BASIC AND TRANSLATIONAL RESEARCH

Improving the psychosocial and emotional well-being of adults with hearing loss through co-designed evidence-based communication education programs: ACE2.0

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Abstract

The Active Communication Education (ACE) program is an evidence-based group program designed to improve communication and well-being in adults with hearing loss (HL). Despite proven efficacy[1] and high participant satisfaction, ACE has seen low implementation since its release and no longer meets contemporary expectations of addressing the psychosocial impacts of HL.

Through a co-design process involving consumers and hearing care professionals (HCPs), this study aimed to inform the development of an updated ACE program, by identifying the gaps in the existing program, exploring reasons for its limited adoption, and incorporating enhanced education on the emotional and psychosocial aspects of hearing loss.

Objectifs

This study aimed to revitalise the ACE program by focusing on two key areas: 1) understanding the preferences and requirements of HCPs and hearing businesses in a new program to improve uptake, and 2) addressing both the communication and psychosocial needs of adults with HL.

Résultats

- The most common reasons given for not offering or delivering ACE were funding concerns and management priorities (Fig. 1)
- Multiple facilitators and barriers to ACE implementation were identified (Fig. 2)
- Five themes were identified to inform the ACE2.0 program redesign:

Themes:

1) Content,
2) Prioritising versatility and flexibility,
3) Groups - Finding harmony between practicality and social enrichment,
4) What we need to help us deliver ACE2.0, and
5) Promotion and advertising

- The workshops highlighted the need for a flexible multimedia program deliverable by HCPs, students, and peer facilitators.

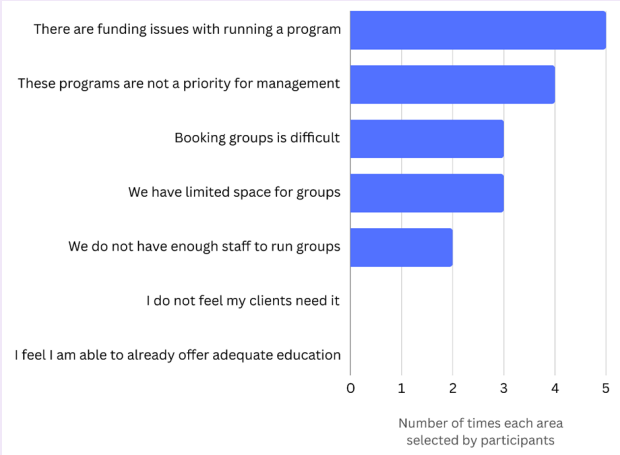

Fig 1. *Reasons why ACE is not offered/delivered*

COM-B Category	Facilitators	Barriers
Psychological Capability	• Enhanced Clinical Knowledge • Enhanced Understanding of Client Issues • Improving Client Advocacy	• Many HHCPs are not aware of ACE or how to use • HHCPs need greater awareness of how communication strategies can support hearing aid success • HHCPs knowing who ACE is suitable for
Physical Capability	n/a	n/a
Physical Opportunity	• Cost Savings	• Space restrictions • Lack of time for HHCPs to offer thorough education • Organising groups takes a lot of time and coordination • Resources need to be adaptable and easy to access • Leading with in-person sessions, with online accessibility • Allocation of staff resources and structuring of tasks
Social Opportunity	• Enhanced Client Retention • Strengthened Clinician-Client Relationship • Enhanced Job Satisfaction and staff engagement	• Direction from clinic management needed • Decision-making within the clinic
Reflective Motivation	• It can help build empathy • It can improve hearing aid success • It can help set realistic expectations of hearing aids	• Staff personality and confidence • Perceived financial viability • HHCPs need to shift focus off sales, and move back to a holistic healthcare focus. • HHCPs beliefs that some clients are not ready for, or not interested in, group education
Automatic Motivation	• Positive staff feelings: Excitement and optimism	• Negative staff feelings: nerves and anxiety

Fig 2. *COM-B analysis of facilitators and barriers to ACE implementation*

Méthodes et Matériels

Phase 1: Interviews & focus groups

Individual interviews or focus groups were conducted, with HCPs also completing an online survey. Interview data analysed using content analysis and the behaviour change wheel[2]. Survey data were analysed using descriptive statistics.

Participants (N=43):

- People with HL n=20 (mean age 74.8 years)
- Family/friends n=6 (mean age 65.8 years)
- HCP's n=12 (audiologists & audiometrists)
- Hearing clinic owners/managers n= 5

Phase 2:Co-design workshops

Three co-design full-day workshops were conducted.

Participants (N=20):

- Consumer representatives n=5
- HCP's n=4
- Representatives from partner organisations (e.g., non-profit hearing support) n=3
- Research team n=8

Conclusion

Co-design with consumers and HCPs has highlighted the current communication, psychosocial, and emotional needs of adults with HL and how ACE2.0 can feasibly be implemented within hearing services to address these needs. The findings stress the need for an updated ACE2.0 program, developed using principles of implementation science to optimise uptake. HCPs identified the need for a more flexible and adaptable program that better aligns with their workplace requirements and capabilities. These insights will inform how the new ACE2.0 program *"ACE Your Hearing"* should be implemented, funded, and supported with the necessary skills and resources.

Références

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2. Michie, S., van Stralen, M. M., & West, R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implement Sci. 2011;6:42.

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