

# Are patients aware of what their hearing aids can do?

Louise Wakley, Heather Dowber and Laura Finegold

GN Hearing UK

danalogic GN

## 1. Introduction

The danalogic website is a support tool for both patients and audiologists. In the last year, it had around 80,000 unique visits. From June 2021 to November 2021, we placed an optional survey onto our website which was completed by 710 patients from across the UK. A copy of the survey is available upon request.

## 2. Aim

Our aim is to engage with users of NHS hearing aids, to better understand their needs and ultimately apply this knowledge to improve the technology and services we currently offer to NHS Audiology departments.

## 3. Methodology

### Step One

The survey included a number of closed questions on the following areas:

- Hearing aid technology
- The use of apps and smartphones/tablets
- Attitudes to remote care in a wider healthcare context

Plus the following open question:

- If you wanted something specific from a future range of NHS hearing aids, what would it be?

### Step Two

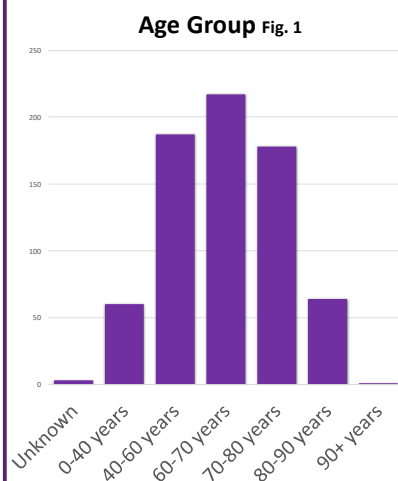
We conducted in-depth follow up discussions with respondents who expressed an interest to speak to us about their lived experience with hearing aids.

For this poster, we have focussed on the respondents' views of hearing aid technology.

## 4. Findings

Of the 710 patients who completed the survey, 459 answered the question 'If you wanted something specific from a future range of NHS hearing aids, what would it be?'

The age range of respondents can be seen in Fig. 1.



We were able to categorise their comments into 9 areas which are displayed on the pie chart in Fig. 2.

45% of respondents would like their hearing aids to connect to other electronic devices via Bluetooth. This includes for streaming purposes and hearing aid management.

11% of respondents wanted a smaller/more discreet hearing aid

10% of respondents responded with an answer which fell into the 'Ability to Adjust' category.

Fig. 3 shows some examples of the key findings in the respondents' own words.

All of the key features requested by the respondents are available in the NHS range from danalogic GN.

If you wanted something specific from a future range of NHS hearing aids, what would it be? Fig. 2

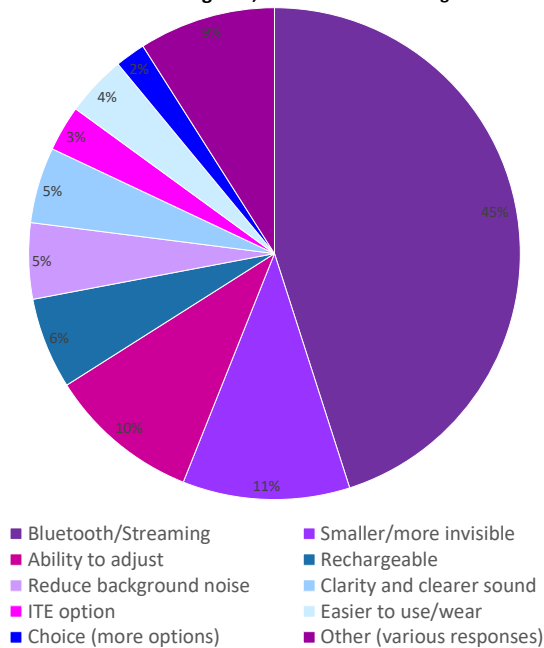


Fig. 3

"I don't have an app for my hearing aids – is there one?"

"I would like the ability to adjust my hearing aids without touching them"

"I would like instructions for how to use the app and information on some of the features I can adjust"

## 5. Discussion/Conclusion

Based on the data collected, we can conclude that patients are not always aware of the additional functionalities available within their hearing aids.

Some of the reasons for this could be:

- The ability to retain information (40-80% of medical information provided by healthcare practitioners is forgotten immediately<sup>1</sup>)
- Information on wider functionality not being provided by their audiologist either due to
  - time constraints
  - a conscious decision to reduce information overload

As a result, many patients are not benefiting fully from the technology they have at their disposal.

- As a manufacturer, do we need to support audiologists more?
- Are we utilising the most effective and efficient ways of sharing information with audiologists?
- Do we recognise the many different ways in which patients absorb information and produce resources accordingly?
- What barriers exist which prevent this information from being shared and/or retained?
- Do we need to rethink how a typical hearing aid fitting appointment is structured?

The first action we have taken based on the outcome of the survey is to further develop our online resources for patients. To find out more about our patient portal, please visit us at Stand 30.

You are also welcome to email us at: [danalogicuk@gnhearing.com](mailto:danalogicuk@gnhearing.com) [www.danalogic.co.uk](http://www.danalogic.co.uk)

### Reference:

1. Kessels, R. (2003). 'Patients' memory for medical information', *Journal of the Royal Society of Medicine*, 96 (5), pp. 219 – 222.

Thanks to Professor Adrian C. Davis OBE PhD HonD FSS FFPH FRSM for his advice and contribution