

Applying a person-centred approach in audiological rehabilitation for people with hearing loss and their communication partners: Changing the talk to focus on living well with hearing loss

### **Executive Summary**

The principles of person-centred care embrace the individual as the target of health interventions, with the focus on their needs in the context of their everyday lives. The American Geriatrics Society Expert Panel on Person Centred Care (2016) describes how clinicians can implement person-centred care by eliciting individuals' values and preferences, and subsequently using these to guide all aspects of the individual's health care.

This of course raises the clinical question: How might clinicians best elicit our clients' *values and preferences* towards their hearing rehabilitation needs? Through the second half of the 20<sup>th</sup> century, many well-crafted hearing healthcare tools have been developed to address the client's perceptions of hearing impairment, activity limitations, and participation restrictions. By definition, these tools present written questions that are quite prescriptive in their delivery, and often require a selection from a limited set of responses. In the mid-1990s the Client Oriented Scale of Improvement or COSI (Dillon, James & Ginis, 1994) offered a simple alternative – an open-ended request to clients to identify their chosen goals and to mark their importance within the context of their lives. The COSI changed the way clinicians sought information from their clients and brought much more of the focus back onto the clients in the context of their lives and as such it remains a watershed in person-oriented hearing health care.

In 2010, the Ida Institute set out to design tools for use in hearing rehabilitation that supported person-centred care principles. Among the tools designed at their conferences in Copenhagen was the tool, Living Well with Hearing Loss (henceforth "the Living Well tool"). The goal of this tool was to structure a process that promoted an active problem-solving approach in hearing rehabilitation by eliciting information from clients about their needs and to do this by methods other than direct questioning. The Living Well tool was developed to present the client with a series of photographic images that reflect an array of social interactions with emphasis on different communicative settings. The aim of the photographs was to prompt, but not to direct, the client's thoughts about their communication needs and thereby direct the situation-specific rehabilitative clinical goals. In 2016, the Living Well tool was revised such that it could be completed by clients in an online format, either prior to their audiology appointment or with the support of their clinician during their audiology appointment.

### **Method**

The new online Living Well tool was recently piloted with a group of 24 adult hearing health care clients with the assistance of two participating audiologists. Clients were contacted by their audiologist and asked to complete the online version of the tool prior to attending their clinic appointment. Of the 24 participants, 4 completed the tool at home ahead of their appointment; the other 20 participants completed the tool during their clinical appointment with the support of their audiologist. Two participants attended their clinic appointments with significant others, while all others attended alone. Discussions between the audiologists and their clients were video-recorded and analysis of the discussion arising from the Living Well tool indicated that the implementation and discussion of the tool varied in length between approximately two and ten minutes. Following completion of the Living Well tool, the clients and audiologists participated in an individual semi-structured in-depth interview with a member of the research team.

## Key Findings

In post-clinical session interviews, clients overwhelmingly reported that their experience with the Living Well tool was positive, with the majority reporting that they preferred to complete it with their audiologist during their appointment rather than at home. Participants shared a variety of reasons for this preference, including practical issues such as limited vision to explore the pictures, and lack of familiarity with computers. While participants who completed the tool at home typically had longer and more engaged conversations with their audiologist around their hearing situations and goals, clinicians still found it beneficial to complete the tool in session with the clients. One audiologist stated, that the Living Well tool acted by “creating more of a rapport, so that they knew I was focusing on what their needs were...It got them to focus on what their needs are.”

Participants who reported successfully completing the tool commented that it was, “...simple and effective...”, “...a good starting point...”, and that “...it merged into our conversation...”, resulting in “...increased awareness [of needs]” and it “...increased the number of strategies...”. It is of note that the audiologists also reported being comfortable using the tool: “It was easy to use... Rather than spending 20 minutes trying to get to the point, it gets to the point straightaway, it gets to the problem areas straightaway.”

The use of photographs to prompt reactions from clients was an interesting and previously unexplored method for eliciting person- and context-sensitive information and insights in the adult aural rehabilitation clinic. It should be noted that the use of photographs resulted in a range of responses, some quite unexpected. Participants reported feeling less “alone” in their hearing and communication difficulties as they realised there were a lot of other people who experienced the same difficulties, while others stated that they felt there was someone already working with them, even prior to their appointment.

## Conclusion

The Living Well tool identifies itself as a useful and engaging candidate for inclusion in the pre-appointment or case history assessment of adults’ rehabilitative needs. It offers an interesting alternative to the forced-choice or open-ended questionnaire, by offering clients the opportunity to interpretation of photographic images free of the constraints implied by questions in self-report assessments. In doing so, it addresses hearing health care needs as the client sees them within their social milieu, reflecting person-oriented care models. Initial investigation of the clients’ perceptions of the tool suggest it will have its greatest potential effect amongst new clients, who are working towards understanding the needs arising from their hearing impairments. Clinical use will benefit from a few simple and practical questions to identify who the best candidates are for exposure to the tool. The tool may be used to equal effect by clients completing it ahead of attending or in interview with their clinician.