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## AIM

This study describes the development and evaluation of an intervention to increase the frequency with which hearing care professionals (i) ask about, (ii) provide general information about, and (iii) provide personalized information and support for the mental wellbeing impacts of hearing loss within routine audiology services.

## METHODS

### The Intervention<sup>1</sup>

We followed the Behaviour Change Wheel, an eight-step systematic process, to develop a multifaceted intervention: Ask, Inform, Manage, Encourage, Refer (AIMER).

### The Implementation<sup>2</sup>

Evaluated as part of an implementation study within the clinical context, involving 47 hearing care professionals. Informed by the RE-AIM implementation framework, exploring Reach, Effectiveness, Adoption, Implementation, and Maintenance.

Outcomes were measured using self-report survey, clinical diaries, audits of the clinical case file notes and audits of referrals made.

## About the Author

Dr Bec Bennett's research focuses on the social and emotional impacts of hearing loss. Email: [bec.bennett@nal.gov.au](mailto:bec.bennett@nal.gov.au)

## References

<sup>1</sup>Bennett et al. (2023). Use of the Behaviour Change Wheel to design an intervention to improve the provision of mental wellbeing support within the audiology setting.  
<sup>2</sup>Bennett et al. (2024). Evaluation of the Ask-Inform-Manage-Encourage-Refer Intervention and Its Implementation Targeting the Provision of Mental Wellbeing Support Within the Audiology Setting. E&H.

## RESULTS

### The Intervention: AIMER<sup>1</sup>

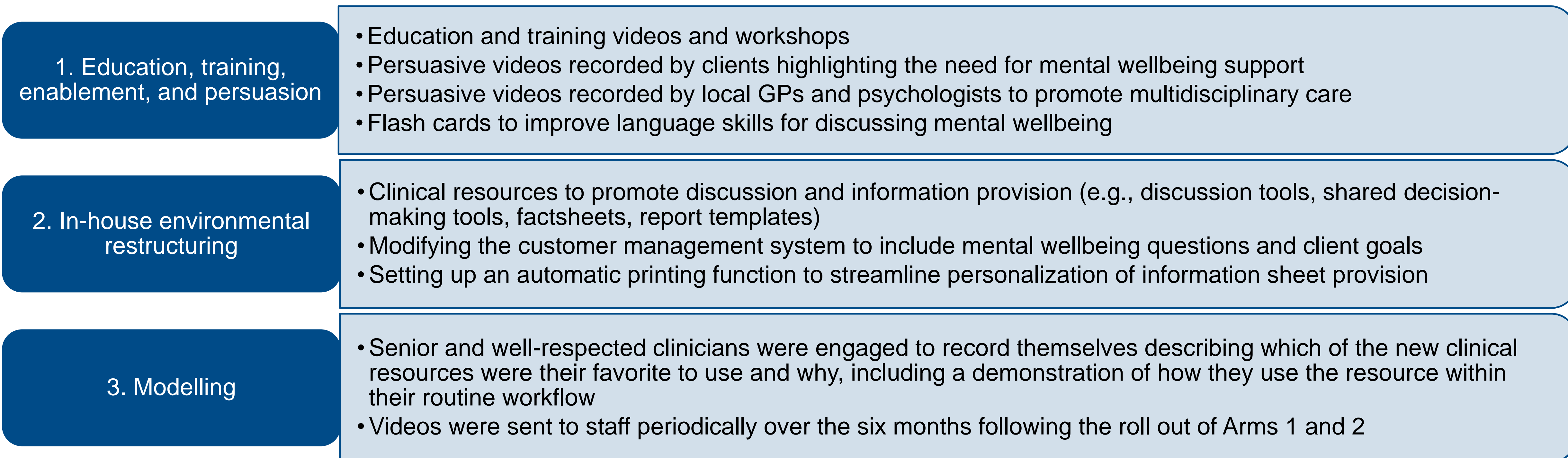
The AIMER intervention is a three-arm program (Figure 1) incorporating a variety of intervention functions and behaviour change techniques, including instruction and demonstration, information about the approval of others, adding objects to the environment, use of prompts/cues, and endorsement from credible sources.

The inclusion of a pilot study in the development process facilitated further refinement of the intervention prior to a larger trial.

### Implementation and Evaluation<sup>2</sup>

The Implementation strategy included: (i) an in-person workshop; (ii) self-directed learning videos; (iii) mentoring; and (iv) a train-the-trainer approach. Evaluation of the AIMER intervention demonstrated significant increases in audiologists' behaviours relating to each of the three aims of the study.

Figure 1. Components of the AIMER intervention



## CONCLUSION

The AIMER program effectively increased the frequency of hearing care professionals' asking about and providing information on mental wellbeing in routine audiological services, though there remains room for improvement in its implementation. This study is the first to use the Behaviour Change Wheel to develop an intervention targeting mental wellbeing support behaviours in audiologists. It confirms the usability and usefulness of the approach in a complex area of clinical care.