

HEARING LOSS AND THE IMPACT ON EMPLOYMENT

Hearing loss is a widespread reality for the global workforce, affecting more than 1 in 8 workers.¹ While the condition impacts 1.3 billion people worldwide,² its effect on employment is particularly significant, with over 481 million individuals currently navigating their careers with hearing loss.³

Despite the availability of effective and cost-efficient hearing technologies, such as hearing aids and cochlear implants, access remains limited.

The consequences are far-reaching:

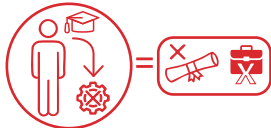
- limited communication
- lower educational attainment
- diminished quality of life
- restricted access to employment
- significant economic losses

FINANCIAL LOSS	CAREER STAGNATION	ECONOMIC VULNERABILITY
\$34,925	13.2%	1.5x
YEARLY INCOME LOSS PER PERSON WITH UNTREATED HEARING LOSS. ⁶	LOWER INCOME GROWTH THAN THAT OF THEIR HEARING PEERS. ⁸	HIGHER RISK OF LOW INCOME. ⁷

BARRIERS BEGIN EARLY: EDUCATION AND ENTRY INTO WORK



Early disadvantage: Young people with hearing loss often lack career guidance and support, impeding their transition from school to employment.²



Limited access to education: Individuals with hearing loss are less likely to pursue higher education, reducing their qualifications and job prospects.²



Higher unemployment: Adults with untreated hearing loss are twice as likely to be unemployed as those with normal hearing.⁴

GAPS IN EU POLICY INCLUSION

Despite EU initiatives such as the Youth Guarantee and the Disability Strategy 2021–2030, many national programs fail to account for the specific needs of those with hearing loss.⁵ Tailored transition pathways, supported by inclusive career counselling, mentorship, and vocational training, are essential to ensure equal participation in the labor market.²

THE ECONOMIC RETURN ON INCLUSION

Investing in hearing health restores economic stability by offsetting up to 100% of income loss for affected workers.⁶ Data shows nearly one-third of treatment recipients move into higher income brackets, gaining an average salary increase of \$10,021.⁹ These interventions move beyond quality-of-life improvements to actively strengthen workforce resilience and reclaim productivity lost to untreated hearing impairment.

IN THE WORKPLACE: HIDDEN COSTS AND BARRIERS

Even when employed, individuals with hearing loss continue to face multiple barriers that affect their long-term economic security, job performance, and overall wellbeing.



Premature Retirement and Long-Term Income Loss

People with hearing loss are more likely to retire early, often due to inaccessible work environments or cumulative fatigue. This leads to reduced lifetime earnings and limited access to pension benefits, further exacerbating their financial vulnerability.⁸



Increased Fatigue and Reduced Productivity

Untreated hearing loss increases the risk of fatigue and work absences. Inaccessible workplaces and a lack of assistive technologies force employees to exert more mental effort in everyday tasks. Common consequences include.¹⁰

- Reduced energy and cognitive endurance
- Lower productivity and slower work pace
- Longer recovery time due to listening-related stress
- Higher frequency of missed work or partial disengagement.¹⁰



Communication Barriers and Informal Exclusion

Everyday workplace environments are often not designed to be inclusive. Phone calls, meetings, and spontaneous conversations pose significant challenges, especially when captioning, amplification, or inclusive meeting practices are absent.¹¹

Without inclusive support, individuals with hearing loss may:

- Miss important verbal cues and information
- Be excluded from informal conversations
- Struggle to keep up in group discussions or collaborative settings.¹¹

MENTAL HEALTH IMPACTS OF HEARING LOSS AT WORK

Workplaces are meant to be environments where individuals can thrive, contribute, and grow. Yet for many people with hearing loss, the workplace can be a source of stress, exclusion, and even harm. In a recent study, 60% of individuals with hearing loss reported experiencing discrimination at work – ranging from stigma and verbal insults to mocking imitations. Alarming, 40% of those who reported such incidents said there were no consequences for the harassers.¹¹

60%

OF EMPLOYEES WITH
HEARING LOSS REPORT
WORKPLACE DISCRIMINATION



This lack of accountability not only perpetuates harmful behavior but also undermines the mental health of affected employees. According to the World Health Organization, workplaces can either enhance or undermine mental wellbeing.¹² High job demands, low control over tasks, and poor communication access, especially for those with hearing loss, all contribute to chronic stress. The result is often burnout, anxiety, and depression.¹³

Creating inclusive, respectful, and supportive workplaces is not only a legal obligation. It is a public health imperative. Mental health and hearing health are closely intertwined, and no inclusive employment policy is complete without addressing both.

ECONOMIC IMPACT OF HEARING LOSS

The effects of hearing loss are not only felt on an individual level, but also on a societal level. The economic impact of untreated hearing loss in the EU is substantial and affects multiple sectors of society.

Each year, costs amount to \$224,5 billion, broken down as follows:

- **\$74,5 billion** – healthcare expenditure
- **\$3,2 billion** – special education
- **\$21,1 billion** – lost productivity
- **\$125,6 billion** – intangible societal costs (social isolation, stigma, quality of life)

These figures highlight the urgent need for early diagnosis and treatment, not only for individuals but for the well-being of society and the economy as a whole.²

To address the economic and social disadvantages faced by individuals with hearing loss, the Hearing Health Forum EU proposes a European Hearing Health Strategy, based on the **HEAR pillars**. This comprehensive framework aims at improving hearing health across Europe.

Each pillar of the strategy has direct implications for employment and workplace inclusion:



A red square graphic with a white circle containing the letter 'H' at the top. Below it, the text 'Pillar Nº1:' is followed by a white icon of an ear with a checkmark inside. At the bottom, the text 'Hearing Loss Awareness' is displayed.

H

Pillar Nº1:

Hearing Loss Awareness

Raising awareness about hearing loss is essential to combat stigma and promote understanding in the workplace.

Inclusive workplaces begin with understanding. Awareness campaigns, staff training, and positive narratives are essential to dispel misconceptions and normalise hearing loss. When employers and colleagues understand the impact of hearing loss, they are more likely to support inclusion, encourage disclosure, and reduce the risk of bias or isolation.¹¹



A red square graphic with a white circle containing the letter 'E' at the top. Below it, the text 'Pillar Nº2:' is followed by a white icon of an ear with a hand pointing to it. At the bottom, the text 'Early Detection and Prevention' is displayed.

E

Pillar Nº2:

Early Detection and Prevention

Early detection and prevention of hearing loss are essential to maintaining long-term health, productivity, and inclusion in the workplace.

Legal Requirements for Noise Protection:

In the EU, Directive 2003/10/EC sets clear legal standards for protecting workers from noise exposure. Employers are required to:

- Assess and monitor workplace noise levels.
- Provide hearing protection when exposure exceeds 85 dB.
- Offer regular audiometric testing for employees exposed to high noise levels.
- Implement preventive measures, such as quieter equipment, soundproofing, and adjusted work schedules.¹⁵

Regular Hearing Screenings in the Workplace:

While hearing loss often goes unnoticed without screening, adults typically wait up to a decade before seeking help. However, the World Health Organization recommends accessible and affordable hearing screening programmes for adults, including those above 50 years and individuals exposed to occupational noise. Integrating routine hearing checks into workplace health programmes is a highly cost-effective intervention, allowing individuals to seek treatment earlier and maintain full participation in working life.¹⁴

A**Pillar
№3:****Access
and Care****Ensuring access to hearing care and assistive technologies is a cornerstone of workplace inclusion.**

Hearing technologies such as hearing aids and cochlear implants play a critical role in reducing the economic disadvantages associated with hearing loss. The economic return on hearing care is well documented:

- Hearing aids can offset up to 90–100% of income loss for individuals with mild hearing loss, and 65–77% for those with moderate to severe hearing loss.⁶
- A study by Clinkard et al. (2015) found that 31% of cochlear implant recipients moved into a higher income bracket within 6.6 years of implantation, with an average income increase of \$10,021.⁹

These findings highlight that hearing technology not only improves communication, but also restores economic stability and supports long-term financial opportunity. However, access to devices is only the first step. True inclusion also requires:

- Workplace adaptation in both design and culture.
- Clear and flexible communication channels, including written formats, visual tools, captions, and real-time transcription.
- Technology integration into daily workflows as a standard—not an exception.¹¹

The physical environment is equally important. Quiet, enclosed spaces are often more suitable than open-plan offices. Adequate lighting, reduced background noise, interference-free electrical systems all contribute to comfort and accessibility.¹¹

R**Pillar
№4:****Research
& Data
Development****Robust data on hearing loss in the workforce is needed to inform policy and drive change.**

Research can uncover patterns of inequality, track the effectiveness of workplace accommodations, and guide investments in inclusive practices. Policymakers should partner with employers to gather robust employment data on hearing loss challenges and outcomes in employment settings.

A compelling example of data-driven public health innovation is the nationwide hearing screening initiative launched in Malta in 2021. Led by Andrew Sciberras, Au.D., and MEP Alex Agius Saliba, in partnership with the Maltese Ministry for Inclusion and the Voluntary Sector, this initiative offered free adult hearing screenings in community settings without the need for medical referral or commercial involvement.¹⁶

The results revealed striking findings:

- 41% of participants had disabling hearing loss.
- 38% reported experiencing tinnitus, a condition often linked to stress, noise exposure, or untreated hearing loss.
- 24% had a wax impaction, a treatable condition that can temporarily impair hearing and often goes undiagnosed.
- Awareness campaigns paired with accessible screening services significantly increased help-seeking behaviour, especially among individuals who had previously underestimated their hearing difficulties.¹⁶

These findings underscore the importance of integrating hearing health into broader public health and workplace strategies. Evidence-based approaches like the Malta initiative can serve as a blueprint for inclusive hearing care across Europe.

A CALL TO POLICYMAKERS

The evidence is clear: untreated hearing loss limits access to education, employment, and full participation in society. It increases the risk of discrimination, isolation, and mental health challenges. To address these gaps, we urge the European Union to adopt a comprehensive, patient-centered European Hearing Health Strategy. This strategy should be implemented through national action plans focused on the HEAR pillars:

A European Hearing Health Strategy is urgently needed to address these gaps. This strategy would reinforce and operationalize existing EU frameworks—including the Strategy for the Rights of Persons with Disabilities (2021–2030), the European Pillar of Social Rights, and the EU4Health Programme—all of which call for stronger action on improved access, prevention, and inclusion.¹⁷

By investing in hearing care and accessible employment environments, the EU can move beyond quality-of-life improvements to actively strengthen workforce resilience and social cohesion. We urge the European Union to adopt a comprehensive, patient-centered European Hearing Health Strategy, aligned with EU health and disability policies and implemented through dedicated national action plans across all Member States.

We encourage the Strategy to focus on **HEAR** pillars:



Hearing Loss Awareness

Raise awareness of hearing loss and educate populations to reduce stigma and promote social inclusion.



Early Detection and Prevention

Ensure effective strategies are put in place at the national level to ensure prevention and detection of hearing loss.



Access and Care

Increase and facilitate access to hearing healthcare, interventions, treatment options and rehabilitation for persons living with hearing loss.



Research and Data

Further support research and the collection of data to facilitate evidence-based policymaking for persons living with hearing loss.



Join our call for a European Hearing Health Strategy and endorse the [Manifesto on Hearing Health](#)

Contact us for questions:
contact@hearinghealth.eu

REFERENCES

1. Neitzel, R. L., Swinburn, T. K., Hammer, M. S., & Eisenberg, D. (2017). Economic impact of hearing loss and reduction of noise-induced hearing loss in the United States. *International Journal of Audiology*, 56(5), 357–364. https://doi.org/10.1044/2016_JSLHR-H-15-0365
2. World Health Organization. (2021). World report on hearing. <https://www.who.int/publications/i/item/9789240020481>
3. World Bank. (2024). Labor force, total (SL.TLF.TOTL.IN). World Bank Data. <https://data.worldbank.org/indicator/SL.TLF.TOTL.IN>
4. Järvelin, M.-R., Mäki-Torkko, E., Sorri, M. J., & Rantakallio, P. T. (2011). Effect of hearing impairment on educational outcomes and employment up to the age of 25 years in Northern Finland. *Scandinavian Audiology*, 24(3), 165–175. <https://doi.org/10.3109/03005364000000019>
5. European Commission. (2016). European Pillar of Social Rights. Publications Office of the European Union. <https://doi.org/10.2767/31633>
6. Kochkin, S. (2010). MarkeTrak VIII: The efficacy of hearing aids in achieving compensation equity in the workplace. *The Hearing Journal* 63(10), 10–26. https://www.betterhearing.org/HIA/document-server/?cfp=/HIA/assets/File/public/marketrak/MarkeTrak-VIII_The-Efficacy-of-Hearing-Aids-in-Achieving-Compensation-Equity-in-the-Workplace.pdf
7. Emmett, S. D., & Francis, H. W. (2015). The socioeconomic impact of hearing loss in US adults. *Otolaryngology–Head and Neck Surgery*, 36(3), 545–550. <https://doi.org/10.1097/MAO.0000000000000562>
8. Jorgensen, A. Y., Engdahl, B., Bratsberg, B., Mehlum, I. S., Hoffman, H. J., & Aarhus, L. (2025). Hearing loss and annual earnings over a 20-year period: The HUNT cohort study. *Ear and Hearing*, 46(1), 121–127. <https://doi.org/10.1097/AUD.0000000000001554>
9. Clinkard, D., Barbic, S., Amoodi, H., Shipp, D., & Lin, V. (2015). The economic and societal benefits of adult cochlear implant implantation: A pilot exploratory study. *Cochlear Implants International*, 15, 181–185. <https://doi.org/10.1179/1754762814Y.00000000096>
10. Hornsby, B. W. Y., Naylor, G., & Bess, F. H. (2016). A taxonomy of fatigue concepts and their relation to hearing loss. *Ear and Hearing*, 37(Suppl 1), 136S–144S. <https://doi.org/10.1097/AUD.0000000000000289>
11. Nealon, M. (2017). Workplace experiences of employees with hearing impairment. <https://doi.org/10.13140/RG.2.2.30556.50561>
12. Svinndal, E. V., Solheim, J., By Rise, M., & Jensen, C. (2018). Hearing loss and work participation: A cross-sectional study in Norway. *International Journal of Audiology*, 57(9), 646–656. <https://doi.org/10.1080/14992027.2018.1464216>
13. International Labour Organization. (2023). A call for safer and healthier working environments: Recognizing occupational safety and health as a fundamental principle and right at work. International Labour Office. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/publication/wcms_856976.pdf
14. World Health Organization. (2010). Healthy workplaces: A model for action: For employers, workers, policy-makers and practitioners. World Health Organization. https://iris.who.int/bitstream/handle/10665/44307/9789241599313_eng.pdf?sequence=1
15. European Agency for Safety and Health at Work. (n.d.). Directive 82: European directives on safety and health at work. <https://osha.europa.eu/en/legislation/directives/82>
16. Sciberras, A., Greenham, P., & D’Haese, P. (2025). Improving access to adult hearing care: A retrospective review of an awareness campaign and community hearing test service. *Inquiry: The Journal of Health Care Organization, Provision, and Financing*, 62, 1–7. <https://doi.org/10.1177/00469580251372815>
17. European Commission. (2017). The European Pillar of Social Rights: 20 principles. https://commission.europa.eu/publications/european-pillar-social-rights-20-principles_en