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## INTRODUCTION

In addition to using hearing aids, difficulties associated with hearing loss can be addressed through counseling-based auditory rehabilitation (AR) programs. These programs focus on psychosocial support, personal adjustment to hearing loss, and building communication skills. Studies have demonstrated that group AR programs improve hearing loss-related quality of life (Preminger & Yoo, 2010; Juneja et al., 2020) and goal attainment (Hickson et al., 2019). Although considered best practice, AR training programs have relatively low uptake. We conducted focus groups for adults with hearing loss and surveys among audiologists to investigate perspectives on auditory rehabilitation in the Mid-South region.

### Research Questions:

- Among adults with hearing loss:
  - What factors influence their decision to attend AR?
  - What are their experiences with AR?
  - What are their perceptions of online supports?
- Among audiologists:
  - How often are various AR practices offered?
  - What are audiologists' experiences with and barriers to offering AR?
  - Would they recommend group AR offered elsewhere?

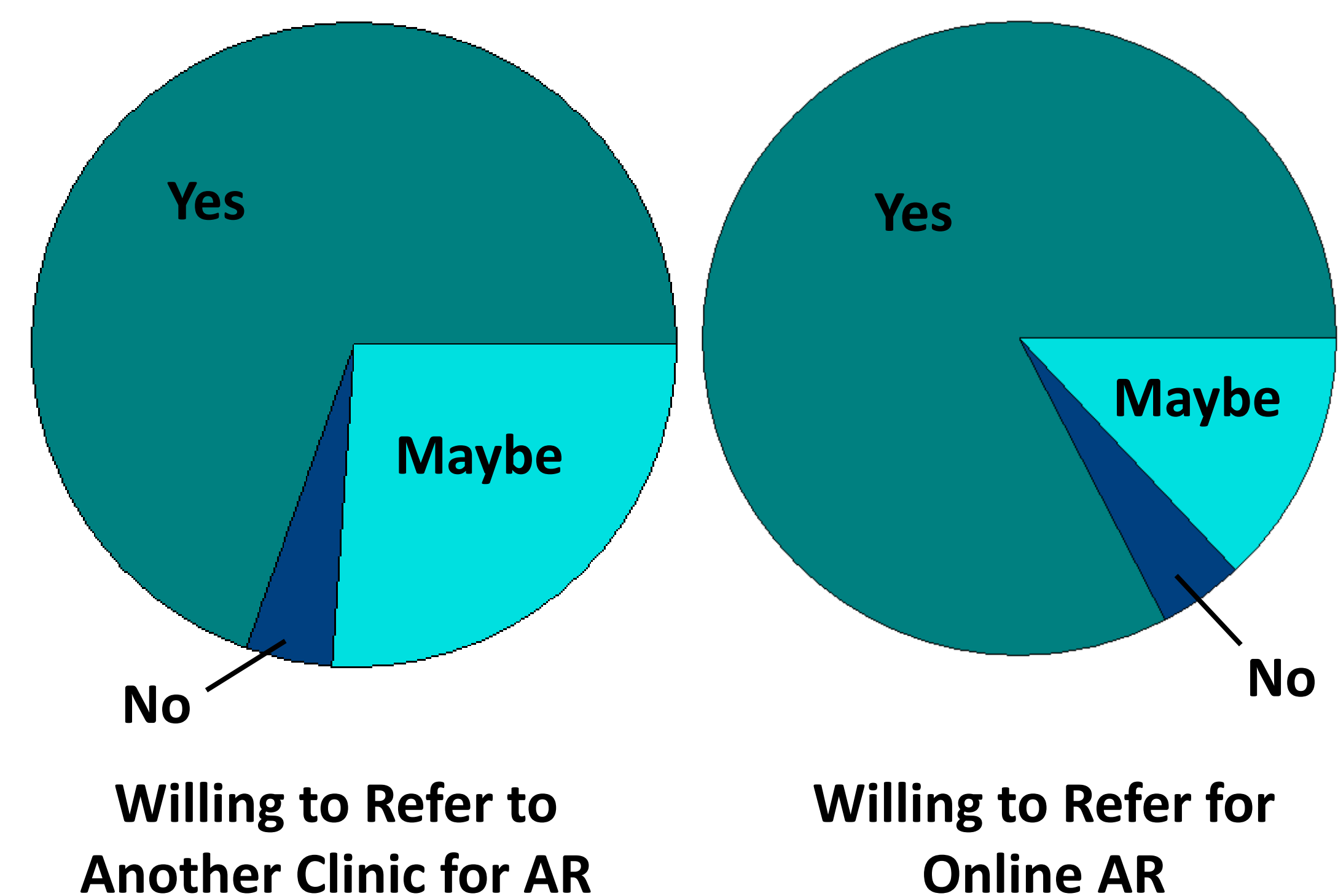
## METHODS

### Patient Focus Groups

10 adults with hearing loss (60% female, age 66-83) participated in focus groups exploring their perspectives on AR. Participants were recruited from a university clinic. 2 groups were conducted: 1 for patients who attended group AR (6) and 1 for patients who were invited but chose not to attend (4). Groups were conducted in a hybrid online and in-person format. Thematic analysis was conducted on transcriptions from the sessions.

### Audiologist Survey

28 practicing audiologists (85% female, age 25-60, 29% private practice setting) completed an online survey eliciting their perspectives on and experiences with AR. Audiologists were identified through an online search and surveys were sent via email. Data were evaluated using descriptive statistics and thematic analysis.



## PATIENT FOCUS GROUP RESULTS

a1 "All the groups that I've attended have been worthwhile. So I continue to learn and benefit each time." – Yes 5

a2 "I wasn't really sure if that was something I needed, but also it's distance." – No 2

a3 "Being more aggressive with the marketing and the benefits of the group" – Yes 3

b1 "I found it very helpful when my wife attended, that she learned how to deal with somebody who was hard of hearing." – Yes 5

b3 "The group I attended... was not even in the zone that I was from a technological standpoint... and so I left after about 10 minutes." – Yes 1

c1 "[Online group AR] would be helpful to me, but there's obvious drawbacks, you know..." – No 2

### a. What factors influence their decision to attend AR?

- Desire for information and support
- Determining if expected benefits outweigh practical barriers to participation
  - Barriers included travel distance and busyness
- Awareness of AR programs and benefits
  - Unaware of group AR (70% of patients didn't recall invite)
  - AR benefits not explained effectively
- Accessibility
  - Travel distance to clinic, time of day group AR is offered
- Perceived relevance of program content

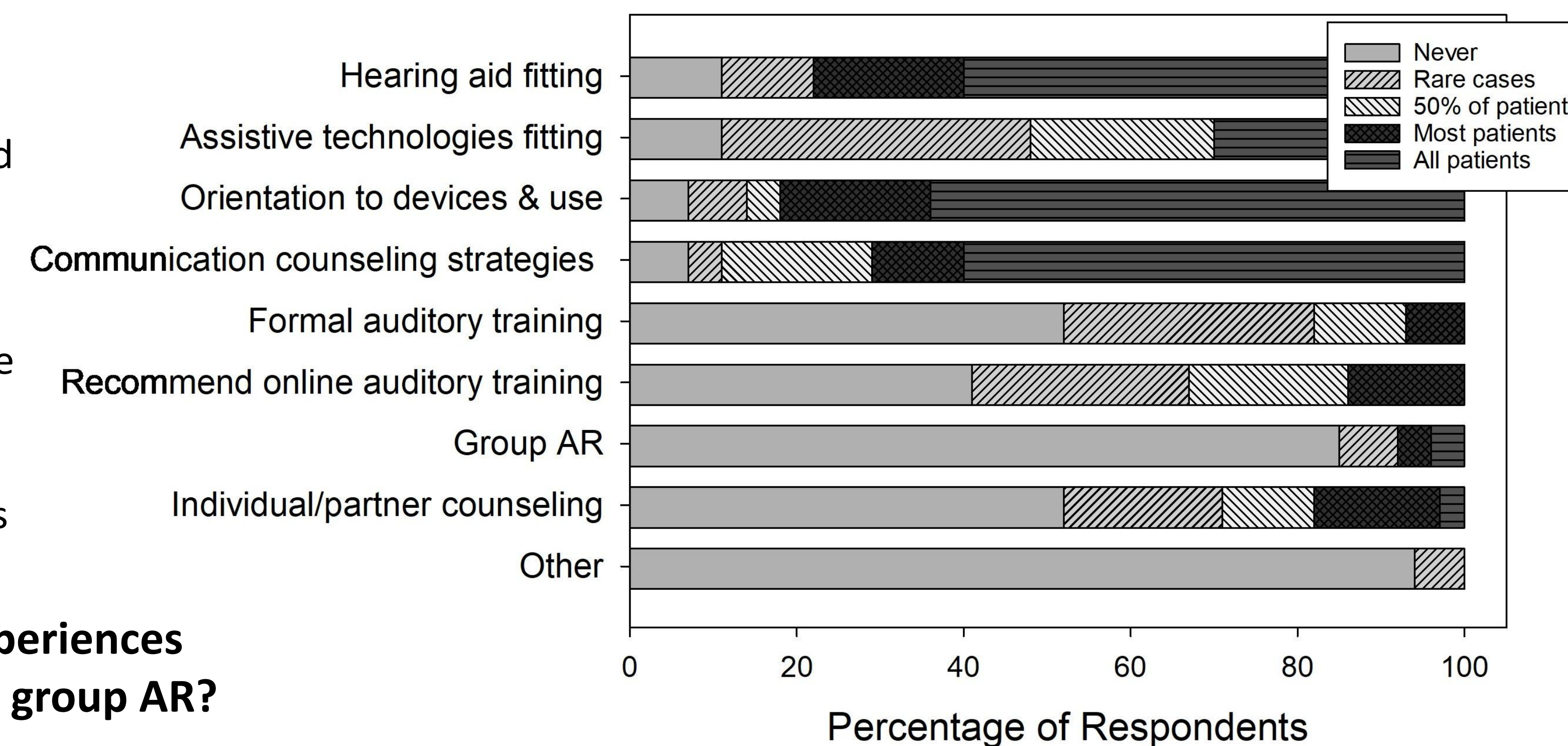
### b. What are their experiences with AR?

- Meaningful psychosocial and relationship benefits
    - Benefit from connecting with other patients who have hearing loss
    - Benefit from bringing communication partners
  - Desiring greater individualization
    - Wanting more personalized support, addressing diverse needs
  - Seeking practical skill-building and support for managing hearing technology
    - Perception AR emphasized social aspects over device management
- ### c. What are their perceptions of online supports?
- Participants who lived at a distance preferred accessibility but overall, participants preferred in-person format
    - In-person format allows for hands-on learning and support
    - In-person format enhances relationship building

## AUDIOLOGIST SURVEY RESULTS

### a. How often are various AR practices offered?

Device management services and communication strategies training were offered most frequently; auditory training and group/individual counseling were offered least frequently. "Other" AR practices offered were tinnitus management, which was only offered by 1 audiologist.



### b. What are audiologists' experiences with and barriers to offering group AR?

**Experiences with group AR:** 39% of audiologists indicated no experience with group AR. Of the 42% of audiologists who indicated previous experience with group AR, 25% stated that they've only conducted group AR during graduate training. Only 5% of audiologists indicated currently offering group AR. Low patient participation in AR was noted among 11% of audiologists.

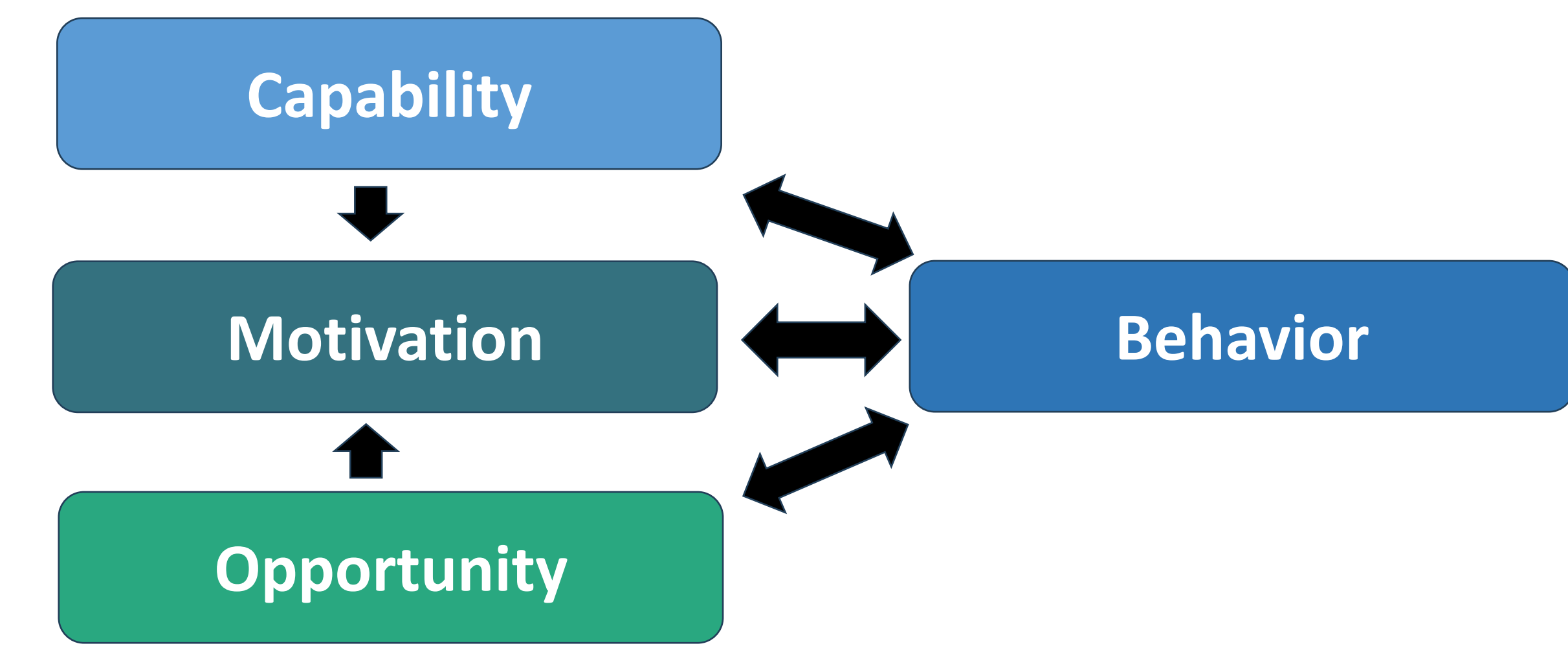
**Barriers to offering group AR:** Clinical time was the most notable barrier (59%). 23% of audiologists indicated that lack of reimbursement was a barrier. Transportation issues (14%), lack of patient participation (14%), and lack of clinic staffing (9%) were also listed as barriers.

### c. Would they recommend group AR offered elsewhere?

**Group AR offered at another clinic:** While many audiologists didn't care which clinic their patients received care from, some feared their patient would transfer services (13%). 17% of audiologists stated that their willingness to refer would depend on the clinic.

**Group AR offered online:** While audiologists tended to prefer this option, 17% of audiologists expressed concern that many of their patients wouldn't be able to access the technology required.

## DISCUSSION



### The COM-B Model

Though group AR has proven benefits for patient quality of life and goal attainment, it isn't frequently offered by audiologists or attended by patients. This research investigated the perspectives of patients and audiologists on AR. Patient feedback can be meaningfully interpreted through the COM-B model (Michie et al., 2011), which conceptualizes behavior as the interaction of capability, opportunity, and motivation. Patients' decisions to attend AR were influenced by reflective motivation (desire for support, perceived benefit) and practical opportunity constraints (travel distance, awareness of services). Experiences with AR highlighted the importance of social opportunity, as patients benefitted from connection with peers and communication partner participation. Unmet needs for technological skill-building reveal gaps in psychological capability for hearing aid management. Further, perceptions of online AR reflected trade-offs among COM-B domains: increased physical opportunity (elimination of travel) was weighed against reduced social opportunity (connecting with others) and hands-on supports.

We also evaluated audiologist's perspectives on AR. While many audiologists frequently offer AR services related to device management or communication strategies training, most audiologists indicated no or limited previous experience with group AR. The most prevalent barrier to offering group AR was clinical time. Most audiologists indicated that they would refer their patients to group AR if offered at another clinic or online. Together, these findings indicate that underutilization of group AR isn't solely due to lack of patient interest, but rather reflects a misalignment between patient needs and clinical service structures. From a COM-B perspective, patients demonstrate motivation to attend group AR when opportunities are accessible and capability needs (such as technological support) are addressed. However, opportunity barriers reported by audiologists (such as clinical time) constrain routine implementation despite general willingness to refer patients elsewhere. Group AR models that preserve social connection and hands-on learning while reducing clinician burden (such as hybrid group formats or shared-care delivery) may appeal to both patients and audiologists.

## REFERENCES

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