Family-centred care in adult hearing rehabilitation: What do audiologists think about involving family members?

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Background

• Research into the **barriers and facilitators** to hearing rehabilitation in older adults with hearing loss highlights the **critical role** of **family members** in the rehabilitation process.

• Older adults with hearing loss are more likely to **seek help** for hearing difficulties if they perceive their family members are **supportive** of hearing rehabilitation (Meyer et al., in press; van den Brink et al., 1996; Wallhagen, 2010)

• Older adults with hearing loss who had more **positive support** from family members were more likely to be **successful hearing aid users** (Hickson et al., in press)
Family members are also affected by hearing loss

- Due to **two-way process** of **communication**, communication difficulties in older adults with hearing loss also affect significant others.
- Previous research has shown that significant others **share** in the disability by experiencing:
  - Reduced **quality of life**
  - **Embarrassment** in public
  - Reduced **social activities**
  - Changes in family **roles** and responsibilities

(Brooks et al., 2001; Hetu et al., 1993; Morgan-Jones, 2001; Scarinci et al., 2008; Scarinci et al., 2009; Scarinci et al., 2012; Smith & Kampfe, 1998; Stephens & Hetu, 1991; Stephens & Jones, 2005)
Third-party disability

• Although the spouse does not have a health condition, they may experience *activity limitations* and *participation restrictions* as a result of the health condition of their significant other.

(WHO ICF, 2001)
Third-party hearing disability

• In a study of 100 spouses of older adults with hearing loss, 94% of spouses reported some degree of third-party hearing disability on the SOS-HEAR (Scarinci et al., 2009)

• Most spouses reported mild problems

• Greater third-party disability reported in the areas of:
  • Emotional consequences (e.g., frustration)
  • Communication activities (e.g., reduced talking)
  • Everyday activities (e.g., television viewing)

Implications for audiology practice

• As spouses may experience third-party disability as a result of their partner’s hearing loss and as they are important for successful outcomes in hearing rehabilitation, what is the role of family-centred care in hearing rehabilitation?

• Is there a need for increased inclusion of family members in hearing rehabilitation?
Family-centred care

- Health professionals and researchers worldwide recommend that health professionals take into account the needs of the client and the needs of the family so they become partners in rehabilitation (Dunst, 2002).
- **Family-centred care** is acknowledged as the best way of involving family members.
- In family-centred care, the *interrelated nature* of family relationships is acknowledged, and therefore, the needs of all family members are considered (Hamilton et al., 2003).
Aim of the study:

To explore the role of family members in hearing rehabilitation from the perspective of audiologists.

Qualitative methodology incorporating individual semi-structured in-depth interviews which gained insight into how family members are involved in hearing rehabilitation, and factors influencing their involvement.
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<thead>
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<th>N (%)</th>
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<td>Gender</td>
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<tr>
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<tr>
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<td>2 (22%)</td>
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<tr>
<td>University</td>
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How often are family members involved in appointments?

• “Not as much as I’d like them to, but I’d probably say 30% to 40% of my appointments have a family member”

• “As a guesstimate I think it’s relatively low… I would guesstimate it is certainly less than 50, closer to 20 or 30”

• “I’d say about 30% of family members come in for the fitting appointment. I find that the older client is that the more likely a family member will come in with them”
Who is the client?

- “The one with the hearing loss, definitely”

- “The **client** and **their family members**. I certainly think of the **family** as being an **important part** of that appointment”

- “I see the **person that I’m assessing** as the main client, more so than the other person coming along, but now that you’ve said that …”
Promoting Partnerships: “This is a partnership between all of us”

Shared understanding
“so that everyone understands what’s going on”

Shared responsibility
“Rehab doesn’t only involve one person. It’s a joint effort”

Improved outcomes
“to get the best possible outcomes, arguably it’s best if family members are also involved”
Improved outcomes

General support improves outcomes

“I strongly believe that having a **support network** improves the outcome, and therefore by having them [FM]s there I just think that ultimately the outcome’s going to be a lot better”

Hearing aid outcomes and management

“If their **spouse** isn’t on board with hearing aids, they’re not going to do well… **It’s not going to work**, unless it’s through a herculean effort and will on the part of the person themselves”

Satisfaction

“I find that those [FM]s that take a more **active role** and those that actually utilise the **communication strategies** listed in that book will report **better satisfaction**”
Factors affecting family member involvement

Values promoted by the clinic and audiologist

“There’s a quote.. when someone in the family has a hearing loss, the whole family has a hearing problem...If you can get sayings like that into them, that encourages people to come along”

Time barriers and availability of family members

“People’s lives are busy, and it is quite difficult to get two people to come along to the appointments each time”

“Being able to accommodate an appointment time that fits your schedule and their schedule and the significant other’s schedule”
Factors affecting family member involvement

Misconceptions about hearing rehabilitation

“People think that the process of rehabilitation – they wouldn’t even think of it as rehabilitation, they would think of it as getting a hearing aid is akin to getting glasses, so they’re not going to necessarily figure that they would be needed or helpful at that stage getting the hearing aid, that it’s just something for the hearing aid wearer to do”

“I find most of them don’t really know – I feel like they come into the clinic and don’t have the full idea or the whole idea of what rehab involves. The fact that it doesn’t just involve the fitting of hearing aids”
Factors affecting family member involvement

Mismatched needs and priorities between the client and family member

“The difficulty arrives when you have different wants or needs between the client and the family … So meeting that balance sometimes between what the family wants and what the client wants is always a bit of a balance sometimes”
Conclusions

- Audiologists view family member involvement as **important** in hearing rehabilitation, however some audiologists identified a number of barriers to implementing family-centered care.
- Audiologists differed in their views regarding **who the client is** in hearing rehabilitation.
- Overall, **greater involvement** of family members in hearing rehabilitation was thought to be associated with **improved outcomes**.
Clinical implications

• Family-centered care could facilitate shared understanding, empathy, and responsibility for managing hearing difficulties.

• Audiologists have an important role in facilitating family member involvement.

• The results of this study highlight the potential for greater involvement of family members in hearing rehabilitation and the need for increased communication training.
Future Directions

**KNOWLEDGE TRANSLATION**

→ **GETTING RESEARCH INTO PRACTICE**

- Develop and trial a family-centred care pathway for adult hearing rehabilitation services

- Cochrane review found that ‘tailored interventions more effective’ (Baker et al, 2010)
  → Tailor family-centred care intervention to the barriers and facilitators identified in this study
THANK YOU!

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