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

Elizabeth Convery\textsuperscript{1,2,3}, Carly Meyer\textsuperscript{1,3}, Gitte Keidser\textsuperscript{1,2,3}, Louise Hickson\textsuperscript{1,3}

\textsuperscript{1}HEARing Cooperative Research Centre
\textsuperscript{2}National Acoustic Laboratories
\textsuperscript{3}School of Health and Rehabilitation Sciences, University of Queensland

23\textsuperscript{rd} Audiology Australia National Conference, May 2018
Background and study aims

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)
Results

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
Results

What we didn’t know

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

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

Please visit poster 50 for more details

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

NAL’s dedicated team of research volunteers, who make our work possible

The Australian government, for their support through a Research Training Program (PhD) scholarship

This research was financially supported by the HEARing CRC established and supported under the Australian Government’s Cooperative Research Centres Programme. The CRC Programme supports industry led end-user driven research collaborations to address the major challenges facing Australia.