Client Opinions of Clinical Hearing Aid Evaluations

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For the past several years, clinical hearing aid evaluation procedures have been the concern of audiologists and related professional persons. We now find ourselves in somewhat of a dilemma as routine hearing aid evaluation methods are not universally accepted. We seem to be searching for the answer or answers that will best determine the appropriate clinical procedure for evaluating and recommending hearing aids; the search may even lead to the conclusion that a specific hearing aid or, perhaps, that no hearing aid should be recommended by the clinical audiologist. We may attribute today's situation to the fact that we are a young profession and that today's dilemma is healthy as we seek the answers to what we should be doing relative to hearing aids in clinics. As audiologists seek these answers we must be cognizant that hearing impaired persons are still coming to us for assistance. They come to us because they have confidence in our ability to deal with their problems.

The literature presents us with audiologic viewpoints as to what should or should not be done regarding hearing aids. We attempt to become extensively scientific in these determinations and certainly the scientific emphasis should not be minimized. There is one important aspect, however, that must be considered by all of us. What has been the client's reaction to what we have done in the clinical situation? After all, the client must have some feelings as to whether or not he has been helped. The purpose of this paper is to present client opinions of the clinical hearing aid evaluation process. Hopefully, this information will provide us with some insight regarding the procedures we utilize.

Questionnaires were sent to 150 clients, with sensori-neural hearing impairment, one year after a specific hearing aid was recommended. Of the 150 clients, 119 responded. These individuals were seen at three different university speech and hearing clinics. Seven questions were asked in this investigation:

1. Was the recommended hearing aid purchased?
2. If no hearing aid was purchased, what was the reason for this decision?
3. If other than the recommended aid was purchased, what was the reason for this decision?
4. Was the client satisfied with the service received at the Speech and Hearing Clinic?
5. Was the client satisfied with the service received from the hearing aid dealer?
6. Was the client receiving the benefits expected from amplification?
7. Did the client feel that he was adequately counseled at the Speech and Hearing Clinic?

The clients, in terms of purchasing the recommended aid, were classified into two age groups: 16 to 64 or 65 and over. 58 persons were age 65 and over, and 61 were between the ages of 16 and 64. In regard to the first three questions, 76.5 percent of all clients purchased the recommended aid, 13.5 percent purchased no hearing aid, and 10 percent purchased other than the recommended instrument. The three major reasons for not purchasing a hearing aid were that they were too expensive, the clients didn't think they needed one, and that they felt they couldn't adjust to amplification. The primary reason for purchasing another hearing aid was that the dealer changed the clinic's recommendation. Other reasons included the client's desire for a better cosmetic looking hearing aid, and that they were cheaper at discount stores.

In response to question four, 97 percent of all clients indicated that they were satisfied with the service received at the Speech and Hearing Clinic. They liked the personal contact as well as the feeling that they were not rushed through an evaluation service. They also felt that there was no pressure to purchase an aid. The 3 percent who were not satisfied indicated that there was not enough personal contact, the the wrong hearing aid was recommended, that the evaluation was not adequately extensive, and that there was not enough equipment in the clinic. Regarding question five, 81 percent were satisfied with the service received from the hearing aid dealer. With reference to the 19 percent who were not satisfied, the major reason was that follow-up service after purchasing the hearing aid was negligible. These individuals felt that the dealer was not interested in helping them adjust to the problems of amplification after purchase. Secondary reasons indicated an attempt to switch the clinic's recommendation, and too much high pressure to purchase the instrument.

Question number six asked the clients if they were receiving the benefits expected from a hearing aid. 67 percent of the clients responded that they were receiving the benefits anticipated and 33 percent said no. The vast majority of those not receiving the expected benefits reported discrimination difficulties persisted with amplification. A number of clients also stated that they continued to have difficulty in group situations. These clients generally felt that hearing aids would solve the problems of discrimination and group situation difficulties. The clients' answers to this question may be related to the final question as to whether or not they were adequately counseled by the audiologist at the speech and hearing clinic.

For question seven, 83 percent felt that they were adequately counseled regarding the advantages and limitations of hearing aids. 17 percent reported that the audiologist, in their opinion, did not counsel them adequately regarding what to expect with the aid. All 17 percent stated that the audiologist spent too much time on the advantages of amplification and too little time on the limitations, that is, a hearing aid is not the same thing as a new ear. There is some trend to observe in the information regarding the age factor. Of those persons not receiving the benefits expected, 65 percent were age 65 or over, 75 percent of these persons who felt that they were not counseled adequately also were age 65 or over.

If we attempt to summarize the findings of this particular investigation it appears that the majority of persons seen at a speech and hearing clinic do purchase the recommended hearing aid and are satisfied with it. On the other

hand, a smaller percentage either do not purchase the recommended aid or do purchase one and are not completely satisfied with it. A high percentage of these people are senior citizens but not all of them.

The real point, perhaps, is whether or not the same type of responses would be received irrespective of the hearing aid evaluation procedure. Most of us agree that hearing aids are not the total answer to the hearing problem, but most still agree that they are advantageous for many hearing impaired persons. The scientists and the hearing aid companies are constantly attempting to refine and improve amplification devices. It seems however, that those of us engaged in hearing aid evaluations must be aware of the art involved in our efforts. By art, I mean those aspects of clinical audiology that deal with the total aural rehabilitation process, the need for intensive counseling, the need to consider speech reading and auditory training, the need to realize that our responsibility does not end with the hearing aid evaluation, but merely begins at this point. Most of us are willing to give lip service to the rehabilitation process; some of us are not yet willing to recognize that aural rehabilitation is within the realm of the clinical audiologist. No one will deny the role of the diagnostician in clinical audiology, but I am not so sure that all of us engaged in the determination of hearing aids are willing to accept our full responsibilities. To some, aural rehabilitation is not fashionable but yet this is one of the major reasons clinical audiology exists. There are many unanswered questions in this "business" of clinical audiology and hearing aid evaluations. The question is: Will new procedures for evaluations eliminate the problems of the hearing impaired? Although we must continue to search for better methodologies and devices, perhaps some of our energies should be diverted to the problems of hearing impaired clients, as they see them. This even may help lead to a greater identity of the profession as we become more people-oriented.