Empowerment from the eyes and ears of Audiologists

Josefina Larsson [1], Sarah Gotowiec [1]

[1]ORCA Europe, WS Audiology

Contact: josefina.larsson@orca-eu.info

Background

- Although a recent World Health Organization Report (2021) envisioned, “a world in which no individual experiences hearing loss due to preventable causes, and those with hearing loss can achieve their full potential through rehabilitation, education and empowerment”, the intersection of empowerment and hearing loss from an audiological care perspective has received little research attention
- In an earlier study (Gotowiec et al, 2022), we used Zimmerman’s (1995) psychological empowerment framework to conceptualize empowerment on the hearing journey from the patient perspective: **knowledge, skills and strategies, participation, self-efficacy,** and **control** were important dimensions of this journey
- The current study builds on this work by investigating these five dimensions of empowerment from the viewpoint of audiologists

Methods

- Five focus groups with 3-5 participants each (Team 1: n=4, Team 2: n=5, Team 3: n= 3, Team 4: n= 3, Team 5: n= 4), conducted online
- Participants were audiologists based in Sweden with at least three months of full-time experience with hearing rehabilitation
- 19 audiologists (4 males), mean age = 41.3 years (range 25-61), mean working experience with hearing rehabilitation = 11.9 years (range 1-38)
- Data was analyzed using thematic analysis (Braun & Clarke, 2021)

Results

MEANING OF HAVING HEARING RELATED KNOWLEDGE
”It is so important to understand that, even with a hearing aid, I still have a hearing impairment. I have to adapt and help my loved ones about what to do so we can have as good communication as possible.”

ASSESSING WHAT KNOWLEDGE IS NEEDED
“Is it enough to practice it or do we need to switch the device, or how it works, as well? […] It is a type of constant assessment of the patient’s ability. Without really saying anything, but just inspecting a little.”

MEANING OF HAVING OR DEVELOPING SKILLS AND STRATEGIES
”That patients find strategies for the more difficult things make you feel like you have gotten them on track.”

AUDIOLOGISTS ROLES
”It is an important role [to help patients develop skills and strategies]. I think the patient relies a lot on our knowledge, hopefully. If the patient does not seek that much information themselves, then it is probably us [audiologists] and friends who have hearing aids that are the only sources of information. So it is a very important role.”

AUDIOLOGIST AS A KNOWLEDGE AND INFORMATION DISTRIBUTOR
”Some patients search for a lot of information on the internet or talk to friends, but it is still with us that they have the possibility to get answers to their questions.”

WAYS TO DEVELOP SKILLS AND STRATEGIES
”You can talk about all of these things, but it is only when the patient has had the hearing aids and tested these things, then they come back to you and tell you for themselves. [...] You have to test it yourself.”

WAYS TO COMMUNICATE INFORMATION
”Since our patient group has difficulty receiving information via hearing, I think it is very important that one uses gestures, facial expressions, body language. That you also write by hand [...] so that they have all the information in writing as well, not just the hearing aid instructions.”

SIGNS OF SELF-EFFICACY
”If they are at a meeting at work, maybe they say, ’I do not hear everything being said, so can you speak clearly, speak one at a time’. They are also fairly open with others about their hearing loss”.

REFLECTING ON SELF-EFFICACY
”Self-efficacy is often low for those who hear so poorly that it is difficult to hear normal conversations.”

HOW PATIENTS SIGNAL PARTICIPATION
”For me, it is if they are active, it is the confirmation for me that the patient is involved and wants, wonders, and thinks [...] rather than if they are silent and passive.”

FACILITATING PARTICIPATION
”I usually make sure to summarize the visit, that we agreed on this and that.”

STRENGTHENING SELF-EFFICACY
”One tries to focus on what works, in what situations they hear, and how there can be more of those functioning situations.”

TALKING ABOUT CONTROL
”When I talk about control I think I use the concept of security rather than control. It feels like a nicer expression.”

THINKING ABOUT CONTROL
”Actually, control is positive in this sense, that you feel that you know what is happening and so on, but the word itself also has a rather negative tone.”

PATIENT NOT INCLUDED IN CERTAIN DECISIONS
”There are detail-oriented questions that they could not have the chance to have knowledge or an opinion on. I’ve never been with a patient who wants to choose the ventilation size of the ear mold, for example.”

SIGNS OF CONTROL
“Those who have control […] are very clear, I think. When they come, even to the first visit, they are very clear. And then even during the rehabilitation process, they are also very clear with what they want.”

INCREASING A FEELING OF CONTROL
”I try to make them feel that they have to steer the situation when they feel they cannot hear.”

OVER-ENGAGEMENT SEEN IN SOME PATIENTS
”He completely fixated on his hearing loss and that is never good [...] And he is, as it were, completely engrossed in his hearing loss because he thinks he is far too young to hear poorly.”

MEANING OF PARTICIPATION IN HEARING REHABILITATION
“It can be a choice of hearing aid, but it can be so much more. That you feel that you are a part of what is happening, and how you can benefit from it.”

Discussion

When presented with the word ‘empowerment’, Swedish audiologists expressed that they were not familiar with the term. However, when presented with the *dimensions* of empowerment, (knowledge, skills and strategies, participation, self-efficacy, and control) all five were described as relevant to their clinical work. The dimensions knowledge, skills and strategies, and participation immediately elicited a lot of reflections, whereas control and self-efficacy seemed less concrete and therefore slightly more difficult for the audiologists to discuss. Nevertheless, our preliminary analyses suggest that for audiologists, the dimensions of empowerment overlap in a way that appears similar to the hearing patient population investigated in previous research on this topic (Gotowiec, 2022). For example, knowledge is needed to develop strategies, and participation is encouraged to strengthen patient’s self-efficacy. The current findings support the need for further investigation into the relationship between the empowerment dimensions and how audiologists can be supported to empower their clients through both their dialogue and clinical interactions.

References:
Braun and Clarke, (2021). Can I use TA? Should I use TA? Should I *not* use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Couns Psychother Res*. 2021; 21: 37– 47.
Gotowiec.et al (2022). Understanding patient empowerment along the hearing health journey. *International Journal of Audiology*, *61*(2), 148-158
Zimmerman, B. J. (1995). Self-regulation involves more than metacognition: A social cognitive perspective. *Educational psychologist*, *30*(4), 217-221