

How adults with hearing impairment perceive the role of aging and cognition in help-seeking and rehabilitation

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Interviews explored the perspectives of 34 adults with hearing impairment on help-seeking and rehabilitation. This subsequent qualitative analysis focuses on two topics, **aging** and **cognition**, that participants spontaneously discussed during the interviews. Adults with hearing impairment see aging and cognition as both barriers and facilitators to their help-seeking and rehabilitation.

BACKGROUND
Researchers and clinicians acknowledge the important role of aging and cognition in hearing help-seeking and rehabilitation (eg, in making a clinical appointment, in taking up hearing aids or other forms of rehabilitation). For example, how cognitive changes

associated with aging impact hearing-related activities and participation is often researched as well as discussed by clinicians. But what about the clinical population? Beyond stigma, studied previously [1-3], how do adults with hearing impairment perceive the role of aging and

cognition in their help-seeking and rehabilitation?

OBJECTIVE
This qualitative study explored the perspectives of adults with hearing impairment on the role of aging and cognition in their help-seeking and rehabilitation.

SAMPLE
In total, 34 adults with hearing impairment participated. As can be seen in **TABLE 1**, the participants were purposefully chosen to obtain a heterogeneous sample. **EXPERIENCE WITH HELP-SEEKING AND REHABILITATION.** Participants had different levels of experience with help-seeking and rehabilitation: from those who had never sought help to

those who described themselves as satisfied hearing aid users. **COUNTRY.** Participants were recruited from 4 countries: Australia, Denmark, UK and USA. **GENDER.** In total, 19 females and 15 males participated. **HEARING IMPAIRMENT.** **FIGURE 1** depicts mean pure-tone hearing thresholds. Participants varied in the severity of their hearing impairment: from mild to severe-to-profound.

DATA COLLECTION AND ANALYSIS
Interviews were conducted, during which participants were asked to "tell the story of their hearing" [4-5]. The interviews were audio-recorded and transcribed. The interview transcripts were analyzed qualitatively with interpretative phenomenology using the NVivo software from QSR International as a platform.

TABLE 1. SAMPLE CHARACTERISTICS (N=34): Experience with help-seeking and rehabilitation, country and gender.

Experience with help-seeking and rehabilitation	Participants per country (n)				Participants per gender (n)	
	Australia	Denmark	UK	USA	Female	Male
Never sought help	1	1	1	2	2	3
Sought help but did not obtain hearing aids	2	2	0	2	4	2
Obtained hearing aids but has not used them	1	2	2	1	4	2
Obtained hearing aids, has used them in the past 3 months and is dissatisfied with them	1	2	1	2	4	2
Obtained hearing aids, has used them in the past 3 months and is satisfied with them	3	2	4	2	5	6

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Results

FIGURE 2. RESULTS OF QUALITATIVE ANALYSIS: How adults with hearing impairment perceive the role of aging and cognition in help-seeking and rehabilitation.



FIGURE 2 depicts how participants spontaneously discussed aging and cognition. They were seen as both barriers and facilitators to their help-seeking and rehabilitation. For example, some participants reported that wearing hearing aids improves cognitive capacity (facilitator), whilst some others believed that wearing hearing aids does, in the long term, reduce cognitive abilities (barrier). The views of the participants were grouped into sub-themes, which are exemplified with interview quotes below.

AGING
EXPECTATIONS. You shouldn't get too old before starting to use hearing aids because you won't be able to work them out.
COPING. I didn't want people to think "She's wearing a hearing

aid." Because whenever you see someone with a hearing aid, straight away you think "Oh, she's wearing a hearing aid." People associate it with "There's something wrong with that person," like a mental, physical disability. And I didn't want that. But now I don't care what people think.
SELF-IMAGE. He [the hearing healthcare provider] was a young lad who wasn't terribly interested in an old bag coming, a 40-year-old bag coming along. That was my sense.

COGNITION
PLASTICITY. It's like a kid learning to walk. It's a step at a time. I'm hearing new sounds all the time and I'm not sure where the sounds are coming from. I'm trying to identify them in my brain, because I haven't heard

like this before.
OPERATIONS. The first thing I noticed about my hearing was that with the little people [children], I couldn't pick up their voices. I would miss their names altogether. And memory comes into it because if you don't hear a name properly you're not going to be able to remember it properly.
EFFORT. I hope they [my new hearing aids] will help my brain have to work less hard. The longer that I've gone [with hearing impairment] the more observations I've made about how tiring it is. With the increased mental workload of grad school and single parenthood, I see just how much my brain is overtaxed. It contributes to my stress.

Discussion

AGING
As reported in previous studies [1-3], stigma and ageism were reported as having a role in help-seeking and rehabilitation. However, not all perceptions of aging and hearing impairment were negative. For example, some people saw changes in activities associated with older age as a motivator for help-seeking and rehabilitation.

COGNITION
Cognitive changes, either in the form of decline or improvement (eg, training), were reported as having a role in help-seeking and rehabilitation. Participants also made associations between aging and cognition.

IMPLICATIONS
Clinicians can avoid aging-related or cognition-related barriers towards help-seeking and rehabilitation. For example, refraining from displaying ageist attitudes and discussing the role of cognition in hearing and rehabilitation could be helpful.

STUDY STRENGTHS
The 34 participants were recruited from 4 different countries. They had varied experience with help-seeking and rehabilitation.

STUDY LIMITATIONS
This was a subsequent analysis of data obtained as part of a broader study. Studies exploring

causal relationships between the perceived role of aging and cognition and help-seeking and rehabilitation behaviors (eg, longitudinal design) could further inform clinical practice.

TO FIND OUT MORE
This poster can be accessed by scanning the QR code below. An article arising from this analysis is also currently in press [6].

