Advocacy by professional boards, universities, and heads of departments

Participants stressed the importance of universities and department heads taking a more proactive role in advocating for posts in the public sector, emphasizing that such advocacy efforts are vital in tackling unemployment. For instance, Participant 2 indicated that their HODs should be instrumental in advocating for more posts:

"It's also the responsibility of HODs to advocate and motivate for posts. They shouldn't just sit still. And I also think once they advocate for what we do, then they [government] will see the importance. Sometimes I don't know if it's me being selfish, but with the number of students being admitted, I think they should limit the intake given how many speech therapists are already unemployed."

Participants further expressed that professional bodies like SASLHA (South African Speech Language and Hearing Association), HPCSA (Health Professions Council of South Africa), and SAAA (South African Audiology Association) should advocate for employment opportunities for speech therapists and audiologists. Their perception was that these Bodies were not doing enough to advocate for sustainable employment within the profession.

Participant 7 indicated that:

"Health Professions Council can really do better when it comes to advocating for us between the government sector and the private sector to get employment."

While it is not the responsibility of the HPCSA or universities to create jobs for graduates, on the contrary, Participant 3 believes that the:

"HPCSA should find jobs for speech therapists and audiologists."

This was echoed by Participant 9 indicated that universities should have conversations with professional boards and find a solution to unemployment:

"Universities need to start having those discussions with the Department of Health, and the HPCSA (as well as with) the speech language and audio professional associations and say look, we are graduating a lot more students or a lot more therapists. How can we best ensure that there will be capacity for them in the workforce."

In discussing with the various Bodies, Participant 2 felt that universities: "*…should minimize the number of students allowed in the profession.*"

While impractical, and not falling within the responsibility of universities, Participant 5 shared that "*universities can open more clinics [university-based training clinics] to hire speech therapists and audiologists.*"

Theme 3: Professional commitment and resilience

Despite the challenges of unemployment, participants demonstrated remarkable resilience and a strong commitment to the profession of speech pathology and audiology. Their reflections highlighted a steadfast dedication to their field, even in the face of financial instability. Two subthemes emerged from the participants' discussions: i) No regrets about pursuing the profession and ii) Alternative job opportunities

Subtheme 1: No regrets pursuing the profession

Participants generally expressed no significant regrets about choosing speech therapy or audiology as a career. One respondent emphasized that although they faced unemployment, they believed the timing for securing a job simply had not been right, maintaining confidence in their career choice. For instance, participant 1 shared:

"Not even once did I have any regrets. I just knew that I would get a job eventually. It wasn't the right time for me. But in terms of having regrets, no, I didn't have any regrets."

This was echoed by Participant 9 who felt that while the degree might not be perfect, it was still worthwhile:

"No, no. It's a nice degree. It's not the best, but it's a nice degree."

However, some participants hinted at occasional doubts, comparing their choice with other healthcare professions like physiotherapy, optometry, or nursing, which they perceived as offering more job opportunities.

"No, I don't think that comes up at the top of my head. Although there are times, when you would have thought maybe if I had done physiotherapy, usually therapy is much more common and much more known and well accepted by the people and the departments out there. You know, even with private practice, it would have been easier to start on my own. So yeah, sometimes you think maybe I should have done optometry." Participant 2.

One participant had mixed feelings but was adamant that she had always wanted to do a degree that served her rural community:

"Well, I think sometimes I do feel like maybe I should have gone for something else. I think mainly because I come from a village and my goal has always been to serve my people right. I just want to be in the government sector regardless of all the bad things that are said, and all the corruption of everything that is said about it. I just want to be there because I know that I'll be dealing with people who cannot necessarily afford the private sector, who can't afford to just go to a private doctor or private audiologist and access those services. That's where I want to be. But when I check the job listings every Friday and see that there isn't a single position for audiologists, not even one, and this continues for the next two or three weeks, it gets discouraging. Then you look at the listings for other professions and think, 'OK, why is there such a disparity?"

Participant 3, on the other hand, shared her regret:

"Yes, yes. I feel it was almost too good to be true when you enter the university and they ask you why you want to be this person when you are doing your research and you are speaking to other individuals and they say there's so much scope and then only once you've got your degree and you've completed community service you realise how hard it actually is to be an audiologist in South Africa."

Subtheme 2: Alternative job opportunities

In the face of unemployment, while all participants pondered on alternative work opportunities, only a few pursued alternative employment while still looking for a job in speech therapy or audiology.

For instance, participant 3 took administrative roles, data capturing, and transcription work:

"So, I have. I have applied for administrative tasks. I have taken on my own business or side hustle, as the youth call it. But we have to understand also that that just pays a quarter of your bills. It's not going to

give you what you are professionally qualified for, you understand? So it's just as though you're taking entry level jobs because you don't have experience in anything, but you're just grasping or taking that opportunity just so that you can get the bills paid. And I've worked in data capturing, I've worked in transcription."

Participant 3 further alluded to financial pressures and the rising cost of living which prompted her to consider career changes, though she felt uncertain about which new path to pursue, recognising that career shifts would require careful planning and guidance:

"I constantly contemplate changing my degree because, in today's world, it's just not feasible to raise children while managing the rising costs of petrol, living expenses, and inflation without a permanent job. Life has become expensive, and we have dependents who need financial support, but unfortunately, I am not able to be that person for them. I can't provide for my family the way I had hoped. I've thought several times about changing careers, but I would need to go for counselling to figure out which path to take because it's not just about making money."

Others considered furthering their studies, opting to pursue master's degrees to enhance their qualifications rather than switch professions entirely:

"(Changing careers) hasn't crossed my mind. So instead of starting or changing careers, I thought that I should continue studying further cause I love this. I've enrolled for a master's, so I was like let me just up my qualifications instead of studying a new degree from scratch". Participant 1

Pursuing a further qualification to improve her chances of employment was also supported by Participant 7 who shared:

"Not really. I did think about going back to school, but then I decided against it. I didn't want to pursue a master's in speech therapy. Honestly, I just wasn't interested in that. However, if I were to go back, I think I'd choose something related to speech that could help me advance in my career. For example, I might consider studying administration. I feel that having a background in administration would give me an advantage if I ever wanted to work in a higher position, like becoming a chief speech therapist."

For some, starting their practice was a more appealing option than changing careers:

"Not really. I have thought of starting my own practice, though I haven't really thought of changing careers." Participant 4

Discussion

Experiences of unemployed speech therapists and audiologists

Unemployment has profound social and lifestyle impacts, as participants frequently reported feelings of isolation and withdrawal from their social networks. This aligns with existing literature, which suggests that unemployment often reduces social engagement and fosters a sense of exclusion [50]. Participants also expressed feelings of shame and failure, consistent with the findings of Peterie et al. [51], who observed that unemployed individuals often internalize these emotions, leading to a diminished sense of self-worth. The strong link between unemployment and loneliness, described by Morrish et al. [52] as a "public health epidemic," was echoed by participants, who frequently reported loneliness as a consequence of unemployment. These social and psychological effects highlight the urgent need for robust support systems to help unemployed professionals preserve their social connections and maintain self-esteem.

Participants also reported significant mental health challenges, including depression and anxiety, directly related to their unemployment status. This is consistent with previous research showing that unemployment is a major source of stress that can lead to mental health issues such as depression and overall unhappiness [53–55]. The loss of independence and reduced quality of life further contribute to the mental strain experienced by unemployed professionals. These findings highlight the necessity for targeted mental health support for unemployed professionals and suggest a need for systemic changes both in the public and private sectors to address and reduce unemployment in the field.

Financial difficulties were a recurring theme, with many participants reporting an inability to afford basic necessities and healthcare. This reflects the well-documented connection between unemployment and financial insecurity [56, 57]. Participants disclosed that they had to rely on family support and, in some cases, move back in with their parents due to financial strain. This dependence on family illustrates the broader social and economic impact of unemployment, as families often bear the financial burden when their members are unable to secure work [58, 59]. Overall, these findings highlight the multifaceted impact of unemployment on individuals, affecting their social lives, mental health, and financial stability, and highlight the need for comprehensive support mechanisms to address these challenges.

Job creation

In discussing job creation, it is worth noting that participants did not place the responsibility of job creation on

the government, but shifted this role to educational institutions, departmental heads, and professional boards.

Primarily, it is the government's role to provide public healthcare services. This requires identifying the necessary services and determining who can deliver them. Based on this analysis, job creation becomes a key focus, highlighting its critical role in workforce planning and securing funding for public sector employment. This approach aligns with international findings that emphasize the importance of government intervention in addressing workforce shortages, particularly in healthcare sectors that depend heavily on public funding [60, 61]. For instance, Ghana's government has been active in addressing healthcare worker shortages through various initiatives, illustrating the potential impact of public sector investment on employment opportunities [62]. Ghana's approach to addressing healthcare worker shortages offers several valuable lessons for countries like South Africa facing similar challenges. Ghana has implemented targeted government initiatives, such as expanding healthcare infrastructure, increasing funding for healthcare positions, and offering incentives to retain professionals in the public sector. These measures suggest the potential for strategic public investment to improve employment opportunities in the healthcare field. One key lesson from Ghana is the importance of government leadership in prioritizing healthcare workforce development, ensuring that resources are allocated to create new positions, improve working conditions, and encourage retention in the public sector. Additionally, Ghana's focus on rural healthcare employment highlights the need for equitable distribution of healthcare workers, particularly in underserved areas. This holistic approach to workforce planning—combining investment, incentives, and workforce distribution—could inform similar strategies in South Africa as it works to address unemployment among healthcare professionals and the disparities between the private and public healthcare sectors.

Participants also emphasized the need for universities to better prepare students for self-employment and entrepreneurship, particularly by equipping them with the skills needed to establish private practices. The lack of preparation for the private sector has long been cited as a key factor contributing to unemployment in health-related professions [63]. In this study, participants called for training in business management and entrepreneurship to equip graduates with skills to set up and manage private practices to create their employment opportunities, thereby reducing reliance on the limited number of public sector posts. They believe possessing these skills will empower them as well as equip them with skills to navigate the job market, thus reducing the length of unemployment faced by many professionals. Universities play a pivotal role in the higher education system, contributing to local business development and equipping graduates with skills vital for economic progress [64]. What is worth noting though, is that generally, white graduates within the profession seem to more easily be able to start their private practices soon after completing their community service [65]. This is a historical trend, and according to Pascoe et al. [65] in the private sector, there is a favourable bias towards white speech therapists and audiologists, who are predominantly female and English or Afrikaans-speaking.

A decade ago, the South African Speech Language and Hearing Association database, revealed that native English and/or Afrikaans speakers predominantly operated in private practice (67%) and were based in urban areas. Only 5% of the practitioners in private practice were black African language speakers [65, 66]. This trend is still persistent to this day and highlights that black graduates, particularly those who are African language speakers, face more significant barriers in establishing private practices compared to their white counterparts. Barriers such as limited access to resources, professional networks, and capital, along with historical socioeconomic inequalities, continue to impact the professional development of black graduates.

Relatedly, a concern was raised about the oversupply of graduates relative to available jobs, with calls to reduce student intake to align better with employment prospects. This situation presents a dilemma in that, on the one hand, there is a need to increase the numbers of professionals within speech therapy and audiology to meet the NHI goal of addressing the unequal distribution of health professionals and providing universal health coverage and rectifying disparities between the private and public sectors [6, 14, 15]. On the other hand, there are not enough resources to provide these professionals with employment post completing their studies. According to Kunene, Ludolph [18] the public sector is under immense pressure due to shrinking health budgets, rising salaries, and high medical negligence claims. Despite an increase in the number of healthcare professionals between 2018 and 2023, provincial health departments have not received a proportional budget increase from the National Treasury, leading to a shortage of posts. As a result, provincial health departments now spend 70% of their budgets on health worker salaries, which is still insufficient. This situation has led to an increase in the number of community service professionals, requiring even more government funding [18].

Participants called for professional associations like SASLHA, SAAA, and the HPCSA to take more action in advocating for job opportunities. In their paper, Indar

et al. [67] highlight the role of professional associations in Ontario, Canada in influencing health system transformations. They emphasise that professional associations are highly connected entities, actively engaging with their members and key stakeholders. Their mandate is to ensure that the voices of their members are heard by advocating for practical solutions to government. Importantly, they balance the interests of various stakeholders with the needs of their members within the broader health system's requirements, especially during periods of health system change, where misalignment may exist between members' needs and those of the government or the healthcare system. As such, these professional associations play a pivotal role in shaping health policy, healthcare planning, and delivery.

The current authors believe that local professional associations can learn from Indar et al. [67] and advocate more effectively for unemployed speech therapists and audiologists. This will require a strategic, coordinated approach that balances members' needs with broader health system priorities. Local associations should present evidence-based solutions to government stakeholders, highlighting the negative impact of workforce shortages on service delivery, especially in a country faced with a quadrupled burden of disease, and a demand for communication professionals to address this burden. By positioning themselves as key players in health policy discussions, these associations can influence system transformations and ensure speech therapy and audiology are integrated into broader public healthcare strategies. Collaborating with both government and private sector stakeholders is crucial to advocating for the creation of more job opportunities within the profession. Furthermore, pushing for practical and feasible employment solutions will enhance their advocacy efforts and ensure they better represent the interests of unemployed professionals.

No regrets and alternative job opportunities

Despite the challenges of unemployment, participants demonstrated remarkable resilience and a strong commitment to their chosen profession of speech pathology and audiology. Rather than regretting their career choice, they maintained a positive outlook, believing that job opportunities would eventually arise. While some acknowledged that alternative careers, like physiotherapy or optometry, might have offered better prospects, they still valued their path, showcasing resilience in moments of doubt. Resilience, in this context, is reflected in their adaptability and perseverance, with many exploring further education, alternative employment, and entrepreneurial ventures to maintain financial stability while remaining committed to their profession. This resilience helps sustain hope and navigate the uncertainties of their field, demonstrating their unwavering dedication and focus on long-term goals.

The majority expressed no regret in choosing speech therapy or audiology as their career paths. This striking finding suggests a strong commitment to their professions, reflecting the resilience observed in other healthcare fields, such as nursing, where individuals continue to value their work despite significant challenges [68]. Resilience plays a crucial role in the job search process, enabling individuals to persist in seeking employment despite prolonged periods of unemployment [69, 70]. The fact that the majority of participants did not consider changing careers, despite the high unemployment rate in their field, highlighted their passion and sense of purpose.

However, it is important to consider the possibility of involuntary career changes. Fouad and Bynner [63] distinguish between voluntary work transitions, often driven by personal decisions, and involuntary transitions, which are shaped by external constraints, such as layoffs. The participants in this study, who are laid off and struggle to find permanent employment after completing their community service, face a similar situation of involuntary career transition. This is significant because work is a central part of adult life and strongly influences identity and unemployment can have lasting effects on well-being, even after re-employment, highlighting the strong link between work and mental health [63].

Research suggests that resilient individuals tend to adopt healthier coping strategies during unemployment, indicating a protective role of resilience over time [69, 71]. Participants in this study, however, shared that unemployment has negatively impacted their mental health. Although they appear resilient, the study did not investigate their coping mechanisms in depth, meaning that this perceived resilience should not be taken at face value. Additionally, resilience may wane over time as the duration of unemployment increases.

Therefore, while participants in this study demonstrate remarkable resilience and passion for their chosen professions, the ongoing unemployment challenges in speech therapy and audiology require urgent attention. Professional associations, in collaboration with government and private stakeholders, must take a more active role in advocating for job creation and integration of these professions into broader healthcare strategies. Additionally, further research on coping mechanisms and long-term mental health impacts of unemployment in this field is recommended to support these professionals more effectively.

Recommendations

Advocate for government investment in job creation

Professional associations should advocate for increased government investment in healthcare services and workforce planning, ensuring the creation of more public sector positions for speech therapists and audiologists, especially in underserved areas.

Enhance educational preparation for private practice

Incorporate business management and entrepreneurship courses into the curriculum for speech therapy and audiology students to better equip them with the skills to establish and manage their private practices, helping to reduce reliance on limited public sector opportunities.

Align student intake with job market demand

Universities and the government should collaborate to better match the number of students graduating with the actual demand for speech therapists and audiologists in both the public and private sectors. This may involve adjusting intake numbers based on the current and projected workforce needs, as well as encouraging the development of alternative career paths within related fields like health communication or education.

Limitations

- The study did not delve deeply into the specific methods participants used to seek employment, such as networking, online portals, or professional development, leaving a gap in understanding their job search processes.
- The study did not consider individuals who left the profession or moved abroad due to unemployment, missing key insights into career shifts, or migration patterns.
- The study did not fully explore the roles and agency of unemployed speech therapists and audiologists, particularly in terms of how they position themselves in the job market, influence their career trajectory, or take proactive steps in their job-seeking efforts.
- This study did not seek to understand the current or past advocacy initiatives conducted by the Associations.

Conclusion

While participants in this study demonstrate remarkable resilience and passion for their chosen professions, the ongoing unemployment challenges in speech therapy and audiology require urgent attention. Professional associations, in collaboration with government and private stakeholders, must take a more active role in advocating for job creation and integration of these professions into broader healthcare strategies. Additionally, further research on coping mechanisms and long-term mental health impacts of unemployment in this field is recommended to support these professionals more effectively.

Supplementary Information

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Supplementary Material 1.

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Authors' contributions
NN collected and analysed the data, and reviewed and approved the final manuscript. BS co-supervised the study and provided input to NN from the conceptualisation to the completion of the study. NM co-supervised the study, provided input to NN from the conceptualisation to the completion of the study; conceptualised and wrote the manuscript; analysed data for the current submission; and submitted the manuscript as the corresponding author.

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Data availability
The data that support the findings of this study are not openly available due to reasons of sensitivity and are available from the corresponding author upon reasonable request.

Declarations

Ethics approval and consent to participate
This study adhered to the Declaration of Helsinki and received ethical approval from the Human Research Ethics Committee (HREC) (non-medical) of the University of the Witwatersrand (Protocol: STA_2022_22).

Consent for publication
Not applicable

Competing interests
The authors declare no competing interests.

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