

# Services for Seniors Living with Hearing Loss in NL

## Objective

To understand the support and service needs of seniors living with hearing loss (HL) in NL and provide this information to policy makers.

## Practice Points

1. There is a need to bridge the gap of cost and access to health care, specifically in rural areas, to facilitate early intervention and treatment of HL.

## Methods (PI: Dr. A. Pike)

1. Using a patient-oriented research (POR) approach, the HL community were involved in the research process from inception to completion.
2. A Patient Advisory Committee (PAC) was formed of five individuals who had HL. The PAC, along with patients, government, and the Canadian Hard of Hearing Association-NL (CHHA-NL) worked with the researchers through all stages of the research project.
3. A Grounded Theory (GT) approach, which is closely aligned to the guiding principles of patient engagement, guided the research process — the researcher values the expertise of the patient and experiential knowledge as evidence.
4. Sample selection and size were not predetermined but continued until no new themes/categories emerged. Researchers simultaneously collected, coded, and analyzed data until the core category of “embodying hearing loss” emerged.
5. 68 participants included seniors across NL over the age of 50 in St. John’s, Labrador, Grand Falls-Windsor, and Corner Brook that self-identified as having HL.
6. Six focus group interviews and 39 individual interviews were completed. Interviews were audiotaped and transcribed verbatim. Transcriptions were used to code themes which were then reviewed by PAC members to ensure themes/categories were relevant to patients and project objectives.

## Results

- The psychosocial process ‘embodying hearing loss’ was found to be a gradual process that changes over the trajectory of an individual’s lifespan.
- There are three main theoretical constructs to the process with various sub-categories in each construct:
  - ◊ ‘Realizing that something is just not quite right with my hearing’ captured individuals’ earliest experiences in awakening to the fact that they had HL;
  - ◊ ‘Confronting the issue’ captured individuals’ experiences in accessing health care services and supports for their hearing loss; and
  - ◊ ‘Adjusting to a new norm’ captured individuals’ experiences in developing management and advocacy skills in living with hearing loss.

Realizing that something is just not quite right with my hearing	Confronting the issue	Adjusting to a new norm
Justifying hearing loss	Accessing services: engaging with health care professionals	Recognizing psychosocial and device challenges
Managing the invisible	Getting the news: receiving the diagnosis	Developing coping strategies
Reaching a turning point	Fine-tuning: teasing out options	Envisioning the future

Figure 1. The Constructs Embodying Hearing Loss

**Listen Here**

Hearing loss can affect our safety, learning, work, relationships and ability to communicate **AT ANY AGE.**

20% of adults over 19;  
 40% of adults between 40-59;  
 80% of those aged 60-79  
 have hearing loss.

Taking care of your Hearing Health is an **IMPORTANT** part of healthy living!

**Be Proactive : What YOU can do !!!**

**BE AWARE** hearing loss can develop gradually and may not affect sound quite like we expect- if unsure, **GET** your hearing checked.

**GET TESTED** by an Audiologist, who can explain test results, make recommendations and refer you to appropriate services.

**RECOGNIZE** the early signs of hearing loss:

- Difficulty understanding conversations
  - Need to move closer to hear
  - Need to see speakers face
  - "Miss-hearing" words
- Asking others to repeat themselves
- Relying on others to relay conversations
  - Turning up volume on TV
  - Sounds are dull or muffled
  - Buzzing or ringing in the ears.

**DISCUSS** your concerns with your family doctor.

**TAKE CARE** of your hearing health so you can continue to enjoy your family, friends and community life.

Get additional information  
 Canadian Hard of Hearing Association Email info@chha.ca phone 1-800-263-8068

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## Conclusions

1. Further research to examine the role that self-efficacy and other motivators play in disclosing HL is needed. Knowledge gleaned from such research can inform the development of a national screening program for HL and facilitate the development of patient-oriented healthy public policies.
2. Reduced access to health care in rural areas occurs due to increased transportation difficulties, fewer providers, and financial constraints.
3. A process or strategy to address the needs of the HL community is critical.

Figure 2. Listen Here Poster for the Canadian Hard of Hearing Association

Visit <http://listenherenl.com/> for more information.