

“The audiologist needs to hear what / need”: Assessment of hearing loss self-management in older adults

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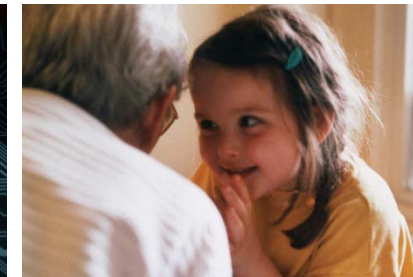
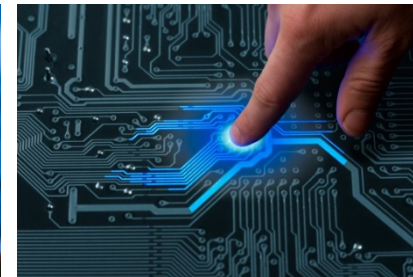
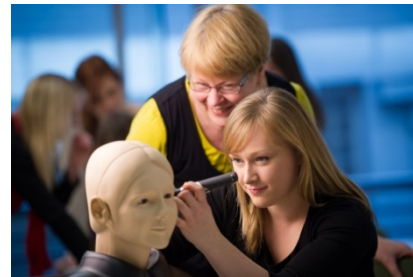
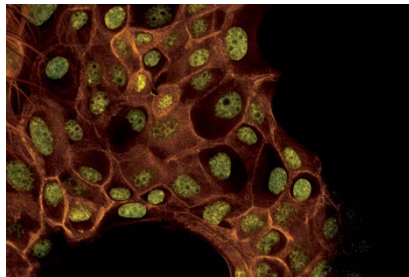
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What we already know

For chronic conditions, **self-management** is important for good clinical outcomes and quality of life (Lorig et al. 1999; Wagner et al. 2001)

- ▶ Everything a person knows and does to manage the effects of a chronic condition on **all aspects of daily life** (Barlow et al. 2002)

Hearing loss is a **chronic condition**, but hearing health care tends to follow an acute rather than chronic model of care

As a result, **adults with hearing loss** don't always have the opportunity to develop self-management skills

What we don't know

Can we **assess hearing loss self-management** using clinical tools that have been developed for other chronic conditions?

What do the results of the assessment tell us about the **individual client**?

What do they tell us about **current clinical practice** more generally?

Participants and procedure



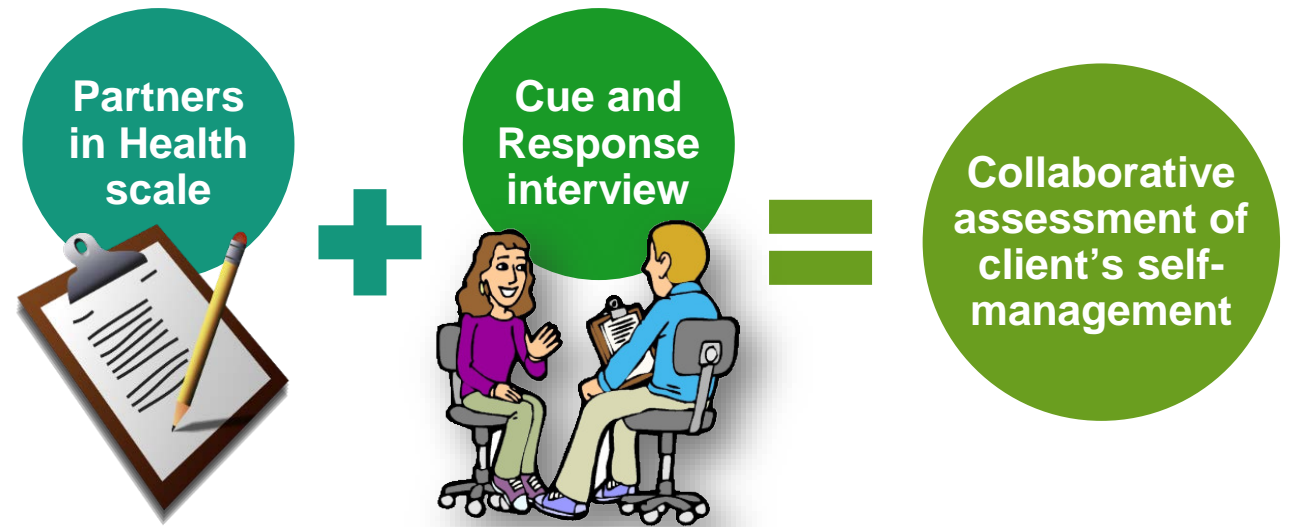
Participants 30 adults with mild to moderately severe hearing loss

Age range 51-85 years

Hearing health care system 16 public, 14 private

Assess self-management in multiple domains with a validated questionnaire and interview:

- ▶ Knowledge of condition and its treatment
- ▶ Ability to access services and resources
- ▶ Participation in shared decision-making
- ▶ Ability to monitor and respond to changes in condition severity and functional status
- ▶ Strategies for coping with the psychosocial impacts of the condition



from the Flinders Chronic Condition Management Program™ (Battersby et al. 2003)

What we didn't know

Can we **assess hearing loss self-management** using clinical tools that have been developed for other chronic conditions?

What do the results of the assessment tell us about the **individual client**?

What we know now

In this sample, yes – if the tools are modified to better suit an audiology setting (e.g. using the word *rehabilitation* instead of *medication*)

- ▶ The assessments provided a picture of the **whole client** in their **own words** – the client tells their story
- ▶ The assessments identified clients who were managing well in one area but not in another (e.g. consistent hearing aid user, but not coping emotionally) – existing clinical tools may not capture the latter

What we didn't know

What do the results of the assessment tell us about **current clinical practice more generally?**

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poster 50 for
more details

What we know now

Group results support previous research suggesting that audiological practice can be biomedically focused, device-centred, and clinician-led (Ekberg et al. 2014; Grenness et al. 2015; Meyer et al. 2017)

Participants reported:

- ▶ Psychosocial difficulties that had not been adequately addressed in previous audiology consultations
- ▶ High level of knowledge about hearing aids, but little about non-technological strategies for managing hearing loss
- ▶ Variability in the extent to which they shared in clinical decision-making

Audiologists could assess hearing loss self-management in order to address hearing loss more holistically and tailor interventions to clients' individual needs

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