BUILDING SKILLS FOR THE AUDIOLOGICAL REHABILITATION OF THE FUTURE

Prof Louise Hickson
Communication Disability Centre
School of Health and Rehabilitation Sciences
The University of Queensland
and
HEARing Cooperative Research Centre

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WHY BUILD SKILLS FOR THE FUTURE?

• The future of audiology will be different
• Think about when you started in audiology and how things have changed….
• Change is happening for a myriad of reasons
  • The people we see are different
  • The system we work in is different
  • The education of new audiologists is different
  • The technology we work with is different
  • How people communicate is different
  • ……

“Be the change that you wish to see in the world.”
— Mahatma Gandhi
AIMS

1. To summarise studies from a program of research aimed at identifying barriers and facilitators to successful hearing rehabilitation for older adults

2. To give some take home messages about the skills needed to improve outcomes in the future
“There are lots of great treatments for people with hearing loss ....but so many people who could really benefit don’t ....sometimes they don’t access the treatment or sometimes when they get the treatment they don’t do as well as they should...our research is all about improving the uptake and outcomes of these treatments.”
PIECES OF THE PUZZLE

1. Retrospective study of adults with hearing impairment who had or had not sought help and who were either successful or unsuccessful with hearing aids
2. Interview study of adults with hearing impairment and what they want in hearing rehabilitation
3. Interview and focus group study of family member participation in hearing rehabilitation
STUDY 1: RETROSPECTIVE STUDY OF HELP-SEEKING, ADOPTION AND SUCCESS WITH HEARING AIDS

Retrospective investigation of outcomes for 4 groups of adults with hearing loss:

- Non-consulters (n = 55)
- Consulters (n = 92)
- Unsuccessful HA owners (n = 73)
- Successful HA owners (n = 88)

Detailed assessment of each person.

Aims

- To determine factors associated with consultation and hearing aid uptake
- To determine factors associated with success with hearing aids

Dr Carly Meyer
ASSESSMENT MEASURES

Information collected in the clinic:
- Demographic information
- Vision questionnaire
- Schedule of Life Events
- General Health Questionnaire
- Hearing test
- Hearing aid insertion gain
- Cognitive test (Cognistat)
- Manual dexterity test (Grooved Pegboard)

Questionnaires completed by client prior to appointment:
- Hearing Handicap Questionnaire
- Self-Assessment of Communication
- Attitudes Towards Hearing Aids
- Measure of Audiological Rehabilitation
- Self-efficacy for Hearing Aids
- Coping Strategy Indicator
- Locus of Control Scales
- Auditory Lifestyle and Demand Questionnaire
- Social Activities Checklist
- Technology Experiences Questionnaire
RESULTS: WHAT’S MOST IMPORTANT?

Positive attitudes to hearing aids

Family support of rehabilitation decisions

Self-efficacy for using hearing aids

Full details in 4 articles soon to appear in a special issue of Int J Audiol
TAKE HOME MESSAGES

Message #1
Address patient attitudes to hearing aids and patient confidence in ability to manage hearing aids

Message #2
Include family in any discussions about hearing rehabilitation
STUDY 2: INTERVIEW STUDY OF WHAT ADULTS WANT IN HEARING REHABILITATION

Aim: to determine skills and processes that people who have been through audiological rehabilitation define as patient-centred

METHOD

- Semi-structured in depth interviews with 10 adults over 60 years of age who had owned hearing aids for at least a year.
- Tell me about your experiences with your hearing care. What does patient-centred hearing care mean to you?
- Purposive sampling for maximum variation in terms of age, gender, eligibility for free hearing services and self-reported ethnicity.
MODEL OF PATIENT-CENTRED AUDIOLOGICAL REHABILITATION

INDIVIDUALISED CARE

CLINICAL PROCESSES

PLAYERS

THERAPEUTIC RELATIONSHIP

Decision-making/problem-solving

Audiologist

Information exchange

Patient
THERAPEUTIC RELATIONSHIP

“You’ve got to have the same relationship as you have with your doctor in a way because it is an on-going (process)” (68 yo female)

“It’s not just a question of the clinician, it’s a question of the patient, and the two have got to come together” (72 yo male)

AUDIOLOGIST

“When I leave (I feel) an element of frustration, that I am not being fully listened to” (71 yo female)

PATIENT

“In a professional sense, the audiologist absolutely is the expert. But the person with the practical experience of the hearing aid, and of hearing problems, is obviously the patient” (69 yo female)

DECISION-MAKING

“It was very okay, let’s get you a hearing aid, and get you out the door...the approach made me feel [like]... I don’t think I want to come back here again” (71 yo female)

INFORMATION EXCHANGE

“The audiologist saying I know best just doesn’t hack it anymore” (72 yo male)

INDIVIDUALISED CARE

“I am not just some punter that’s come through the door” (83 yo male)
Message #1

A model to operationalize patient-centred care
STUDY 3: INTERVIEW AND FOCUS GROUP STUDY OF FAMILY INVOLVEMENT IN HEARING REHABILITATION

- To explore the role of family members in hearing rehabilitation from the perspective of:
  - Audiologists
  - Older adults with hearing impairment
  - Family members

13 family members
3 focus group interviews

23 older adults with hearing impairment
4 focus group interviews

Dr Nerina Scarinci
Devaluing the impact of hearing impairment

“I don’t think hearing is something to be particularly worried about. If you say you can’t hear it, it’s not life threatening” [FM]

“If I had a physical disability or say I lost my sight, you’d be all over me helping me. With a hearing disability, it’s ‘you silly old goat’” [HIP]
Lack of shared responsibility

“The frustration for the people that you really care about when you feel that they’re not taking the extra step” [HIP]

“I think family members should realise that they shouldn’t talk to somebody from another room” [HIP]

“The audiologist ran through everything with me and gave me a list of things I had to do, which I was a bit unchuffed about because I think that it’s his problem, not mine” [FM]
“I’ve been telling them for years I’ve got poor hearing ... but the real thing we’re looking for is empathy from them, so they understand” [HIP]

“You want empathy not sympathy” [HIP]
Family members play a significant role in help-seeking

“The reason I have hearing aids is because of my wife, because of her prodding, encouragement” [HIP]

“What brought it home to me is my youngest daughter came down from the country and she said to me ‘Dad, you’re bloody deaf. Go and get it looked at’” [HIP]

“If he heard someone speak to him, he’d look at me … in the end I was going ‘Look, you need to get your ears tested’” [FM]

“I said ‘We just have to get them sorted or else I’ll be out of here. I’m not staying married to you when you can’t be part of this’” [FM]
THE ROLE OF FAMILY MEMBERS IS COMPLEX AND MULTIFACETED

Family members are technology focused

“[FM will say] ‘Look, you’re not hearing too well. Go and get those things [HAs] adjusted’” [HIP]

“She is totally supportive. She says ‘Are you doing anything about that? I’ll pay for that [HAs]’ … I don’t need her to [pay] but there is that support” [HIP]

“… the hearing aid, he’s very reluctant about that. He’s only had it for a little while so we’re encouraging him” [FM]

“We talked about it and I said to him ‘Look, I want to tell you straight away that if we pay $5000 for hearing aids, you’re wearing them and that’s what he did’” [FM]
HOW ARE FAMILY MEMBERS INVOLVED?

“I didn’t know he was going” [FM]

“I was there, but just observing I guess … I just sit in the corner” [FM]

“I think they [AUD] were a little surprised that I was there in the first place, and secondly, that I had a question to ask about it” [FM]
TAKE HOME MESSAGES

Message #1
Include family with the aim of fostering empathy and shared responsibility.

Message #2
Help family understand that there is more to managing hearing problems than technology.
WHAT SKILLS DO YOU NEED TO BUILD A BETTER AUDIOLOGICAL REHABILITATION OF THE FUTURE?

• Listen to and address what patients say about hearing aids (attitude)
• Provide materials and education to increase patient confidence (self-efficacy)
• Individualize care, inform and involve patients → develop a therapeutic relationship
• Inform and involve family
Technical audiological skills are assumed, interaction skills are valued
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My contact: l.hickson@uq.edu.au
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