

# Barriers and Facilitators to Providing Hearing Healthcare to People with Dementia Living in

## Long-Term Care: Interviews with Care Staff

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### 1. Background

- 70% of residents living in long-term care (LTC) have dementia<sup>1</sup> and 75% have hearing loss.<sup>2</sup>
- The symptoms can overlap and interact, including communication difficulties, loneliness, poorer quality of life and exacerbated dementia-related behavioural symptoms.<sup>3-5</sup>
- Providing support for hearing loss can improve outcomes for residents with dementia and their caregivers.<sup>6</sup>
- Most residents with dementia rely on LTC staff to support their hearing needs.
- However, hearing care provision within LTC homes is inconsistent (low hearing aid use, loud communal areas etc.) and requires improvement<sup>7</sup>.

### 2. Study Aim

- To understand the barriers and facilitators faced by LTC staff when providing hearing care to residents with dementia.
- To inform the development of a hearing-related intervention suitable for a LTC setting using the Behaviour Change Wheel<sup>8</sup>.

### 3. Methods

- Remote semi-structured interviews with LTC staff (N= 10).

Gender	Women (n= 7); Men (n= 3)
Ethnicity	White British (n= 8); Asian/ Asian British (n= 2)
Mean years in profession (SD)	13 (7.70)
Job role	Care assistant (n= 3); Senior carer (n= 2); Nurse (n= 2); Therapy assistant (n= 1); Deputy manager (n= 1); Home manager (n= 1)
LTC home registration	Residential home (n= 4); Nursing home (n= 4); Dementia Specialist (n= 1); Unknown (n= 1)

- Interviews informed by the Theoretical Domains Framework (TDF)<sup>9</sup> and the Capability, Opportunity, Motivation-Behaviour (COM-B) model.<sup>8</sup>
- The TDF and COM-B model are part of the Behaviour Change Wheel<sup>8</sup> which aids theory-driven intervention development.
- Two level coding of interviews by two independent researchers: Deductive coding of instances of the TDF domains based on frequency and emphasis, and mapping these TDF domains to the COM-B domains.
- Generating themes to explain barriers and facilitators, in line with identified domains.

### 4. Results

- Five TDF domains identified, exploring the barriers or facilitators to LTC staffs' provision of hearing care to residents with dementia.

• **Social/ Professional Role and Identity** – Reflective Motivation  
Lack Of Personal Accountability for Hearing Care (Barrier)  
*"I think staff need to take more of an onus on the responsibility for the hearing aids and who's job role it is, rather than just letting the resident try and find their own hearing aids"* – Therapy Assistant

• **Knowledge** - Psychological Capability  
Lack of Knowledge of Hearing Loss and Hearing Care (Barrier)  
*"we're just winging it and hoping that what we're doing is the best. But if a CQC inspector came in and said 'why are you doing that?' we'd be like 'because we think it works ... we've had to try and find a way to communicate'"* – Care Assistant 1

• **Beliefs about Consequences** – Reflective Motivation  
Recognition That Providing Hearing Care is Beneficial to Residents with Dementia (Facilitator)  
*"their [resident] quality of life will improve. She'll be able to engage with people, she wouldn't get angry with other residents because she can't hear what they're saying and she gets frustrated because she can't understand what you're saying properly."* – Care Assistant 1

• **Environmental Context & Resources** - Physical Opportunity  
Poor Collaborations Between LTC Homes and Audiology Services (Barrier)  
*"they [audiology] always want the resident to go to the hospital to have the hearing test. And that's not always possible, especially if you've got someone that has got dementia who doesn't do well with going outside in new environments, a noisy environment ... they don't always take that into consideration, it always seems to be quite a fight"* – Home Manager

• **Optimism** - Reflective Motivation  
Despondency about Audiology Services (Barrier)  
*"She [audiologist] wasn't prepared to listen to where this man was with his dementia and some of the difficulties associated with that ... it wasn't the best experience."* – Nurse 2  
The Practicalities of Conventional Hearing Aids for Residents with Dementia (Barrier)  
*"we've had residents eating their hearing aids. That was a bit of a worry. Finding the battery after that had been chewed you think 'oh no' if they swallow a battery that could obviously be quite serious."* – Nurse 1

### 5. Conclusions & Recommendations

- LTC staff must be better equipped to provide hearing care to residents with dementia. But, the barriers are wide ranging, complex and require multi-component intervention.
- Study limitations: the potential for social desirability bias regarding participants' professionalism and competence.
- Recommendations for Intervention targeting Capability, Opportunity and Motivation:

Appointing a paid Hearing Loss Champion to take ownership of hearing care.

Providing training to staff on hearing loss and hearing care.

Providing dementia-friendly adaptations to hearing devices.

Improving relationships between audiology and LTC homes.

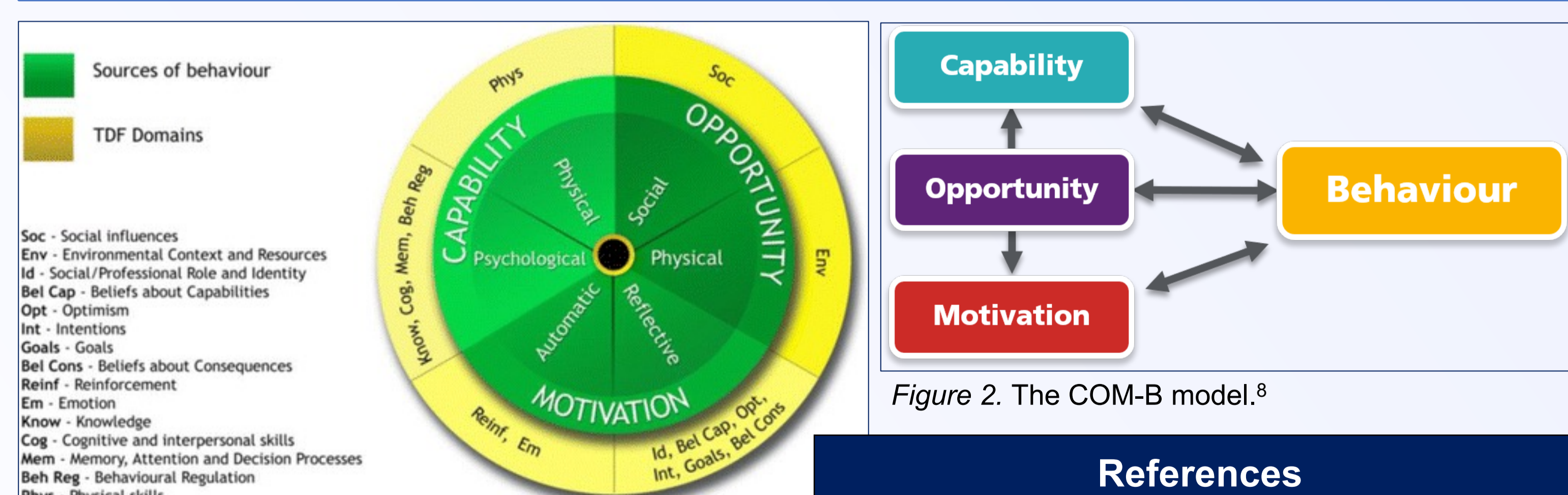


Figure 1. Mapping of the COM-B and TDF domains.<sup>9</sup>

Figure 2. The COM-B model.<sup>8</sup>

### References

- <sup>1</sup>Prince et al. (2014) Alzheimer's Society.
- <sup>2</sup>Royal National Institute for Deaf People. (2018)
- <sup>3</sup>Crosbie et al. (2019) BMC Med;17:1-16.
- <sup>4</sup>Punch & Horstmannshof (2019) Geriatr Nurs;40:138-147.
- <sup>5</sup>Echalier (2012) Royal National Institute for Deaf People.
- <sup>6</sup>Cross et al. (2022) J Am Med Dir Assoc;23(3):450-460.
- <sup>7</sup>Leroi et al. (2021) J Am Med Dir Assoc;22(7):1518-1524.
- <sup>8</sup>Michie et al. (2011) Implement Sci;6(1):1-12.
- <sup>9</sup>Atkins et al. (2017) Implement Sci;12(1):1-18.