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 dementia¹ and 75% have hearing loss.²
• The symptoms can overlap and interact, including communication difficulties, loneliness, poorer quality of life and exacerbated dementia-related behavioural symptoms.³–⁵
• Providing support for hearing loss can improve outcomes for residents with dementia and their caregivers.⁶
• 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 improvement⁷.

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®.

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

4. Results
• 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

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.

References
- Crosbie et al. (2019) BMC Med;17:1
- Leroi et al. (2021) J Am Med Dir Assoc;22(7);1518