Unheeded Recommendations For Aural Rehabilitation: Analysis Of A Survey

H. J. Oyer, B. Freeman, E. Hardick, J. Dixon
K. Donnelly, D. Goldstein, L. Lloyd, E. Mussen

It has been observed by audiologists that adult clients frequently do not follow through with recommendations for aural rehabilitation. As one might guess there are a number of reasons given by them as explanations for their behavior.

At a meeting of the Academy of Rehabilitative Audiology several individuals from various settings across the country discussed this problem and felt that it would be worthwhile to explore the reasons why many clients do not return to programs of aural rehabilitation following evaluation. In order to accomplish this, interviews were carried out in several audiology clinics. Data derived were compiled and summarized.

The following paragraphs describe subjects of the study; the procedures employed; results obtained; a brief discussion of those results; and implications.

SUBJECTS

The subjects from whom data were elicited were forty-five adults who had been evaluated audiologically and were advised to return for programs of aural rehabilitation but who did not follow those recommendations.

PROCEDURE

In order to obtain information in an expeditious, comprehensive, and consistent manner, a questionnaire was designed and made available to participating investigators. An effort was made to incorporate the important items in a relatively short and simple instrument.

Interviewers were instructed to fill out as much of the questionnaire as possible from case history data and complete it via a personal interview. Only clients who were advised to but did not return for

aural rehabilitation qualified for this study. Some of the data were gathered in face-to-face situations and some were obtained through telephone interviews.

The questionnaire that was employed follows:

AURAL REHABILITATION INTERVIEW

Name of interviewer _____

Date _____

Type of installation with which interviewer is related:
(Indicate with an X)

- ☐ College or University Clinic
- ☐ Medical School
- ☐ Hospital
- ☐ Community Speech and Hearing Center
- ☐ Private Practice
- ☐ Other

A. *Routine Data*

1. ☐ Sex of client
2. ☐ Age of client
3. ☐ Birthdate of client
4. Marital status of client (Indicate with an X)
   ☐ Single ☐ Married ☐ Separated
   ☐ Divorced ☐ Spouse deceased
5. Occupation of Client _____
6. Income Level _____
   $ 0-$ 5000/Yr. = Level 1
   $ 5000-$ 9999/Yr. = Level 2
   $10000-$14999/Yr. = Level 3
   $15000-$19999/Yr. = Level 4
   Over $20000/Yr. = Level 5
7. Client lives (Indicate with an X)
   ☐ outside the town or city in a rural area
   ☐ in a city of less than 25,000 population
   ☐ in a city of between 25,000 and 100,000 population
   ☐ in a city of between 100,000 to 250,000 population
   ☐ in a city with a population over 250,000

B. *Referral Evaluation and Recommendations*

1. Referred by: (Indicate with an X)
   (a) ☐ self
   (b) ☐ physician
   (c) ☐ friend or relative
   (d) ☐ other (who: _____)
2. Evaluation: (Indicate with an X)
   (a) ☐ Pure tone air conduction
   Average for 500-1000-2000Hz
   Left ear_____
   Right ear_____ (Give averages)
   (ISO)
   (b) ☐ Pure tone bone conduction
   (c) ☐ Speech reception
   (d) ☐ Speech discrimination
   (e) ☐ Advanced audiological tests
   (f) ☐ Hearing aid evaluation
3. Recommendations: (Indicate with an X)
   (a) ☐ Client should refrain from purchasing a hearing aid
   (b) ☐ Client should purchase first hearing aid
   (c) ☐ Client should replace present hearing aid with new one
   (d) ☐ Client should continue with present hearing aid
   (e) ☐ Client should return for aural rehabilitation sessions (Lip-reading, auditory training, hearing aid orientation)

C. *Response to Recommendations* (Yes or No)

1. ☐ Client followed recommendations relative to hearing aid
2. ☐ Client followed recommendations relative to aural rehabilitation sessions

D. *Reasons Client Gives For Not Following Recommendations Relative To Aural Rehabilitation Sessions* (Indicate with an X)

1. ☐ At work during time of aural rehabilitation sessions
2. ☐ Could not afford the costs involved
3. ☐ Could not arrange for transportation
4. ☐ Could not arrange for a babysitter
5. ☐ Ill health
6. ☐ Spouse discouraged participation
7. ☐ Relative or friend discouraged participation
8. ☐ Someone other than relative or friend discouraged participation (who: _____)
9. ☐ Honestly did not believe the aural rehabilitation sessions would help

10. ☐ Client thought the handicap not severe enough to warrant aural rehabilitation sessions
11. ☐ Client thought that purchase of hearing aid was all that was really necessary.
12. ☐ Other reasons (Please indicate)_____

_____

RESULTS

The clients interviewed were nineteen males and twenty-six females whose ages ranged from twenty-three to eighty-nine years with a mean of 58.8 years and a median age of 61.0 years.

Figure 1 shows the distribution of the institutions in which the clients had been evaluated. Two thirds of the clients interviewed were evaluated at College or University clinics. The remainder were evaluated at a hospital or community speech and hearing clinic.

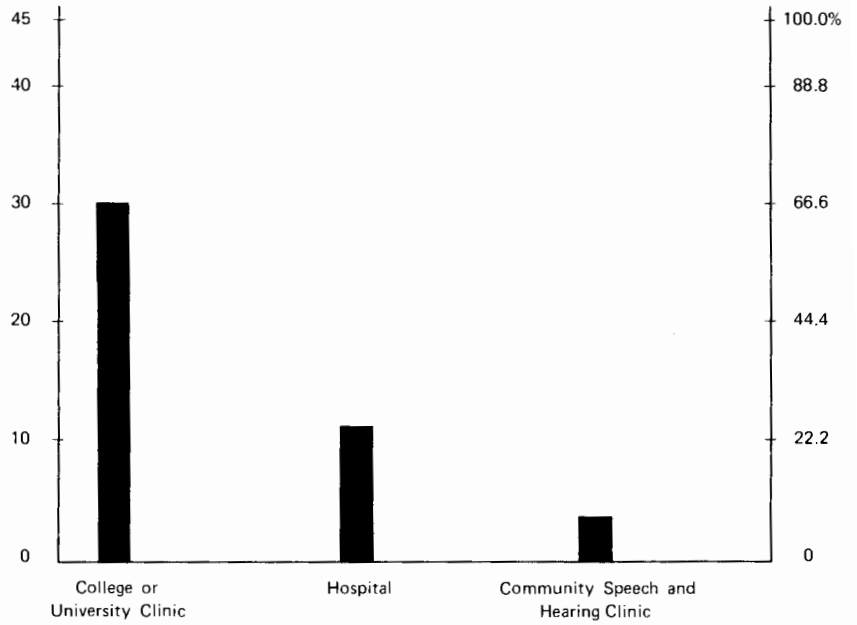


Figure 1. Type of installation in which subject was evaluated

Forty percent were not actively employed largely due to their ages. Occupations of those employed included unskilled workers, clerical

employees, salesman, housewives, and professionals. Figure 2 illustrates the occupational classifications of the clients.

Figure 2. Employment

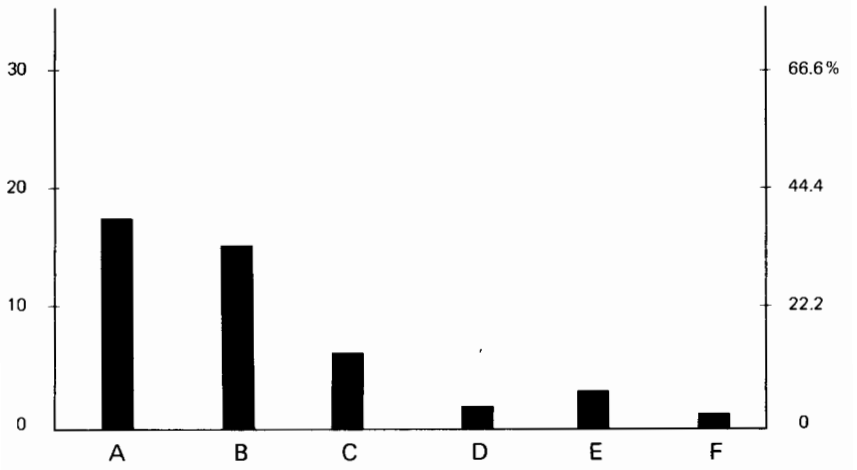
It can be observed from Figure 3 that income levels of those interviewed were highly variable, but were primarily in the "less than $5000 a year" income bracket which is consistent with the number of individuals interviewed who were unemployed.

The survey was based primarily on people living in densely populated areas. Less than forty percent lived in cities with populations under 100,000 (Figure 4).

The sources of referral of clients are given in Figure 5. Physicians made almost 50 % of the referrals while only 30 % were self-referral.

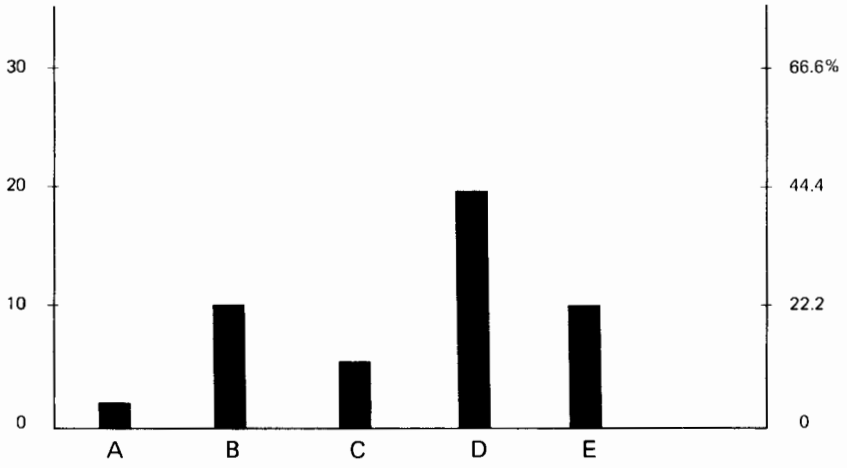
All of the clients had been given tests of pure tone air conduction, speech reception and speech discrimination. Hearing aid evaluations were given to 77.7 percent (Figure 6).

The recommendations to the clients by the audiologists are presented in Figure 7. Eleven percent were counselled to refrain from purchasing a hearing aid; seventy-three percent were told that a new hearing aid



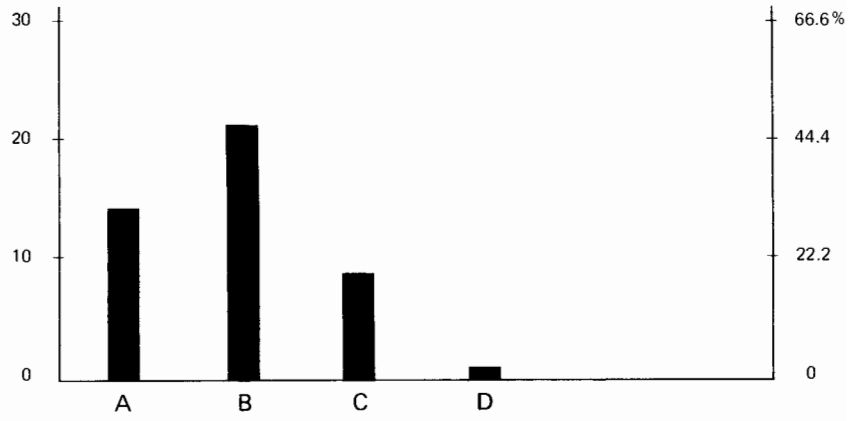
A. 0 - $5,000/yr.
B. $5,000 - $9,999/yr.
C. $10,000 - $14,999/yr.
D. $15,000 - $19,999/yr.
E. Above $20,000/yr.
F. None Given

Figure 3. Income Level



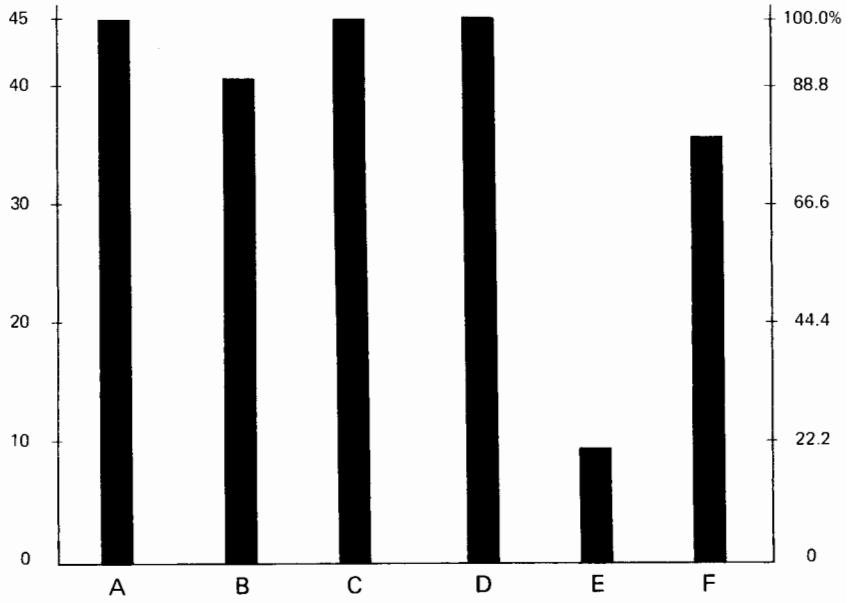
A. Outside town or city (Rural Area)
B. City of less than 25,000
C. City between 25,000 - 100,000
D. City between 100,000 - 250,000
E. City more than 250,000

Figure 4. Population of Area of Residence



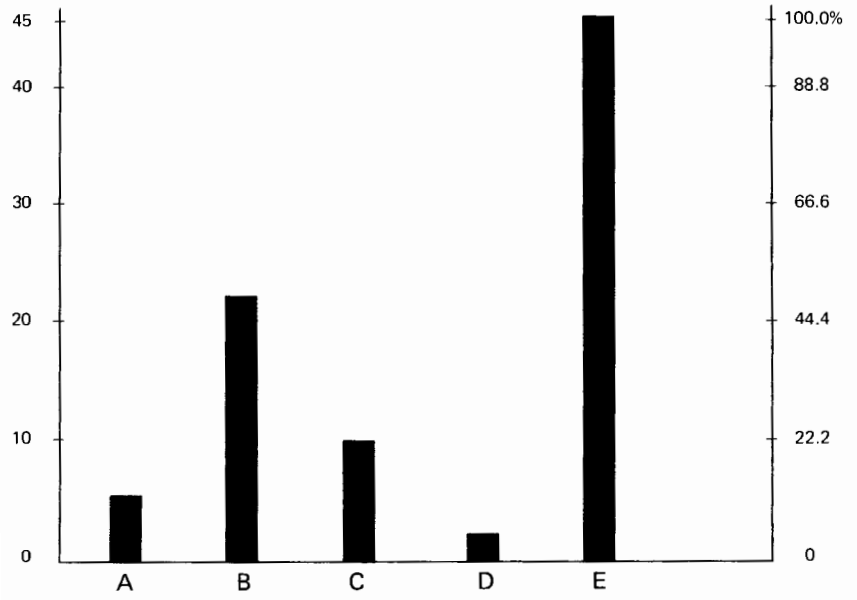
A. Self
B. Physician
C. Friend or Relative
D. Other

Figure 5. Referral Source



A. Pure Tone Air Conduction
B. Pure Tone Bone Conduction
C. Speech Reception Threshold
D. Speech Discrimination
E. Advanced Audiological Tests
F. Hearing Aid Evaluation

Figure 6. Evaluation



A. Refrain from purchasing a hearing aid
B. Purchase first hearing aid
C. Replace present hearing aid
D. Continue with present hearing aid
E. Return for aural rehabilitation sessions

Figure 7. Recommendations

was appropriate; one hundred percent were recommended for aural rehabilitation sessions.

Reasons given by the clients for not following recommendations relative to aural rehabilitation sessions were diverse. Eleven individuals gave two or more reasons for not returning for aural rehabilitation sessions. In the case of multiple responses, each reason was tabulated; thus, a total of fifty-six responses from the forty-five subjects.

The reasons given have been categorized as physical, economic, scheduling, and motivational (Figure 8). Exactly fifty percent of the total responses (28) elicited from twenty-two clients indicated a lack of motivation. Although all of the clients in this study were counselled as to the benefits of rehabilitation, eleven of the forty-five responded that they were not aware that therapy was available to them or that there were benefits to be derived from therapy.

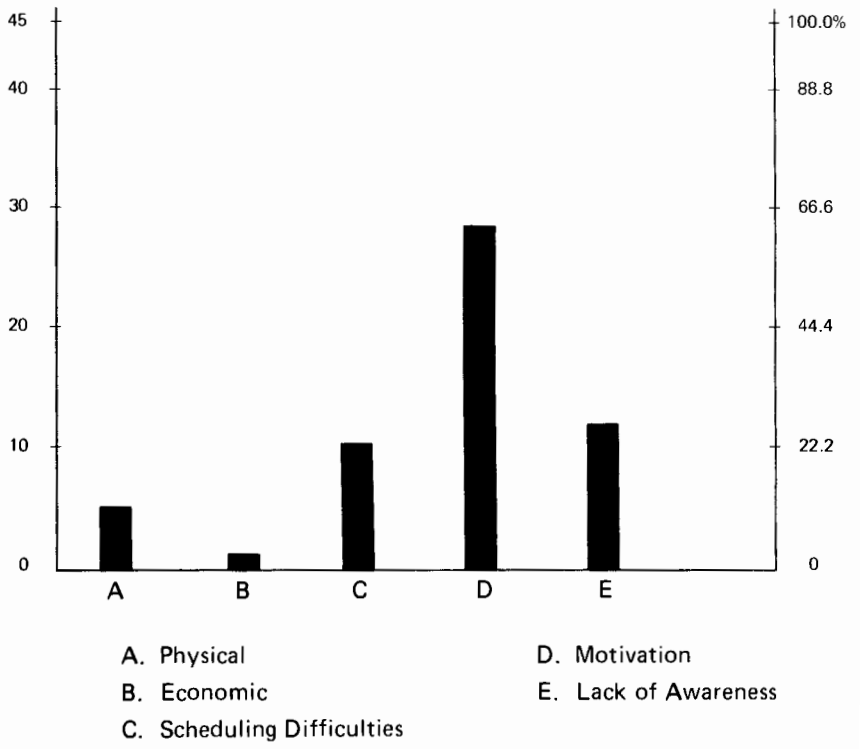


Figure 8. Reasons Given for Not Following Recommendations Regarding Aural Rehabilitation

DISCUSSION

It is important to be aware of the age factor when reviewing the reasons given for failing to return for aural rehabilitation. For although the age range was sixty-six years (23-89 years of age), the mean (58.8) and median (61.0) number of years suggest that people who do not return to the audiologist for aural rehabilitation sessions tend to be old enough to be retired or approaching retirement.

Analysis of reasons given by subjects for not following recommendations reveals that over one-half were attributable to lack of motivation. These were divided almost equally between males and females. Eight subjects stated that they did not believe the aural rehabilitation sessions would help them. Seven did not consider their handicaps to be severe enough to warrant aural rehabilitation sessions and five suggested that a hearing aid was all they really needed. Some of the more direct comments made by clients who evidenced a lack of motivation were:

"works during day and felt aural rehabilitation not so vital now as to warrant the extra strain and fatigue of night classes;"

"hearing aid helped a lot—and am willing to settle for that;"

"very busy with home and family life."

Many of the reasons might be more appropriately labeled as excuses. Several clients openly voiced lack of interest.

Scheduling problems (arrangements for transportation and baby sitters) were noted by ten subjects. (The nature of these problems suggests that they might have been overcome with sufficient motivation.) Four males (mean age 60.5 years) and six females (mean age 49.5 years) suggesting scheduling as a problem were from different occupations. Four of the females having scheduling difficulties gave "housewife" as their occupation. Eight of the ten subjects with scheduling difficulties earned gross incomes of less than $9999 and their residences were evenly distributed over areas of large and small populations.

One subject stated that he could not afford the costs involved in aural rehabilitation sessions. He was 62 years old, retired and earned less than $5000 a year. He lived in an area with a population of more than 250,000 people and was counselled to purchase a hearing aid. He ignored both the recommendations regarding purchase of the hearing aid and that he return for rehabilitation sessions. Since there are sources through which financial aid is available for rehabilitation causes, it would seem that this man's financial difficulty might have been overcome if the audiologist had known of it.

Four females (mean age 71.5 years) and one male (89 years old) gave health reasons for not returning to the clinic. All but one housewife were not pursuing any occupation and all earned less than $5000 a year. Three of the women were counselled to buy a first hearing aid and return for rehabilitation sessions, and one was advised to continue using her present aid. Two followed the recommendation regarding purchase of an aid.

IMPLICATIONS

Several implications emerge from evaluation of the data as follows:

1. Audiologists are not as effective as they might be in interpreting the need of aural rehabilitation to clients. This might be caused by lack of time to counsel, lack of effectiveness in counselling, lack of conviction that aural rehabilitation is worth the effort, etc., or a combination of factors.
2. Audiologists are unable to demonstrate to a client the worth of aural rehabilitation and the changes that it can bring about.

3. The flexibility in scheduling aural rehabilitation programs for working people should be studied.
4. The tedium associated with hearing and hearing aid evaluations may discourage clients from following recommendations for aural rehabilitation.
5. Audiologists do not differentiate and place in proper perspective the relative values of amplification derived from a hearing aid and the further refinements to be achieved through auditory training and lipreading.
6. There is an inadequate data base for aural rehabilitation procedures upon which programs of aural rehabilitation can be tailored for individuals and from which predictions for progress can be made.
7. Perhaps audiologists need to enlist the support of family members, friends, or other significant persons to aid in encouraging the hearing impaired to participate in aural rehabilitation. It is possible that insufficient attention is given to familiarizing these people with the communication problem, the limitations of hearing aids, and the difficulty in hearing aid adjustment.
8. Perhaps recommendations for aural rehabilitation are made by audiologists unnecessarily.