

Original Article

Workforce Imbalance of Speech–Language Pathologists in Korea: An Analysis based on Population Projections and International Comparisons

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Purpose This study examined the current supply–demand imbalance among speech–language pathologists (SLPs) in Korea using child population projections and international comparisons, and proposed long-term policy directions.

Methods Resident registration data from the Ministry of the Interior and Safety (2024) and long-term population projections from the Korean Statistical Information Service (KOSIS; 2022–2052) were analyzed. Published prevalence estimates for childhood communication disorders (7–15%) were applied to project the size of the eligible service population. The licensed SLP workforce ($n = 19,299$) was benchmarked against caseload standards recommended by the American Speech–Language–Hearing Association (ASHA) and against SLP–to–child ratios in the United States, the United Kingdom, and Canada.

Results The under–18 population stood at approximately 7.07 million in 2024, yielding an estimated 490,000–1.06 million children with communication disorders. Health Insurance Review and Assessment Service (HIRA) data identified 511,010 clinically diagnosed cases. Applying ASHA caseload standards (35–50 clients), the required SLP workforce was estimated at 10,220–14,600, figures already exceeded by the current supply. Korea’s SLP–to–child ratio (1:366) is comparable to that of the United States (1:343) but substantially more favorable than those of the United Kingdom (1:554) and Canada (1:1,000). If the current annual graduation rate (approximately 965 per year) is maintained, the licensed workforce will reach roughly 44,400 by 2052, approximately 2.3–7.1 times the projected need.

Conclusions The findings suggest that the perceived workforce shortage in Korea may reflect not an absolute deficit in SLP numbers, but rather a structural oversupply—at least within the child–focused service domain examined here—combined with a severe lack of publicly funded employment positions. Policy priorities should shift from quantitative expansion toward strengthening public–sector placement mechanisms, reforming reimbursement structures, optimizing regional distribution, and expanding SLP services for adult and geriatric populations.

Keywords speech–language pathologist, workforce imbalance, population projection, communication disorder, employment infrastructure, public placement

INTRODUCTION

Human beings establish social relationships and sus-

tain daily life through communication. Beyond the simple transfer of information, communication enables learning, social participation, and emotional connection. Disruptions

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to communicative ability, therefore, carry far-reaching consequences for academic achievement, occupational functioning, and interpersonal relationships. Speech-language pathologists (SLPs) are the professionals responsible for assessing, diagnosing, and treating speech-language, communication, and swallowing disorders across the life-span—from supporting language development in childhood to rehabilitating neurogenic communication disorders in adulthood and maintaining communicative function in older age. The need for specialist support is not restricted to any single age group; rather, the stable supply and strategic placement of qualified SLPs, capable of responding promptly to the diverse communication challenges that arise at each stage of life, directly determine the quality of life for individuals [1]. This reality suggests that the question of SLP workforce adequacy extends well beyond occupational boundaries and constitutes a social challenge closely linked to broader public health and educational policy [2].

In Korea, SLPs received legal recognition as a nationally credentialed profession in 2012 through an amendment to the Welfare of Persons with Disabilities Act, and the first national licensing examination was administered in 2013. In the years that followed, the rapid growth of training institutions drove a sharp increase in the number of licensed practitioners. However, the expansion of the employment infrastructure needed to absorb this growing supply has not kept pace [3-5]. The primary employment market for SLPs remains concentrated in private speech-language therapy centers and a limited number of medical institutions serving children and adolescents. Jang et al. [6] analyzed job postings from the Korean Association of Speech-Language Pathologists and found a striking concentration of non-regular employment contracts and a geographic clustering of positions in the Seoul metropolitan area. Hwang et al. [7] confirmed that this employment insecurity is closely associated with occupational stress and burnout among SLPs, and that a pattern of lower satisfaction with working conditions and

remuneration—relative to overall job satisfaction—has been consistently reported across multiple studies [5,6,8,9]. The chronic problems of intense competition, low wages, and employment instability arising from a private-center-dominated employment structure suggest that the pace of supply growth has outstripped genuine employment demand. They underscore the need for a systematic diagnosis of the structural causes underlying the persistent reports of excessive competition and poor treatment in the field [4].

The employment instability experienced by Korean SLPs is closely linked to the absolute shortage of public-sector employment opportunities, such as in schools and government agencies. In the United States, the Individuals with Disabilities Education Act (IDEA) legally guarantees the placement of SLPs in public schools, thereby ensuring that a substantial proportion of American SLPs hold stable positions in publicly funded educational settings [10,11]. In the United Kingdom, public employment of SLPs is similarly institutionalized within the National Health Service (NHS) framework. Korea, by contrast, has no comparable mandatory placement system, and the majority of SLPs are locked in a competitive private market that continues to narrow. Although the government's developmental rehabilitation service voucher program partially functions as a source of public demand, structural limitations—including low reimbursement rates, an age ceiling of 18 years, and geographic concentration in the capital region—prevent it from meaningfully underpinning the employment security of SLPs [12,13]. Voucher reimbursement rates have remained effectively frozen for over a decade, failing to keep pace with rising prices and minimum wages, and 86% of parents using the program consider current subsidy levels inadequate; these facts make it structurally ill-suited as a pillar of SLP employment stability [13,14]. The strict age eligibility of the developmental rehabilitation service program also means that it completely fails to capture the growing demand for adult and elderly SLP services. The absence of pub-

licly funded employment does not affect only the remuneration and job security of individual practitioners; by disrupting the continuity of the therapeutic relationship and limiting professional development opportunities, it also has the potential to harm the overall quality of service delivery—a reality that calls for sustained policy attention to the broader service delivery system.

These structural problems interact with Korea's unprecedented trends of low fertility and rapid population aging to produce an increasingly complex situation. Korea's total fertility rate has remained among the lowest in the world for some time [15], and the resulting steep decline in the child population is expected to continue eroding the primary demand base for SLP services. If the trend of a shrinking population of children—the dominant service users of speech-language therapy—continues, the supply-demand imbalance will almost certainly deepen further, given that supply already substantially exceeds demand. Meanwhile, rapid population aging is expected to generate growing demand for adult SLP services related to age-associated communication disorders, post-stroke aphasia, and neurodegenerative conditions. Yet the current service delivery system is ill-positioned to respond to this demographic shift [16]. The dual population dynamic of declining child numbers alongside rising adult and geriatric demand—compounded by the geographic concentration of employment infrastructure in metropolitan areas, unfavorable living conditions in non-metropolitan regions, and high turnover driven by precarious employment—constitutes an additional structural pressure calling for a fundamental reconsideration of the SLP workforce supply system.

The gravity of these challenges becomes still clearer when Korea is placed alongside comparable nations. The United States legally mandates SLP placement in public schools through IDEA (enacted in 1975), providing stable public-sector employment for a substantial share of the American SLP workforce [10]. The United Kingdom institutionally supports public SLP employment through

the NHS and the school system. As a result, both countries contend with the opposite challenge from Korea—persistent SLP shortages driven by demand outpacing supply—with Canada facing a similar situation [10,17,18]. Korea, by contrast, has a structure in which credential holders must compete for an ever-shrinking private market. Despite a 41.5% increase in the number of students with speech and language disorders between 2021 and 2023, no regulation mandating in-school SLP placement exists [19]. While peer nations universally struggle with SLP shortages, Korea faces the opposite problem of an excess supply of practitioners. This excess does not stem solely from the absence of public employment; rather, the core issue is a dual structure in which the absolute number of credential holders already exceeds realistic employment demand, while the public-sector positions needed to absorb them are also wholly inadequate. Simultaneously, total oversupply and the absence of mandated placement drive intensifying competition, suppressed wages, and employment insecurity, and these imbalances will almost certainly worsen as the population continues to shrink. This situation highlights that establishing a public employment base and appropriately managing the total supply of practitioners are decisive prerequisites for the stable utilization of qualified professionals and the maintenance of service quality [10,17].

As the foregoing analysis suggests, the SLP workforce question in Korea is a structural problem in which supply architecture, the absence of publicly funded employment infrastructure, and demographic change are intricately intertwined. However, most existing Korean studies have focused on practitioners' micro-level treatment concerns or offered single-point-in-time descriptions, and little research has quantitatively diagnosed the imbalance between supply and demand by linking it to population projection data and objectively evaluating it through international comparison. The need for systematic prospective analysis—examining the medium- to long-term problems likely to arise from the current supply structure in light

of the projected substantial decline in the child population over the coming decades—is urgent as a foundational resource for policy development. Accordingly, this study (a) cross-analyzed domestic child population projection data and communication disorder prevalence estimates to quantify the realistic scale and trajectory of service demand; (b) benchmarked the current SLP supply against the caseload standards of leading nations to diagnose the supply-demand imbalance objectively; and (c) presented medium- to long-term supply-demand projections incorporating long-range demographic forecasts. On this basis, it derived evidence-based policy recommendations for qualitative restructuring that eschews indiscriminate quantitative expansion in favor of introducing mandatory public placement mechanisms, reforming reimbursement systems, achieving equitable regional distribution, and expanding services into adult and elderly populations, to contribute to the development of sustainable medium- to long-term policies for the speech-language pathology field in Korea.

METHODS

This study employed a descriptive and comparative design, drawing on publicly available statistical data and published literature. For the domestic child population, status was characterized by using resident registration statistics from the Ministry of the Interior and Safety (reference date: May 2024) and long-term population projections from Statistics Korea (KOSIS; 2022-2052). To estimate the size of the population with communication disorders, a prevalence range of 7-15%, derived from prior domestic and international studies, was used. This range was adopted because 7% approximates a conservative lower bound commonly reported for developmental speech-language disorders in epidemiological surveys, whereas 15% represents a broader upper estimate that includes milder and subclinical presentations [20,21].

These estimates were corroborated using 2024 Health Insurance Review and Assessment Service (HIRA) claims data (fourth-level diagnostic codes).

Domestic SLP supply was quantified using applicant and licensure data published by the Korea Health Personnel Licensing Examination Institute (KHPLI). For comparison countries (the United States, the United Kingdom, and Canada), data on child population and SLP workforce size were obtained from national statistical agencies (U.S. Census Bureau; UK Department for Education; Statistics Canada) and professional association reports (ASHA 2024 Member Profile; RCSLT Membership Overview 2023). The ASHA-recommended clinical caseload standard of 35-50 clients per SLP [10,22] was applied as the benchmark for calculating required workforce size. The ASHA standard was selected because it is one of the few professionally endorsed, quantified caseload guidelines available internationally and has been widely referenced in workforce planning studies; however, it should be noted that direct application of this standard to the Korean context carries inherent limitations owing to differences in service delivery models and clinical scope. Medium- to long-term domestic supply projections were generated via linear extrapolation based on the observed trend in the cumulative number of licensed practitioners since the introduction of the national licensing examination in 2013. The average annual number of new licensees was calculated using data from the most recent ten years (2016-2025), and this figure was used to estimate the annual increment in workforce supply from 2027 onward.

RESULTS

Child population status and projections in Korea

According to resident registration statistics from the Ministry of the Interior and Safety (2024), the population

under 18 years of age in Korea was approximately 7,066,621 persons, distributed across three age groups: infants and preschool children (0-6 years), approximately 1.82 million; elementary school age (7-12 years), approximately 2.61 million; and middle and high school age (13-17 years), approximately 2.63 million. Long-term pro-

jections from KOSIS indicate that the under-18 population will decline steadily from approximately 7.27 million in 2022 to approximately 4.44 million by 2052 (Figure 1), representing a 38.9% reduction over roughly 30 years and foreshadowing a structural contraction in demand for child-focused SLP services.

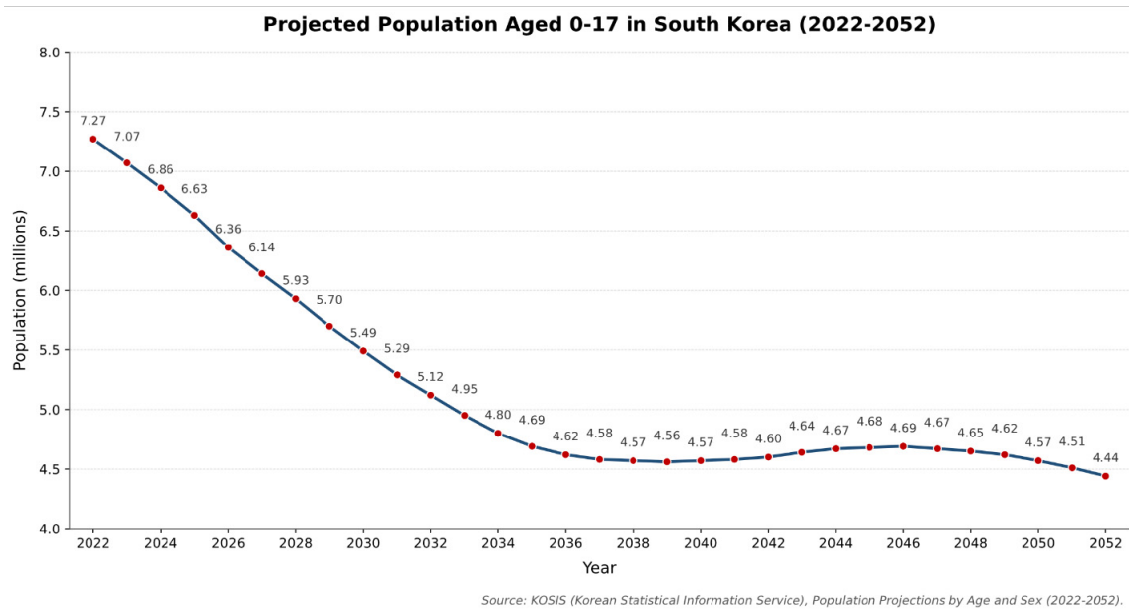


Figure 1. Projected population aged 0-17 years in Korea (KOSIS, 2024) [15].

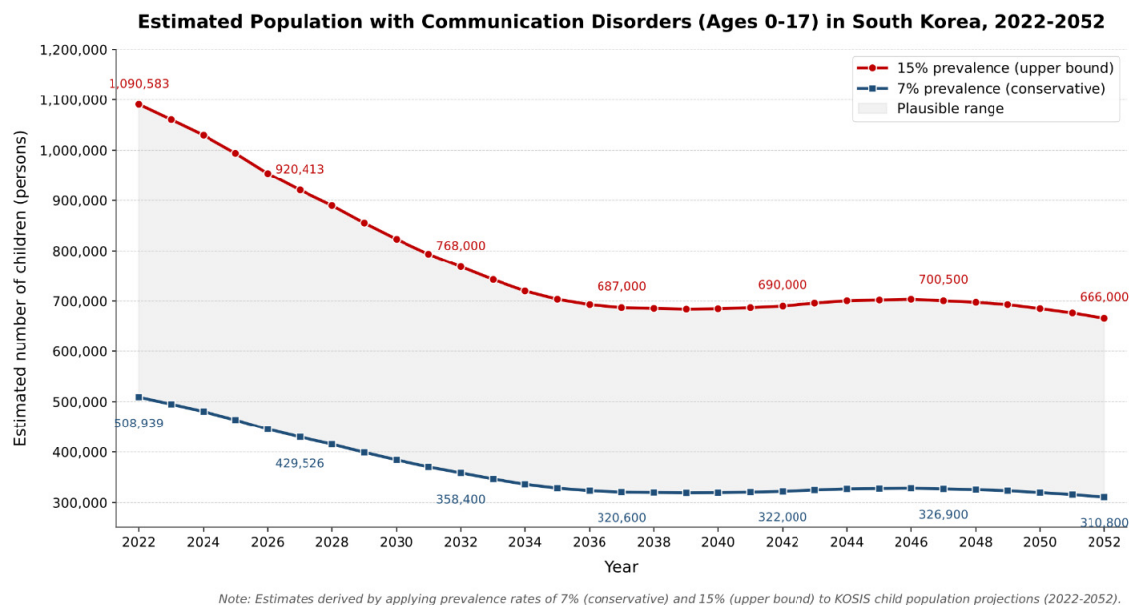


Figure 2. The estimated prevalence of communication disorders among children aged 0-17 years at 7% and 15% rates.

Estimated population with communication disorders

The prevalence of communication disorders in children has been reported to range from 7% to 15% across studies [20,21]. Applying these rates to the 2024 child population yields a conservative estimate of approximately 494,664 children (7%) and an expansive estimate of approximately 1,059,993 children (15%) as potential recipients of SLP services. HIRA claims data for 2024 recorded 511,010 children with a confirmed clinical diagnosis, a figure closely aligned with the 7% prevalence estimate. Taking the projected population decline into account, the estimated number of children with communication disorders is expected to decrease to approximately 310,800-666,000 by 2052 (Figure 2).

Current SLP workforce supply and projections in Korea

As of February 11, 2026, the number of licensed SLPs in Korea stood at approximately 19,299 [23]. Applying the ASHA [10] clinical caseload standard of 35-50 clients per SLP yields an estimated required workforce of 10,220-14,600 (Table 1). The current licensed workforce, therefore, exceeds the upper bound of this estimate by approximately 4,699, making it difficult to support an argument for an overall workforce shortage and instead suggesting that the available supply structurally exceeds latent demand.

Figure 3 presents the cumulative domestic SLP supply alongside estimated required workforce figures for the period 2013-2052. On the supply side, the 4,140 practi-

Table 1. Estimated required SLP workforce by caseload standard

Standard	Estimated required workforce	Compared with the current licensed workforce
Upper caseload limit (50 clients per SLP)	10,220	Exceeded (surplus of approximately 9,079)
Lower caseload limit (35 clients per SLP)	14,600	Exceeded (surplus of approximately 4,699)
Current licensed SLPs	19,299	-

Note. Required workforce = estimated number of children with communication disorders (511,010; HIRA basis) ÷ caseload standard (35 or 50).

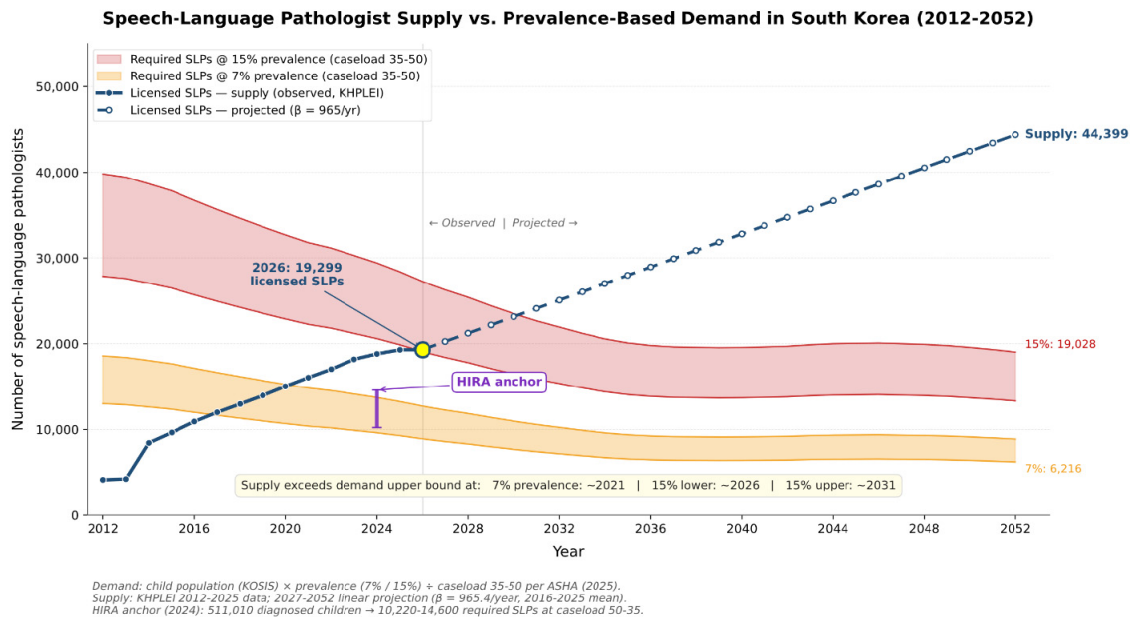


Figure 3. Comparison of domestic SLP supply and prevalence-based required workforce estimates (2013-2052).

tioners certified under the special transitional examination held in 2012 (before conversion from a private to a national credential) were combined with the 15,159 cumulative passers of the national examination from 2013 to 2025, yielding a total licensed supply of 19,299 as of February 2026. The average annual number of new graduates over the most recent 10 years ($\beta = 965.4$) was then used to project future supply through 2052 via linear projection.

On the demand side, under-18 population projections from KOSIS were multiplied by conservative (7%) and expansive (15%) prevalence scenarios. These caseloads were then divided by the ASHA caseload range (35-50 clients per SLP) to derive upper and lower bounds for the required workforce under each scenario; the two prevalence scenarios are depicted as shaded bands. As a supplementary verification anchor, a workforce requirement based on HIRA 2024 diagnosed caseload data (10,220-14,600) was plotted at the 2024 time point. This anchor lies near the upper margin of the 7% prevalence band, visually confirming that observed healthcare utilization closely approximates the conservative prevalence estimate.

The analysis reveals that, under the conservative prevalence scenario, the domestic SLP workforce exceeded the upper bound of the required supply (approximately 16,000) around 2021, and by 2026, the supply (19,299) already surpasses the lower bound even under the expansive scenario (approximately 13,000). If the current

annual graduation rate ($\beta = 965.4$) is sustained, the workforce is expected to exceed the upper bound of the most expansive scenario (15% prevalence $\times$ caseload 35) by around 2031 and to reach approximately 44,400 by 2052—about 2.3 times the upper-bound required workforce (approximately 19,000) and about 7.1 times the lower-bound requirement (approximately 6,200) at that time. When benchmarked against the HIRA-based upper workforce requirement (14,600), the 2026 supply already corresponds to roughly 1.32 times this estimate, indicating oversupply even relative to the most conservative, utilization-based demand benchmark. Collectively, these findings demonstrate that across all combinations of prevalence and caseload assumptions—and even when compared with observed clinical caseloads—the domestic SLP workforce already substantially exceeds demand, and that this imbalance is projected to intensify markedly beyond the 2030s in parallel with ongoing demographic change.

Comparative analysis against leading nations

Results of the cross-national comparison are presented in Table 2. Based on the ratio of total children per SLP, Korea (1:366) has already achieved a workforce density comparable to the United States (1:343) and is substantially better resourced than the United Kingdom (1:554) and Canada (1:1,000).

When considering the ratio of children with communi-

Table 2. Comparative SLP workforce status across selected countries

Indicator	Korea	United States	United Kingdom	Canada
Population under 18 years	7.07 million	73.1 million	12.18 million	5.50 million
Communication disorder prevalence	7-15%	7-15%	7-15%	7-15%
Estimated number of children with communication disorders	490K-1.06M (HIRA: 511K)	5.12M-10.97M	0.85M-1.83M	0.39M-0.83M
Total licensed SLPs	19,299	212,864	22,000	5,500
Children per SLP	1:366	1:343	1:554	1:1,000
Children with CDs per SLP (caseload)	1:25.6-54.9 (HIRA: 1:26.5)	1:24.0-51.5	1:38.8-83.0	1:70-150.0

Note. U.S. SLP figures: ASHA [10] 2024 Member Profile; United Kingdom: RCSLT (2023) [17]; Canada: SAC (2024) estimates. CD = communication disorder; HIRA = Health Insurance Review and Assessment Service; K = thousands; M = millions.

cation disorders per SLP (caseload), Korea (1:25.6-54.9; HIRA basis: 1:26.5) is likewise comparable to the United States (1:24.0-51.5) and considerably better positioned than the United Kingdom (1:38.8-83.0) or Canada (1:70-150.0). Notably, a national SLP credentialing system was introduced in Korea only in 2013, yet the country attained a workforce density similar to that of the United States—a nation with more than a century of professional history in this field—within just 13 years. This trajectory suggests that the rate of workforce expansion may have substantially exceeded both projected demand and the pace of employment infrastructure development.

DISCUSSION

The present findings suggest that the current SLP workforce problem in Korea, at least as assessed within the child-focused service domain, may stem not from an absolute shortage of practitioners but from structural oversupply. The absence of public-sector employment may better explain the sense of workforce scarcity experienced in the field, the geographic concentration of positions, and the erosion of the functionally active workforce attributable to suppressed reimbursement, rather than any deficit in the total number of licensed SLPs. In contrast to the United States and the United Kingdom, where mandatory in-school SLP placement mechanisms secure a stable pool of public-sector positions, the domestic employment market is concentrated in private clinics and a limited number of medical settings, resulting in markedly limited absorptive capacity. SLP employment stability and remuneration are directly linked to service quality: high turnover driven by precarious employment disrupts continuity of care, limits opportunities for professional development, and ultimately undermines service quality and treatment outcomes.

In the United States, IDEA mandates SLP placement in schools, providing the foundation for stable pub-

lic-sector employment for a substantial proportion of the workforce [10]. In the United Kingdom, NHS-based SLP employment functions as a core pillar of publicly funded demand. Korea, by contrast, lacks a national mandatory placement framework, resulting in structurally entrenched overcompetition in the private market. Countries such as Canada (1:1,000) and the United Kingdom (1:554)—where child-to-SLP ratios are substantially higher—paradoxically demonstrate relatively stronger SLP employment stability. This suggests that the availability of public-sector positions, rather than the sheer volume of supply, could be a key variable influencing professional employment security. Korea has already reached or exceeded its peer nations' supply levels; the immediate priority is therefore qualitative stabilization through the restructuring of the employment landscape.

Additionally, the present analysis was based on the total number of licensed practitioners (19,299) and does not provide precise estimates of the "effectively active workforce" currently engaged in clinical practice. A substantial number of license holders who are inactive due to career interruptions or transitions to other occupations presumably exist but cannot be included in the analysis because the profession lacks systematic post-licensure tracking. The gap between the number of license holders and the active workforce must be taken into account when formulating future supply-and-demand policies for the workforce. Resolving this structural limitation will require a legally grounded national system for license registration, management, and employment tracking. Examining other health professions reveals that physicians, dentists, traditional Korean medicine practitioners, nurses, physical therapists, occupational therapists, and social workers all have statutory foundations in their respective laws, enforcement rules, and enforcement decrees that mandate employment registration and workforce management [24-31]. Furthermore, given that unstable employment arrangements, such as part-time contracts—compared with full-time positions—may hinder

the return of inactive practitioners to the field, improving reimbursement structures and working conditions should take precedence over expanding the number of new graduates.

Finally, the findings warrant consideration through a demand lens that reflects rapid demographic change and potential expansion of the scope of practice. KOSIS projections indicate that the under-18 population will decline by approximately 39%, signaling that the child-centered framework currently dominating SLP workforce analysis is approaching a critical inflection point. Given the unusually rapid pace at which the domestic SLP supply has grown relative to peer nations, continued production of new graduates without appropriate enrollment management or policy regulation is likely to further destabilize the professional ecosystem through deepening supply-demand imbalance, although the precise magnitude of this effect will depend on changes in service scope and employment infrastructure that are difficult to forecast. Urgent work is therefore needed to quantify the growing demand for adult and geriatric SLP services associated with Korea's transition to a super-aged society, and in particular to generate empirically grounded projections of the extent to which rising demand related to adult post-stroke aphasia and neurodegenerative conditions may offset the decline in child-centered demand.

Based on the foregoing analysis, the present study offers the following policy recommendations. First, the policy orientation should shift from quantitative expansion to qualitative management: the inflated supply that has accumulated over only thirteen years must be moderated, educational quality must be strengthened, and medium- to long-term workforce planning grounded in demographic projections is required. Second, mandatory placement mechanisms should be introduced. To absorb the current workforce surplus, publicly funded positions—including mandatory in-school SLP placement analogous to that established in the United States and other leading nations—should be created. Third, indiscriminate ex-

pansion of training capacity should be avoided. In a constrained employment market, increasing the number of graduates threatens the livelihoods of practicing SLPs and must be explicitly weighed in policy deliberations and relevant legislation. Fourth, remuneration and reimbursement structures must be reformed. Inadequate reimbursement rates and precarious employment accelerate attrition from the field; policies that incentivize the return of inactive practitioners—including increases in voucher reimbursement, mandatory social insurance enrollment, and improved compensation in public institutions—must precede any further expansion of supply. Fifth, the regional distribution of the workforce should be optimized. To address the geographic imbalance that concentrates SLPs in metropolitan areas while leaving rural and remote regions underserved, both an incentive scheme for rural SLP employment and a legal framework for remote SLP service delivery should be developed. Sixth, SLP services should be expanded into adult and geriatric communication domains. To respond to the rising demand for adult communication disorder services associated with population aging, curricula and continuing education covering adult-focused competencies should be strengthened, and SLP placement in long-term care facilities and rehabilitation hospitals should be expanded.

CONCLUSION

This study diagnosed the current imbalance in the Korean SLP workforce using child population projections and international comparisons. The analysis suggests that the domestic SLP supply already exceeds need when benchmarked against peer-nation caseload standards, and that, given the projected decline in the child population through 2052, this imbalance is likely to deepen.

Several limitations warrant acknowledgment. First, the study focused exclusively on the 0-17 age group as the

primary user population for SLP services; accordingly, the conclusion of oversupply pertains specifically to child-focused SLP services. Given that pediatric settings currently constitute the predominant clinical context for SLPs in Korea, this scope limitation does not critically undermine the present findings at this point; however, as population aging is expected to generate growing demand for adult and geriatric communication services, the overall workforce balance may shift, and future research incorporating the full spectrum of service demand is warranted. Second, the workforce calculations assumed that all children with communication disorders have access to treatment services; as a result, the required workforce figures may be somewhat overestimated, and further investigation of actual treatment uptake rates is needed. Third, variation in the severity of communication disorders across individuals limits the precision of workforce estimates. Finally, the international comparisons did not fully account for differences in educational systems, health insurance frameworks, and service delivery structures across countries, which may affect caseload norms and employment patterns. For instance, the school-based service delivery model mandated in the United States under IDEA creates a fundamentally different employment context from that of Korea, where no comparable mandate exists; consequently, direct numerical comparisons of workforce ratios should be interpreted with caution rather than as evidence of strict equivalence in service capacity.

Notwithstanding these limitations, the workforce scarcity experienced in practice appears to stem not from an absolute deficit in practitioner numbers but from the lack of publicly funded employment infrastructure. Future policy should therefore prioritize qualitative strengthening through the introduction of public placement mechanisms, reform of reimbursement structures, balanced regional distribution, and expansion into adult and geriatric service domains—rather than further indiscriminate quantitative growth. Building on this foundation to en-

hance employment security for SLP professionals and to establish an equitable and sustainable system to serve individuals with communication disorders is a central task for the speech-language pathology field in Korea.

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