Patient Trust in Hearing Healthcare: Commercialism vs. Patient-Centered Care

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SPECIFIC AIM

Medical literature demonstrates that high trust in a physician results in better treatment adherence, improved health status, and increased quality of life.[1] Few studies have considered trust and related concepts of commercialism and patient-centered care in the domain of hearing healthcare (HHC) service provision.[2,3] The purpose of the current data analysis was to identify and describe components of trust related to HHC services. This poster focuses on two components of trust identified in the analysis: Commercialized Approach and Patient-Centered Care and their impact on the establishment of trust in the clinician-patient relationship.

METHODS

Data was analyzed from a qualitative interview study conducted previously.[4] Participants included 34 adults with hearing loss from four developed countries (Australia, Denmark, the United Kingdom, and the United States). Following inductive content analysis of interview transcripts,[5] trust emerged as an underlying theme in 29 out of the 34 interviews. Using thematic analysis,[6] transcript excerpts related to trust were coded and organized into themes and subthemes.

Participants

Participant Characteristics	Percent (Number)
Experience with Hearing Healthcare Help-seeking	
Never sought hearing help	15% (5)
Sought hearing help but did not obtain hearing aids	18% (6)
Obtained hearing aids but have not used within past 3 months	18% (6)
Dissatisfied hearing aid user*	18% (6)
Satisfied hearing aid user	31% (11)
Country	
Australia	24% (8)
Denmark	26% (9)
United Kingdom	24% (8)
United States	26% (9)
Age	
Mean, (years ±SD)	63.7 ±16.7
Range (years)	26-96
Gender	
Female	56% (19)
Male	44% (15)
Hearing Impairment	
Minimal (≤ 25 dB HL)	21% (7)
Mild (> 25 and ≤ 40 dB HL)	38% (13)
Moderate (> 40 and ≤ 60 dB HL)	35% (12)
Severe (> 60 and ≤ 80 dB HL)	6% (2)

Table 1: Summary of participant characteristics (n=34); *Dissatisfied indicates a participant who has used hearing aids regularly but did not report satisfaction with them (very dissatisfied, dissatisfied, or neutral)

RESULTS

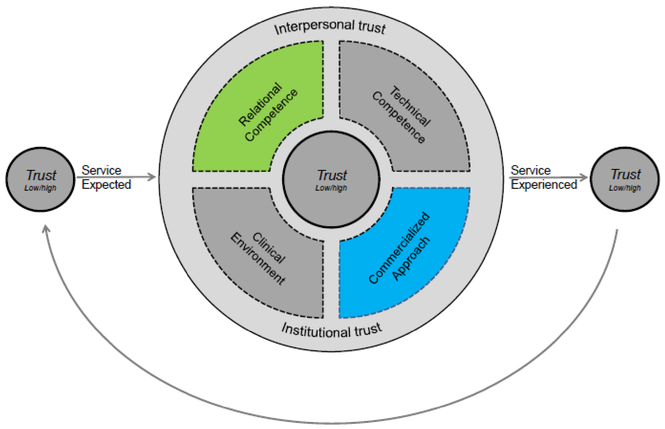


Figure 1. The four dimensions of trust in the context of hearing healthcare service delivery

Figure 1 shows the complexity of trust within HHC. A patient enters into a HHC relationship with a predetermined level of trust on a continuum from low to high based on their service expectations. The trust level depends upon the components of trust seen in the quadrants in the center of the circle. Component trust levels are determined by experience with the HHC clinician (Interpersonal trust) or the HHC clinic or system (Institutional trust). Following service provision, a patient will have an altered level of trust based on services received.

This poster focuses on the dichotomy between two trust components seen in the center circle of Figure 1: Commercialized Approach (CA) and Relational Competence (specifically the sub-components of Patient-Centered Care (PCC; see Table 2).

Commercialized Approach
- Solicitation
- Focus on Service versus Focus on Sales
- Cost of Hearing Aid
- Public versus Private Healthcare System

Relational Competence
- Communication Style
- Instruction for Self-Management
- Empathy
- Promotion of Shared Decision Making

→ **Patient-Centered Care**

Table 2. Subcomponents of PCC and CA; The similar qualities between Relational Competence and PCC are bracketed above.

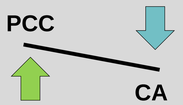
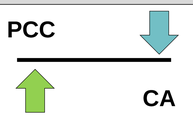
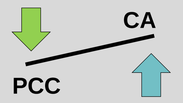
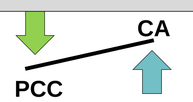
	Patient-Centered Care	Commercialized Approach
 PCC: High CA: Low Resultant Trust: High	Well, they (HHC providers) all behaved as if they had oceans of time and were very nice and helpful. I feel my experience was a good one. They listened carefully at what I experienced and how I was.	You know – it was not like: (rubs her hands) "Come here, and pay now."
	Female age 60, Denmark, Satisfied HA user	
 PCC: High in HHC clinician #2 CA: High in HHC clinician #1 Resultant Trust: Moderate; (Overall wariness of the HHC system, but trust in individual clinicians dependent upon practice of PCC.)	The next man (HHC clinician #2) I went to was far more pleasant. But his office and waiting room wasn't up to the same standard as the first man (HHC clinician #1) who was trying to sell me those expensive ones. But I found him (HHC Clinician #1) easy to deal…I had faith in the man…I got the feeling that he wanted me to hear better, but not necessarily something to sell me.	This other man (HHC clinician #1) came and I didn't like him. And then in the end he tried to push me to buy these expensive ones (HAs). This is when I changed (clinicians). *Because of his pushiness?** Because of his pushiness really.
	Female age 85, United Kingdom, Satisfied HA user	
 PCC: Low CA: High Resultant Trust: Low	*Did you have the feeling that you were warned enough about the hearing aids and the work that was going to be required?** No. It's easier to live with partial hearing loss than it is to deal with (hearing rehab)…I certainly wasn't instructed (about the HAs). I was given that piece of paper that came with it and that was it.	I probably missed out at the customer service level. I needed a salesman to say to me "Now look, these are government basic models. If you want to put another $1000 or more with it," I'd have done it.+ +It is not clear if participant perceived a high CA before or after his experience with the HHC system.
	Male, age 80, Australia, Stopped using HAs	
 PCC: Low CA: High Resultant Trust: Low	I mean they didn't explain what they do or how they work. I feel like they were just more interested in giving me hearing aids.	See, I told this friend, I said I feel like I'm buying storm windows or a used car. That's just the feeling that I get.
	Female, age 80, United States, Dissatisfied HA user	

Table 3: Representative interviews excerpts about perceptions of CA and PCC in 4 participants. The balance between CA and PCC is shown, as well as the interpreted resultant trust level. **Note, words in italics are those spoken by the interviewer.*

CONCLUSION

Individuals with various levels of HHC seeking experience and rehabilitation consider trust to be important within the HHC relationship. The CA to HHC is experienced from solicitation, clinician focus on sales, hearing aid cost, and institutional characteristics (public vs private healthcare); while PCC is apparent in HHC clinicians who offer self-management instruction, offer empathy, and promote shared decision making. Some patients enter into the initial HHC encounter with low trust due to the commercialized nature of HHC; however this negativity can be offset by the practice of PCC.

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