

Aural Rehabilitation; Person Centred or Cost Effective?

DePlacido.C

Department of Speech and Hearing Sciences, Queen Margaret University, Edinburgh.
cdeplacido@qmu.ac.uk

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Introduction

Audiology services within the UK face the challenge of providing appropriate aural rehabilitation to an increasing population, within a restrained budget. In practice this means the provision of technological solutions such hearing aids as the prime rehabilitation tool for many departments. Following the recent introduction of open ear fittings and telephone reviews, a new concern has emerged regarding the decrease in patient contact time as a result of these new implementations. Such developments are welcomed by managers because they enable redirection of resources to address waiting times. Many clinicians however are concerned about the effect limited contact time for aural rehabilitation may have on outcome. What remains unclear at present is the patients' perception of a comprehensive rehabilitation plan. This study sought to explore patients' concerns about acquiring hearing loss and their expectations of rehabilitation services.

Materials and Methods

Ethical consent was obtained from the relevant NHS ethics board and Queen Margaret University ethics committee. Subjects were selected from new referrals to one NHS Audiology Department. All subjects had been referred by their general practitioner with a view to being fitted with hearing aid(s). Information letters and consent forms were sent to patients on the waiting list for this clinic, who met the following criteria. All subjects had to be new patients, able to attend the clinic for a minimum of two visits; and able to take part in a tape recorded interview lasting at least 1 hour. Instructions were given to return the signed consent form to the researcher in the pre paid envelope provided prior to attending the clinic. The interviews, which were open ended lasted for approximately one hour. They were all conducted on the first visit to the clinic prior to any contact with Audiology staff. All interviews were carried out by the same researcher who was not directly involved in the subjects' care. Following each interview the data, which was digitally recorded, was transcribed verbatim by the interviewer, then analysed using a grounded theory approach (Glaser and Strauss, 1967; Charmaz, 2006) following verification the recordings were deleted and the transcripts given unique identifiers to preserve anonymity.

Results

Six subjects were interviewed. 3 Male and 3 female. The age range was 63-84 years(mean 75.5 years)Two of the male subjects and one of the female subjects had been exposed to industrial noise. The length of time from when the hearing loss was first noticed ranged from 2 years to 14 years, but one subject did not remember how long it had been since she first noticed the problem.

In only one case (Male) did the subject self refer for assessment, the other five subjects were persuaded to attend by relatives or medical staff.

Five core categories emerged: coming to terms with the onset of hearing loss; reactions of the family; Coping with future social interactions; The ability to cope with hearing aids; The stigma attached to hearing aid use.

Coming to terms with the onset of hearing loss

Responses varied within the group. Some subjects still did not believe they had difficulty in hearing conversations despite their families concerns. While others had accepted the fact that hearing loss was inevitable. One subject felt he had started to exhibit what he called “Deaf behaviour” as soon as his hearing loss was brought to his attention.

“Somebody would be talking and I would say ‘What’...even though I heard...I started saying ‘What was that?’

Reactions of the family

Many of the subjects expressed concern about the reactions of the family, and how disclosure of hearing difficulties would be received. Where the subject felt support would be offered they were more amenable to trying hearing aids. However some expressed concerns or reported incidences where they had not felt supported.

“My daughter said I would be too proud to wear a hearing aid”

Interestingly this lady described herself as the “stubborn type” and had resolved to prove her family wrong, so in this case the lack of support had strengthened the subject’s resolve. A common issue within this theme was of the subject having to adapt and fit in rather than situations being changed to accommodate the hearing difficulties.

“The usual comments...’deaf in your auld age’ but they are quite tolerant”

Coping with future social interactions

Subject’s had concerns about the impact of deafness on their social life .Some had already started to use maladaptive coping strategies, such as avoiding situations or withdrawing from the situation. One subject looked visibly distressed as he recounted his last experience at a family gathering,

“You miss out on things, you just sit there”

Others were unsure what the future held and how they were going to adapt,

“I worry in case I go deaf altogether...I wonder if I should learn to lip read”

“Learning sign language...I never got down to it but it’s in the back of my mind”

The ability to cope with hearing aids

This was a cause of concern to all of the subjects many of whom were resigned to having to cope on their own. They did not expect ongoing support as part of the rehabilitation services. There were concerns about how they would appear to others if they needed help,

“I don’t want a big one because it will be seen, but I don’t want a wee one In case it goes right into my ear. What if I get it wrong and they think I am stupid”

The stigma attached to hearing aid use.

Despite the advances in digital technology and media hype, the main concern for this group was not that the hearing aid was digital but that it would be seen. In many cases the size of the hearing aid still influences whether the subject will wear it.

*“I don’t want it to be seen”
“I worry that it will be big and everyone will see it”
“It bothers me, people being able to see it.”
“I’m saying to myself “Folk will think I am deaf”*

This last comment is indicative of the confusion felt by many subjects about being “deaf” . This was not yet part of their self construct and a label they tried to distance themselves from. The resistance to seeing themselves as a deaf person caused confusion and stress for some subjects, who were as yet unable to accept this change or alter their configuration of the self.

Discussion

In this group of subjects there was some variation in the length of time between first noticing hearing loss and seeking help- or being persuaded to seek help. Each of these subjects displayed behaviours and ego defences such as denial, and anger (Nelson-Jones,R.2005) which suggested they may be experiencing different stages in the grief process.(Kubler-Ross,1997). Interestingly the subject who self referred for assessment was more accepting of the problem and resigned to trying hearing aids whereas the other subjects were still resistant to accepting changes in their personal construct. The effect of deafness on relationships was of great concern. Many expressed fears about losing control or taking on a less autonomous role in the family. Despite these fears, all subjects spoke of how they would have to adapt to fit situations rather than having changes made to accommodate them. Although all of these subjects were attending a clinic with the specific aim of being fitted with hearing aid(s), in the main there was a reluctant acceptance of hearing aids rather than a positive attitude towards them. The subjects had very low expectations of the services and seemed resigned to using their own resources to cope rather than embarking on a supportive rehabilitation programme. Three particular questions emerged from the analysis of this data.

Do the stages of the grief process correlate with attitude and motivation in aural rehabilitation?

Could addressing ego defences and coping strategies as part of the rehabilitation process improve outcome?

Would a structured counselling programme prior to fitting influence the clients' experience of coming to terms with hearing loss, and hence their acceptance of a new personal construct?

Further research is required to explore these areas.

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