



# Applying the science of health behaviour change to improve hearing aid use: from theory to practice

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# Research Aim

The process of adjusting to using hearing aids requires a change in health behaviour. For actions that need to be repeated regularly (such as hearing aid use), typically effective behaviour change techniques such as implementation intentions, or if-then plans, are unlikely to lead to action. Instead, new habits form as a product of repeated behaviours in the service of goal pursuit<sup>1</sup>.

Goal setting is one of the most widely used and evidence-based behaviour change techniques (BCTs) to support individuals to make changes in their behaviour<sup>2</sup>. Goals are particularly important initially, to move from behaviour change to habit formation<sup>3</sup>.

Following guidance for the development of complex interventions<sup>4</sup>, and the person-based approach<sup>5</sup>, we have developed a multicomponent 'toolkit' to encourage the repeated use of hearing aids by promoting facilitators and overcoming barriers to use. Within the toolkit, goal setting is accompanied by additional components to increase capability, opportunity and motivation to use hearing aids<sup>6</sup>.

Research Aim: To develop a theory- and evidence-based goal setting tool to initiate the habitual successful use of hearing aids by adults with hearing loss.

## Methods

#### **Phase 1:** Defining the target behaviour

A three-stage priority setting exercise was undertaken with a) 113 hearing aid (HA) users, and b) 51 hearing healthcare professionals to generate priority definitions of 'hearing aid use success'.

#### Phase 2: Developing the toolkit

To identify barriers and facilitators to the use of HAs, a) published evidence was synthesised, b) focus groups were held with audiologists (1 group of 7 participants) and with HA users and their communication partners (CPs), (2 groups with 16 total participants; 12 HA users and 4 CPs), and c) inclusive semi-structured interviews with 24 people who had hearing aids but did or did not use them.

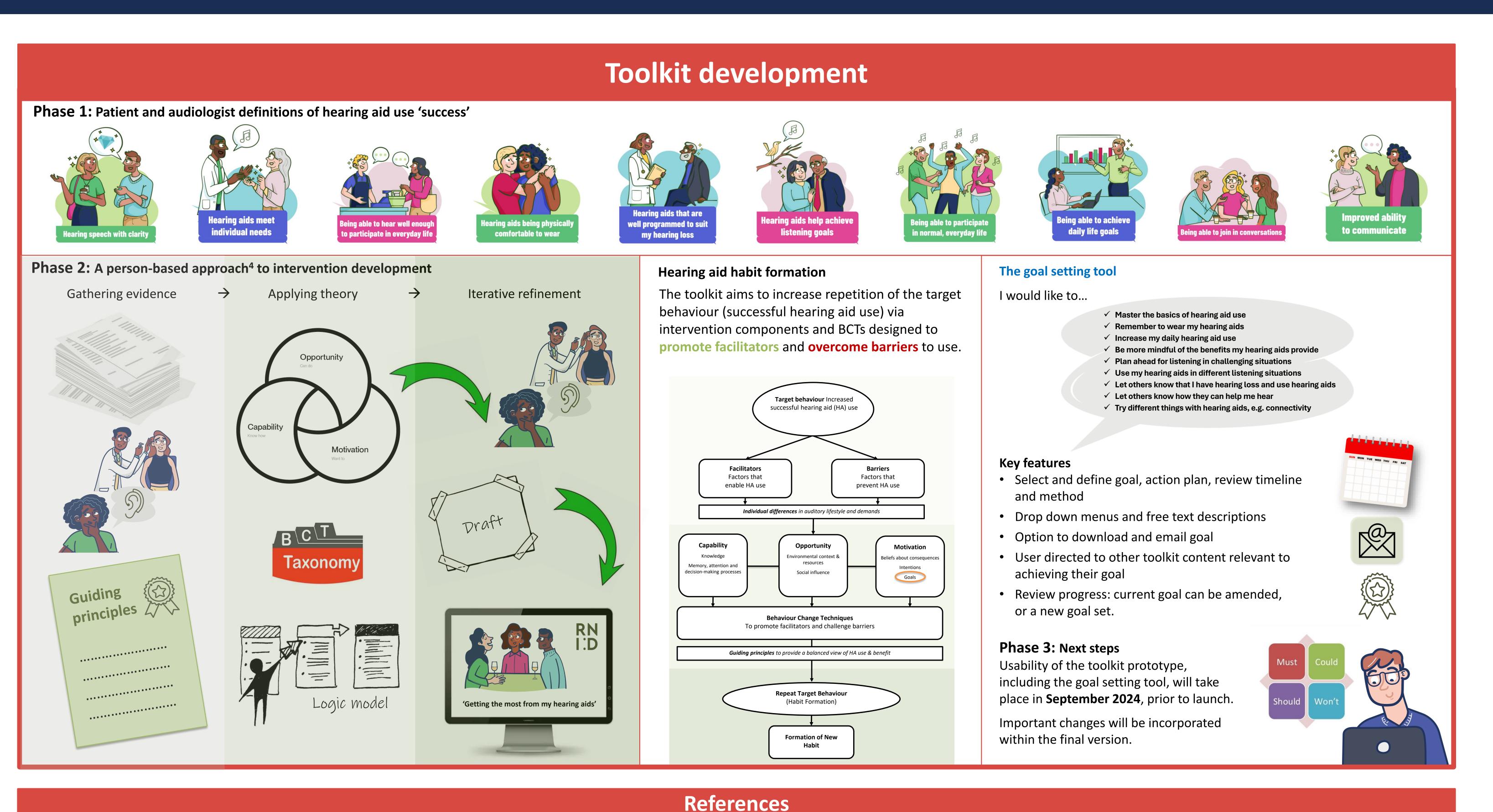
'Guiding principles' for how the intervention should be framed and delivered were generated via interview data and through intervention development workshops with HA users (n=5 workshops with 7 total participant) and key stakeholders (n=2 workshops with 8 total participants).

A behavioural analysis was conducted to establish intervention components and targeted Behaviour Change Techniques<sup>7</sup> aligned to promote facilitators and overcome barriers, that also met the APPEASE criteria<sup>8</sup>. Throughout the development process, intervention content was tested by end-users and iteratively refined to ensure it was engaging, effective and meaningful for the target population<sup>5</sup>.

The toolkit, 'Getting the most from my hearing aids' will be hosted online by RNID, the UK charity for people who are deaf, have hearing loss or tinnitus.

### Phase 3: Pre-launch testing

Final end-user testing will include 'think aloud' interviews (n=5-8) and retrospective user interviews (n=5-8). Any final changes will be prioritised using the MoSCoW method<sup>9</sup>.



<sup>1</sup>Albarracín et al (2024). Determinants of behaviour and their efficacy as targets of behavioural change interventions. Nature Reviews Psychology. <sup>2</sup>Michie et al (2021). Developing an evidence-based online method of linking behaviour change interventions. Nature Reviews Psychology. <sup>2</sup>Michie et al (2021). Developing an evidence-based online method of linking behavioural change interventions. (2012). Making health habitual: the psychology of 'habit-formation' and general practice. British Journal of General Practice. 4Skivington et al. (2021). A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. BMJ. 5Yardley et al (2015). The person-based approach to intervention development: application to digital health-related behaviour change interventions. Journal of Medical Internet Research. 6 Michie et al (2011). The behaviour change technique taxonomy (v1) of 93 hierarchically clustered techniques: building an international consensus for the reporting of behavior change interventions. Annals of Behavioral Medicine. 8Michie et al (2014). The behaviour change wheel: a guide to designing interventions. 1st ed. United Kingdom: Silverback Publishing. 9Agile, Business Consortium. Moscow Prioritisation UK: DSDM Agile Project Framework Handbook. Available online at: https://www.agilebusiness.org/page/ProjectFramework\_10\_MoSCoWPrioritisation.