

Executive Summary

Background

Previous research has identified that many older adults who attend initial audiology appointments do not go on to obtain hearing aids (HAs). These findings have shown that help-seeking is not synonymous with a readiness for hearing rehabilitation. The transtheoretical model of behaviour change (TTM) focuses on assessing an individual's readiness for change, and has been shown to have validity in the audiology setting. Based on the TTM, the Ida Institute has developed 'Motivation Tools' to help audiologists engage with clients' readiness for rehabilitation. While there is a sound theoretical background for these tools, more research is needed to evaluate its use in clinical practice.

The current study sought to explore audiologists' ability to gauge adult clients' readiness for change within initial assessment appointments, and whether the Ida Motivation Tools could help them with this process. Specifically, the study had the following aims:

- Explore how readily audiologists can identify clients' readiness for rehabilitation within standard initial audiology appointments;
- Train audiologists to use the Ida Motivation tools to help them identify and discuss clients' readiness for rehabilitation within initial appointments;
- Explore audiologists and clients' interactions when using the Ida Motivation tools within initial audiology appointments;
- Explore whether the use of the Ida Motivation tools helps audiologists to better identify clients' readiness for rehabilitation.

Method

This pilot study was designed as a mixed methods intervention study. Participants included five audiologists and 22 adult clients from two University Audiology clinics in Australia. Prior to training in the Ida tools, ten standard care initial audiology appointments were video-recorded with participating audiologists and their adult clients. Before each appointment, the client completed the University of Rhode Island Change Assessment (URICA) to measure their stage-of-change. During the appointment, audiologists scored clients on a readiness questionnaire, based on their own perceptions of the client. Following this phase of the study, audiologists participated in a one-hour training workshop in the Ida Motivation tools. Following the training, twelve initial audiology appointments were video-recorded in which audiologists were instructed to use the tools. Clients again completed the URICA prior to each appointment, and audiologists were asked to score clients' stage-of-change during the appointment. Questionnaire data was analysed using Microsoft Excel and SPSS, and the video data was analysed using conversation analysis.

Results

Analysis of the pre-training, standard care, appointments showed that audiologists could accurately identify clients in a preparation stage-of-change (i.e., clients ready for HAs) but were less likely to be able to correctly identify clients in a pre-contemplation or contemplation stage-of-change (33%

correct). Audiologists did often ask clients about their feelings towards HAs, however these questions did not always appear to help them in gauging clients' ambivalence towards HAs/rehabilitation. The pre-training findings thus suggested that audiologists may benefit from using the Ida Motivation tools.

The post-training results demonstrated that audiologists could successfully implement the Ida Motivation tools into their initial assessment appointments, without increasing the overall appointment length. Audiologists improved in their ability to identify clients' stage-of-change (58% correct); however they still sometimes had trouble identifying clients in a contemplation stage.

Analysis of the video data showed that, using the tools, audiologists successfully solicited from clients their readiness for hearing rehabilitation and potential concerns they had regarding HAs. The use of follow-up questions with the tools was the most effective strategy for soliciting expanded responses from clients. Clients tended to choose higher readiness options on The Circle and Line tools than shown in their URICA scores. However, analysis of the interaction showed that clients often chose a high option on the tool while at the same time presenting some ambivalence regarding HAs within their interactional response. In the ensuing interaction, audiologists were observed to attempt to address the concerns raised by clients, thus showing evidence of individualising the management of their care.

Conclusions

The Ida Motivation tools can be successfully incorporated into initial assessment audiology appointments with adult clients, and can help audiologists better identify clients' readiness for hearing rehabilitation. Audiologists did still sometimes have trouble identifying clients in a contemplation stage-of-change so particular emphasis on the behaviour of clients in this stage may be necessary within training about client readiness (in particular, that any ambivalence from clients regarding HAs is likely to be indicative of a contemplation stage). The findings also highlighted the need for audiologists to use follow-up questions with the tools to most effectively solicit clients' readiness for change. The value of follow-up questions should thus be emphasised in training audiologists to use the tools within clinical appointments. In addition, the findings emphasised the importance for audiologists to reflect on clients' interactional responses to the tools rather than merely relying on their chosen scores. Clients often chose high options on the Circle and Line tools while at the same time presenting some ambivalence regarding HAs in their responses. If audiologists relied on clients' scores only, they may still overestimate clients' readiness. This finding supports the Ida Institute's overall aim of the tools as being used a 'conversation starter' with clients, and the need for audiologists to actively listen to clients' responses.