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Introduction

Hearing aids (HAs) are effective technological aids for improving communication, reducing the biopsychosocial impacts of hearing loss (HL), and enhancing the quality of life for individuals with hearing impairment. Despite their proven effectiveness, only a minority of these individuals obtain and use HAs. According to available data, in France, only 41% of people with HL have HAs. Of these, between 7% and 13% use them only minimally; some sources suggest that this proportion of non-users among owners could even reach 40%. However, 82% of active users report being satisfied of HAs (to varying degrees). No data on the adoption, use, and satisfaction with HAs are available for Québec. Several reasons may explain the low adoption and use rates of HAs. These reasons may be related to the HA itself (effectiveness, appearance, handling), but also to the individual's perception of their hearing difficulties, their attitudes toward HL and HAs, as well as the attitudes of healthcare professionals. In fact, it is possible that many people with HL are not well-prepared for HA use, which may explain why adoption, use, and satisfaction rates remain limited. The professional services received (e.g., types, intensity, objectives, targeted learning, etc.) during the HA fitting process certainly play an important role in this regard. However, these services are poorly described in the literature, and their impact on the success of HA fitting remains unknown.

Research objectives

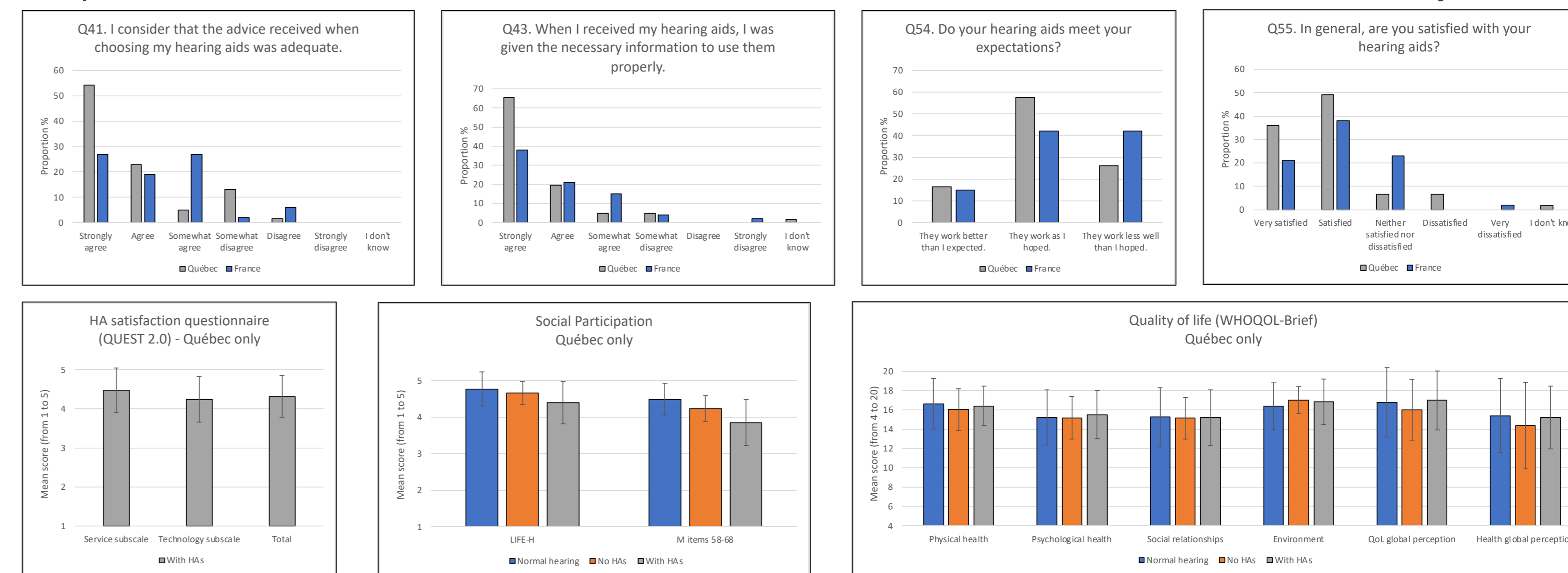
- 1) To determine and compare HA adoption, use and satisfaction as well as social participation and quality of life among adults and seniors with HL in Québec (Canada) and France;
- 2) To describe the professional services received during HA fitting;
- 3) To measure satisfaction with these services;
- 4) To identify the factors related to services and types of services that promote or hinder adoption, use and satisfaction with HAs.

Methods

- Design: Online survey combined with semi-structured interviews.
- Participants: Adults and seniors living in Québec (target n=1000) or France (target n=1000), divided in 3 groups (participants with HL who use HAs, participants with HL who do not use HAs, and participants with normal hearing).
- Outcomes: hearing status, social participation, and quality of life (all groups); hearing health services received and satisfaction (participants with HL); expectations, drivers to adoption, use, benefits, fitting services received, and satisfaction (participants with HAs).

Results

The survey is underway. To date, 150 individuals from Québec (normal hearing=72; HL with HAs=61; HL without HA=17) and 81 from France (normal hearing=24; HL with HAs=52; HL without HA=5) have responded to the survey. Most HA users from both jurisdictions reported wearing HAs for more than 10 years and using them each day for an average of 10 hours per day or more. Here are a few snapshots of the most salient results. More results will follow as data are collected and analyzed.



Discussion and conclusion

Preliminary results suggest that participants who regularly use HAs are generally satisfied with the services received and the devices themselves. Further analysis is necessary to identify areas for service improvement. Increased recruitment is needed to further explore potential differences between groups and to compare results between Québec and France. Results will be used to formulate recommendations and identify ways to improve services offered to adults and seniors with HL during HA fitting. This would ultimately lead to increased social participation and quality of life for these people.

References

Anovum, Eurotrak France 2018. 2018, Zurich, Switzerland: European Hearing Instrument Manufacturers Association (EHIMA). Ferguson, M.A., et al., Hearing aids for mild to moderate hearing loss in adults. Cochrane Database of Systematic Reviews, 2017. 2017(9): p. Art. No.: CD012023. Ferguson, M.A., A. Woolley, and K.J. Munro, The impact of self-efficacy, expectations, and readiness on hearing aid outcomes. International Journal of Audiology, 2016. 55 Suppl 3: p. S34-41. McCormack, A. and H. Fortnum, Why do people fitted with hearing aids not wear them? International Journal of Audiology, 2013. 52(5): p. 360-8. Poost-Foroosh, L., et al., Factors in client-clinician interaction that influence hearing aid adoption. Trends in Amplification, 2011. 15(3): p. 127-39. Powers, T. and C. Rogin, MarkeTrak 10: Hearing aids in an era of disruption and DTC/OTC devices. Hearing Review, 2019. 26(8): p. 12-20. World Health Organization, World report on hearing. 2021, Geneva: World Health Organization.

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