Using Empowerment to Better Manage the Outcomes of Hearing Aid Wearers

Presenter: Brian Taylor, AuD; Josefina Larsson, MSc; Bec Bennett, PhD, AuD, MBUS

Hello, and welcome to another Signia podcast. I'm Brian Taylor, and our topic today, using empowerment to better manage the outcomes of hearing aid wearers and persons with hearing loss. Before I introduce the guests, I just wanted to say a few things about empowerment in the field of audiology. And I think most of us would agree that an empowered person is someone with a strong sense of self confidence, autonomy, and agency. And when I think about an empowered patient or client, I think of a person who demonstrates some of the following characteristics.

It's someone who's self aware, someone who might be resilient, open minded, adaptable, someone who's able to navigate challenging situations with a sense of calm and inner strength. Of course, we'd like all of our patients to be that way, but it simply isn't the case. And it also seems pretty clear to me that when hearing aid wearers are empowered, they're more successful, they wear their hearing aids more consistently, they proactively seek our guidance if they have a question or a problem. But I think the challenge is it's really difficult to know if or when one of our patients is empowered or if we can help them become more empowered. Until recently, we didn't really have a good understanding of how empowerment in persons with hearing loss and people that wear hearing aids, how it contributed to their outcomes or their experiences in our clinic.

And I'm really pleased today to have a couple of experts in this field that have done some important, groundbreaking work around this quality we call empowerment. Here to discuss their research on this topic and how to assess empowerment and maybe how to talk about it in the clinic with your patients are Bec Bennett and Josefina Larson. Josefina Larsson is a senior research audiologist at the Orca European Research Lab. That's a division of WS audiology. And I believe her lab is located in Sweden.

And Bec Bennett, who is also a senior research audiologist, but she's at the National Acoustics Laboratories in Australia. So, Bec and Josefina, I am really pleased and so happy that you could take the time. We're spanning literally the globe. So as you can imagine, it's not easy to get everybody, quote, coordinated. It's late at night for Josefina and very early in the morning for Bec.

So thank you both for being here. Thank you very much. Thank you for having us. Well, it's my pleasure. And there's a lot of important things that I want to talk to you about.

So before we dive into the topic here, the first thing I'd like to do is ask you both to maybe talk a little bit about your background and what got you interested in this topic. Well, Ryan, my background is within audiology and phonetics, and I started my career as a clinical audiologist. I was teaching for a short while before I went into the industry working as a research audiologist, first actually in Denmark and then in Stockholm, Sweden. And I have been with Orca European, which is, as you said, owned by Widex and later by WSA for the past 15 years or so. My drive being an audiologist is, as I think it is for many audiologists out there to improve quality of life for people with hearing loss.

And I think working on this topic with empowerment has a great potential for that. And I'm really glad working for a hearing aid company that sees the importance of looking at hearing rehabilitation in a more holistic way, not solely focusing on making high quality hearing aids. I started working on empowerment with my dear colleagues at Orca Europe, and I know that you talked to Sarah Gopinath some years ago, and then we started working together with our great collaborators in Australia. And I especially want to mention Melanie Ferguson and Paula Incerti, among others, before Bec joined us. And Bec, I guess that'll bring it over to you.

Yeah, so I worked as a clinical audiologist and worked in managing clinics for about ten years before I moved into research, and I've been in research for about ten years now. Empowerment came up in some of my early research around hearing aid use and troubleshooting hearing aid problems. And Brian, we've discussed some of this work back in 2022, but because we had seen the importance of empowering our clients in how to manage their hearing devices, it was really exciting when Mel Ferguson and Josefina and Sarah invited me to join them on this work on empowerment more broadly, and how empowerment is an important focal point across the entire hearing journey.

Great. And if people wanted to watch those videos, they're at the hearing health and technology matters YouTube channel. So thank you both for being here again. I'm going to go ahead and dive into the questions and I'll let you kind of decide who wants to answer what. But my first question is, give us a good working definition of empowerment that clinicians can use in their daily work.

Yeah, so empowerment is the granting of power, right, or authority to perform various acts or duties within the healthcare context. Empowerment is defined as an individual's capacity to make decisions about their health and to have or take control over aspects of their lives that relate to their health. So empowerment has become more of a focus in healthcare as service delivery moves from a biomedical model to more of care and a bias psychosocial model of care. As we now strive to deliver holistic, equitable and collaborative healthcare, empowerment is becoming more of a focus. It's important to sort of think about the process of empowerment can be driven by others or by oneself.

So, for example, patients can be empowered by their healthcare providers through the healthcare provider, giving them access to education, or providing counseling and providing patient centered care. But more importantly, patients can also empower themselves through accessing self education, help seeking, joining support groups,

and advocating for themselves and others. It's also important to remember that empowerment as it relates to healthcare is not a uniform experience, and not all people want to be or can be empowered at all times. Now, I know that sounds really weird, but consider this for a moment. In the case of acute care, some patients may prefer their doctor to make treatment decisions for them, at least in the short term.

And conversely, in the case of chronic health conditions, it's really untenable for patients to rely on clinicians for all care decisions and processes. And so modern healthcare seeks to empower people, especially those with chronic health conditions, to feel confident to self manage their own healthcare over the long term. Yes. O'Brien know in our work that life empowerment on the hearing health journey as consisting of different dimensions that all build up the feeling of empowerment. We have knowledge, skills and strategies, self efficacy, participation and control.

So to give you a very long answer to your short question about the working definition, we could say that feeling empowered in relation to your hearing health means that you are able to learn and use knowledge, skills and strategies that you are participating in your hearing health care and in your social life to the degree that you wish that you have self efficacy or confidence, if you would like, in relation to your hearing and that you feel in control over your hearing health and over your daily life. Well, that's a lot to unpack, and I'm glad that you're here for a little bit of time because I have more questions about all this. But thank you for, that's a good starting point. And I think, Bec, you alluded to this already in your answer, and that is, I noticed in a couple of the papers that your research articles that you both authored that there's, you mentioned different types of empowerment. I think you call it a process and a state.

Can you give us a little bit more detail about what you mean by that? Yeah, so as Patrick said, she talked about the different types. But regarding esteem as a process or a state, the feeling of empowerment is not a fixed state that never changes. So as you

move through life having a hearing loss, you constantly adapt to your condition. And depending on the context or where you are at your hearing journey, you may feel more or less empowered to deal with what's around you.

However, we think that you can see empowerment as a state thinking that with our outcome measure that we have developed, it would be possible to measure the level of empowerment at a specific point in time. So, for example, pre or post hearing aid fitting intervention or a hearing rehabilitation. I see. Could you give us a little bit more information about why it's important for a person with hearing loss or a hearing aid wearer to feel empowered? Or what is, I guess maybe stated a little bit differently, what's the value of being empowered?

Sure. Well, as we also have written in our articles, we have seen in other health related studies within areas of diabetes and cancer research that feeling empowered has positive health outcomes. So being empowered, as you also mentioned in the beginning, make you feel better about yourself. You also have better adherence to treatment, have better health outcomes, and are more satisfied with the healthcare you receive. So from that, there might also be reason to believe that empowered hearing inducers have more benefit from their hearing care and maybe also their hearing aids.

Yeah, I agree with what Josefina has said. Overall, the value of empowerment for persons with hearing loss, I think, lies in its ability to promote autonomy, self advocacy, independence, and societal inclusivity. So really, ultimately enhancing their overall quality of life and wellbeing. We've seen that empowered individuals are more likely to advocate for their needs and rights effectively. And so what this might look like in a hearing or audiology sense is that they can confidently communicate their preferences, seek accommodations when necessary, and insert themselves in various situations, which will lead to greater inclusivity and accessibility for people with hearing loss.

Sounds good. I'm guessing that everybody has different levels of empowerment, and I'm wondering, what role does the audiologist play in empowering people with hearing loss? Well, I would say it's a collaborative effort. Building the feeling of the apartment is something that the patient and the audiologist do together. But audiologists could, for example, identify these empowerment dimensions that we have been talking about that potentially could impact a person's sense of empowerment and emphasize those during their counseling.

Providing hearing aids, apps, and assistive devices can itself also be ways to enhance empowerment. And actually, we recently conducted a study on audiologists perspectives on empowerment, which we haven't published yet. But from focus groups with swedish audiologists, we learned that audiologists sees themselves as having a multifaceted role when it comes to empowering patients. So they gave examples as a knowledge and information distributor, making constant decisions on selecting what information to share with every specific person and when in time on the hearing journey to share it. Audiologists also try to raise awareness of hearing tactics by, for example, discussing how patients handle different situations.

They try to facilitate participation by actively listening to patients, having the patient to summarize, confirm and guide them. And they also try to strengthen self efficacy by focusing on positive aspects, things that are working for the patients, and encouraging them to try things by themselves. And also they aim at increasing feeling of control by providing clear informational delivery and listening calmly and carefully. Yeah, it's really important to keep in mind, I think also that the audiologist can empower the client, for example, through answering their questions, giving them information or technology. But the audiologist can also facilitate self empowerment, for example through providing at home exercises or additional reading, access to group education, like Louise Hickson's Ace group, or connecting them to support groups.

You know, it reminds me of that saying, if you buy a man a fish, you feed him for a day, but if you teach a man a fish, you feed him for life. I know it sounds really simple, but I think as audiologists we get so used to trying to fix our clients problems that I think we sometimes forget the power in supporting self empowerment. So if a client comes to us with a question, yes, we need to answer that question. But more importantly, if we can help them understand where to source trustworthy information to answer any future questions, then we help them with their self empowerment to be able to troubleshoot and solve future problems. So there are some great resources out there.

If clients are having questions about hearing aid management and troubleshooting, you can refer them to Mel Ferguson's work on that c two hear product that they developed, or m two hear, I think is the more recent version. Of course, the hearing aid manufacturers now have apps that not only help manage adjusting hearing aid features, but there are wealth of information on hearing aid troubleshooting and these sorts of things. Bamani Gopinath from Macquarie University is working on a information, a website that's going to be a trusted source of all information, ear and hearing related. So information that's evidence based and vetted, independent. And of course, there are some wonderful consumer support groups out there, deafness forum here in Australia, rind in the UK, and the hearing loss association of America.

So as a clinician, if you don't have time to give all of the information and support, there are other great resources you can connect your clients to so that they can access that information and support and build those self empowerment skills. That's all good to know. The next thing I want to talk about is the development of your questionnaire. And there's a couple of different questionnaires and I'm sure you'll give us the details. But before we get into that, I'm going to give you my opinion about questionnaires and there's a ton of them out there, but I think what can be really valuable about ones that are short, and I know you have one that's five questions, is not every.

I'll just take the example of empowerment. Not every audiologist is naturally good at doing that. So I think the real value of the questionnaire, like the one you're about to talk about, is that if you're not naturally good at this or you maybe want to be a little more precise in how you do it or maybe more efficient, these questionnaires can be really helpful. So that's sort of my impression or my opinion about how the questionnaires, like the one we're going to talk about next, can work. Anyway, can you tell us a little bit about the development, the validation process of these empowerment questionnaires that you've created?

Thanks, Brian. Yeah, so we went through a rigorous process and followed best practice principles for the development of the empowerment surveys. There were sort of five phases to this work. The first phase is really that conception, that concept elicitation or conceptualization of what is empowerment in a hearing and audiology space. So there was existing research on what empowerment is in general and in healthcare and in diabetes and cancer research, but no one had really done a deep dive with adults with hearing loss to fully understand what empowerment looks and feels like in relation to audiology and hearing care.

So we use semi structured interviews with representatives of the hearing loss community and healthcare professionals to conceptualise empowerment. The second phase was to then work on item generation. So we drew on the data from the semi structured interviews as well as existing theoretical frameworks like Zimmerman's theory of psychological empowerment, and also looking at other people's empowerment questionnaires outside of audiology. And so we drew on these three data points to develop a very long list of potential questions that would tap into empowerment. Empowerment.

And then we went through a content validation phase in phase three. So by content validation, what that means is we have our long list of potential questions and we send

them out to experts in the field, including clinical audiologists as well as researchers, and ask them to do a comprehensive survey rating all of the items as to whether they were, for example, relevant or whether they were clear whether the wording was precise or confusing, and they rated them to identify which items were should be chucked out and which items we should potentially keep. And then we went through another phase within the content validation, where we sat down with adults with hearing loss and asked them to go through one by one and help us either reword the question items or chuck out any that were unrelated or add in any that were potentially missing. And we went through this sort of rigorous process where we had four sets of adults with hearing loss in Canada made some changes, then another four individuals in Canada with hearing loss made some changes, and then another set of four here in Australia made some changes, and another set of four here. So it was this really iterative process.

And then the final set went back out to the same experts for them to rate and do another round. So it was a really lengthy and comprehensive process of identifying and refining the wording of the items. But it's a really necessary, and unfortunately, quite often an overlooked step. It's really necessary to make sure that the future users of the survey understand the wording of the questions and what we're actually trying to measure. So then from that phase, we went into phase four, which is where we reduce the long list of items using a process called rash analysis.

So, rash analysis is a type of psychometric evaluation used to reduce items. It operates under the rash measurement model, which assumes that the probability of endorsing an item depends solely on the person's ability and the item's difficulty without being influenced by other factors. So we sent the long list of survey items out to a large group of people. And. And using rash analysis, we were able to identify which items were potentially measuring the same sort of thing as another item, so that we could remove any duplicates.

We could also work out which items were perhaps not performing in the way we would expect. So maybe the wording was a little bit confusing for people. If they were doing well on other items, but bombing out on an item that they probably shouldn't have been bombing out on compared to the others, then it might tell us that it was confusing. And so we were able to really refine and bring it down into a much smaller number of items. So following this process, we ended up with three rounds of item reduction, resulting in a final set of 15 items.

And then we also created a short form of five items. Now, it's important to remember that we started, as Josefina said earlier, there were five sort of dimensions of empowerment that we measured, and both the five item MPAC, or empowerment and audiology questionnaire. Both the five item and the 15 item version include questions from across all five of those dimensions. And then the fifth and final phase of this work, we conducted that sort of traditional psychometric evaluation using classical test theory. So, looking at internal consistency, construct validity, these sorts of things, and found that the surveys developed were robust and had good consistency and validity.

So both the long and the short versions are available for download. And I believe, Brian, you're going to provide a link in the comments with information. Yeah. Where people can download them and freely download and use. And please let us know how you go.

Reach out to Josefina and I, and we'd love any feedback you have. Yeah. Thanks for going through that. I think it's important for our listeners to know the level of scientific rigor that goes into something like this when you do it right. And I believe it's the ear and hearing article that you both were co authors on that goes through the details that you just described.

Well, there's actually. Because. Because it was such a lengthy process, there's actually three papers. We couldn't fit it all in one paper. So there's three papers.

So there's one paper that talks about phase one in the quality interview, and there's another paper that talks about phase two and three, that real participatory approach, working with end users to develop the items. And then there's. Yes, the recent hearing. Hearing paper covers phase four and five, which is more that psychometric testing. Yeah, well, thank you for that.

So, since most of our listeners are clinicians, I think for the rest of the interview, we'll stick to the clinic friendly five question version. So what I'd like to do is kind of. Let's go through. Since it's only five questions, I think we have the time to kind of go through each one, one by one. And if you could kind of talk about.

I'll mention the question here in a second. But the first question. But as I go through it, maybe tell us how you score them. What constitutes a low. A low score?

What do you do if you see a low score? Um, how would you talk about it? The response with the patient, that kind of thing. Um, so here's question number one. Um, on your, uh, EMP AQ five, is there a faster version to say that?

Impact. Five. Impact. Yeah, impact. Good to know.

Uh, here's the. Here's question one of the Mpac five. I know how to get help if I have any problems with my hearing. What do we do with that? Yeah, so if I just take a step back for a sec.

There are different ways you can use the survey. So you can, I guess, administer it as a give it to them in the waiting room. They score the survey or post it out or whatever,

and you get a score. But the way we're conceptualizing the Mpac five is it's more of a conversation starter. It's an opportunity to sort of do a deep dive into how your client is going and what their needs are.

So we haven't yet finished, but we are currently doing some work where we will investigate the individual scores for each items. And so we might be able to recommend sort of cutoffs. At the moment, we don't have that data. So I can't say sort of what the cutoff is a three or is a fail or what that sort of means. We don't really have any of that data available at the moment.

But for the MPAC five, we're not really envisaging people using it in that way anyway. We're more thinking that it's a conversation starter. So for that first item, I know how to get help if I have any problems with my hearing. If someone scores, you know, agree or fully agree, then great, they know how, they know. They feel empowered, they know where to get help.

But if someone says they disagree, they don't know where to get help. Then it prompts the question of, well, what kind of help are you seeking? Seeking and how can I connect you to that help? So as an audiologist, we might be thinking, well, we're the ones that provide help, but they might be thinking, well, my tv isn't clear enough, and I don't know how to find out which tvs are most hearing aid friendly, or there might be other aspects of help pertaining to their hearing difficulties that they need assistance with. And again, this can be great where we can answer their questions, but if we can think about how to connect them to trusted sources of help and information outside of the audiology clinic, then we set them up for any future questions and future problems.

So, like those consumer groups or trusted websites and these sorts of things for the. Or did you want to read the second one? No, go the second one. I use tactics to help me communicate in challenging situations. So go ahead.

Yeah. So for this one, we'd engage the client in identifying specific situations where communication is difficult and then encourage brainstorming sessions to generate potential tactics. So again, as audiologists, if we had unlimited amount of time with each of our clients, we would talk not just about the technology, but we would spend a lot of time talking about communication tactics and how to help them in specific situations. But unfortunately, the reality is for a lot of audiologists, we don't have the time to sit there and tell them about everything. And so this question gives the power back to the client and they get to tell us what their specific needs are, what their focuses are.

So, you know, sometimes clinics will have a list of communication tactics, or they might rattle off and say, oh, yes, make sure there's no backlighting, face the talker, turn down the background noise. If we're just kind of spouting off these communication tactics willy nilly, then it's not really because it's not relevant to the person's specific context. It's hard for them to then make the behavior change, to go and improve that situation for themselves. But if we can ask them specifically what situations are challenging for them, and we can discuss it in detail and help them brainstorm ways to function better within those challenging situations, then we set them up for being able to problem solve other problems in the future. And so I would with the client together, explore various strategies and discuss how to effectively implement these tactics in their real life scenario, thus empowering them to take an active role in developing and executing solutions tailored to their specific needs, both for that purpose and in the future.

Yeah, that's a great point about being more precise when you have that little bit of extra information. Let's go to the third question, and this one I'm going to just give you maybe a kind of a scenario. Let's say that the person answers it as they either disagree

or they strongly disagree. So the question is, my hearing loss doesn't stop me from taking part in social activities. And maybe the client says, strongly disagree.

How would you use that information? Yeah, so this one's really about social participation. So if the client's saying that they disagree, and therefore then they're not taking part in social activities because of their hearing loss, you could use this question as a way to understand what it is they're looking for. So if, for example, this is a first hearing assessment and this is a client who is saying things like, well, I don't think I'm old enough for a hearing aid, or I don't think I'm ready for a hearing aid, then this question allows you to start to unpack how much the hearing loss is impacting on them beyond just hearing function. So sometimes it sounds silly, but sometimes people don't really fully appreciate the link between hearing difficulties and their desire or their enthusiasm to go out and attend social situations.

I mean, a lot of clients we work with truly do feel and understand the social and emotional impacts of their hearing loss. But some clients haven't always made that link. And so being able to talk about how their hearing loss might be impacting on their social participation can help them to, I guess, think about what the benefits of taking action and adopting hearing rehabilitation options might be to help them address those difficulties. Okay, I like that. Let's go to the fourth question.

I can control how I respond to challenges I experience resulting from my hearing loss. What would you do with that information? What does that tell us? Yeah, well, where number three taps into that sort of social participation, number four is about this sort of control. So, ability to make decisions for myself, change my own behaviors, have that sort of autonomy.

And for me, I like to dig into whether this is also around those emotional impacts of hearing loss. So if a client, so I would ask them, what are those challenges and what

does that look like for them? And if, for example, they say, oh, well, you know, my wife gets frustrated at me, or I get frustrated that my wife mumbles, or if the hearing loss is causing frustration, then it allows them to sort of reflect on what's underpinning that frustration and to think about and talk about how they can gain control over that situation and start to better manage those emotional impacts of hearing loss. So we might begin by encouraging clients to reflect on the specific social and emotional impacts that they are encountering and acknowledge, of course, acknowledging their experiences as valid. But then through collaborative conversation, we can explore common challenges associated with hearing loss and start to equip our clients with strategies and tools to proactively manage and overcome these emotional obstacles.

So our goal is really to empower clients to take control of their responses, both emotional and behavioral, and to navigate their hearing journey with confidence and resilience. Let's move to question number five. The last one. I am confident about my ability. I shouldn't say question, it's more of a statement.

I am confident about. All of them are. I should say I am confident about my ability to manage problems caused by my hearing loss. Yeah. So again, this is a conversation opener.

So we would actively explore the specific challenges that the client is encountering due to their hearing loss. And again, through collaborative discussion and problem solving, we can empower the client to develop strategies tailored to their needs. So this starts to foster a sense of self efficacy and confidence in their ability to effectively manage these and any future problems that arise. So it reminds me of a client I worked with many, many moons ago as a fresh audiologist, who said that she was doing well with the hearing aids and they were helping her in lots of different scenarios. She could hear better at church and wherever, all these different things, but she was still having difficulty.

Every Wednesday, she went to her friend's house for lunch, and I sort of asked her, okay, explain to me what the room looks like and what's happening, that it's difficult. And as it turned out, she said her friend had classical music playing in the background, but quite loudly. And so she struggled to hear the conversation at the table amongst her girlfriends. And so I said, as a young, naive audiologist, I thought, well, that's easy. Turn the music off.

What's the problem here? I, of course, didn't say it to her like that, but I sort of said, so can you ask your friend to turn the music down? And she said, oh, no, I couldn't. I couldn't do that. It's her house.

She's the host. And I remember it was a pivotal moment in my audiology career where I thought, right, as an audiologist, my role isn't to just regurgitate the facts and the information, but I need to sort of work with and support the client on their journey to be able to actually enact or implement or change their behaviors, to make use of the knowledge that I have and that I've shared with them. And so what we did is we talked about her friend's perspective, and if her friend was to find out that she was struggling, how her friend might feel that she hadn't told her for years how much difficulty she was having and how she wasn't fully enjoying the lunches because of the difficulty she was having. And if she was to tell her friend about the difficulty with the background noise, what would her friend likely reaction be? And she said, actually, she probably would want to help me and she probably would want to turn it down.

And maybe it doesn't have to be turning it off, but just turning it down could be helpful. And then we sort of practiced and it role played how she might, if I was the friend, how might she say it? And so I sort of helped her build her confidence in how she would ask her friend. And so then I got a beautiful email a week later to say she'd asked her

friend and her friend had turned it down. And the lunch was much more enjoyable and it strengthened their friendship, and it was just a really lovely pivotal point.

In my audiology career to see how I have the ability to empower my clients to self advocate for themselves. Yeah, that's a great story.

So a couple, I just want to remind our readers that on the one page handout, the five elements or the five dimensions of empowerment, they correspond to these five statements that you just reviewed. Do I have that right? Yes. Yeah. Okay.

Yeah, great. And so another thing I just wanted to mention, sort of off the cuff, is I think that these five statements, the impact five, is just a lovely way to try to, like an entry into a deeper conversation about any one of the five elements. I think your story, that kind of gets at that as well. So to me, it's just a really effective way to have a deeper conversation with patients by using a simple questionnaire.

Let's talk about administering it as an outcome measures. The impact five. Do you advocate, do you suggest people use it as a sort of a pre and a post intervention to look for improvement in empowerment? What are your thoughts on that? Yes, we do.

But actually in Australia last year, we ran some workshops with audiologists where we asked them to suggest where they would find impact five useful. So except for using the survey as a pre, post rehab or conversational tool, they also suggested it to be suitable in goal setting when starting a rehabilitation or as a scanning tool. So as I understand it, correct me if I'm wrong, back in Australia, you have annual reviews on how the hearing rehabilitation is progressing. So then the suggestion were to use MPEG as a scanning tool to see if that review was needed. And also another suggestion was to use MPEG as a tool in family centered care.

So having the closest family to a person with hearing loss, replying to the survey and being able to discuss around it and aspect said, we don't have the stats yet on the score change that could indicate the significant changes in empowerment. But that's something that we are looking into right now.

Yeah. So we definitely is designed to be used as an outcome measure and both the 15 and the. And we're conducting some research on that at the moment to explore what score change correlates with a significant shift in clinical outcomes sort of thing. So we'll have more on that for you in about twelve months. But we, as said, we ran some workshops and there are a few different ways that, yeah, it can be used.

So here in Australia, we have annual reviews. So if every year we reach out to our clients to say, how's it going? Just to check in, make sure everything's going well, if they need any help, with anything. And so a couple of clinicians have started sending the survey out as part of that recall letter to say, go through this survey. And if you tick difficulty with any of these items, then that means you could probably do with an appointment.

So come on in so that we can talk about how you're traveling and other things we can do to help. So a nice way to, I guess, keep that relationship going with your clients in between the five year hearing aid purchase kind of thing and to make sure that they are well supported across the entire journey kind of thing. Yeah, that's good. So just to kind of reiterate, it sounds like you use it as an outcome measure pre and post. You could use it as for goal setting, sort of standalone, also standalone.

I know that's common here in the United States. People come in for one year annual checks. So it sounds like it'd be a great addition to check because to me it's like you're measuring not just the performance of the hearing aid, but you're actually measuring an element of the service and the counseling that you deliver. Yeah, definitely. Yeah.

Yeah. I think that's great. Really helps strengthen that sort of long term relationship with your clients as well. Exactly. Exactly.

Yeah. Well, I think our time is winding down. I have at least one more question though that I'd like to ask you. And that is there's a lot of, I call, intractable challenges and problems in our profession, low uptake rates. People probably don't wear their hearing aids on a daily basis the way they should.

Stigma is still a bit of a problem. So how do you see empowerment and the ability to talk about it and assess it in the clinic as a way to address some of these ongoing challenges? Yeah. So Brian, that's a doozy of a question. So let me, let me break it down one at a time, please do.

You mentioned uptake rates. So regarding sort of the discussion of empowerment in the client journey, our approach has been quite multifaceted. So we initially considered empowerment the impact as an audiologist centric tool, thinking that the audiologist, as we just discussed the different ways the audiologist can use it in, within the audiology setting. But recently as part of our ongoing work, we explored the potential to use the MPAC five, the five items as a tool to open discussion for people who are in the community raising awareness about hearing loss. So quite a few of the audiology clinics here in Australia, I guess as a way to raise awareness of the services they offer, they might do hearing screenings in local pharmacies or at local gps, or they might go to community events like seniors day events or these sorts of things, and they'll have a stall or a stand where they talk about hearing loss and raise awareness.

They'll do hearing screenings, and it also serves as a way to, I guess, drive business into their clinics. And so through some discussions we had with some people who work in this role recently, they were keen to see if they could use the MPAC five as a

tool to open discussion. And they said that they found it really helpful that quite often in that short period of time, they're so focused on the hearing loss screening that they're talking about hearing loss, whereas the person with hearing difficulties undertaking the screening is conceptualizing their difficulties in more the life impacts. So it really helped them align their language with what the client or potential client was experiencing and going through that five steps, those five questions allowed them to really open that conversation and helped people to sort of think about how the hearing loss was impacting on them more broadly, and so made them more motivated and more open to then have the hearing screening and go into the clinic for a full hearing assessment. And so we have found that it is assisting that kind of uptake of audiological assessment.

We haven't looked at uptake of hearing aids or anything that far down the pathway, but definitely it's been helping with driving more clients into the clinic in that way. I think that's fantastic because it takes the focus off the audiogram and how much hearing loss you have. It puts it on the individual and how they're kind of coping with it or managing it or dealing with it. I think that's a fantastic way to use this tool. Yeah.

You also mentioned the poor daily usage of hearing aids. And so I guess this all depends on the underlying reasons behind this behavior. So if hearing aid low use stems from a lack of skills or knowledge or self efficacy, then empowering clients to address these deficits certainly could improve usage rates. And so administering the MPAC would help you to identify what deficits might be the client might be experiencing in relation to their hearing aid and their hearing journey more broadly. However, if individuals are content with wearing hearing aids for only a portion of the day and it meets their needs, then perhaps pushing for full time use isn't necessary.

So I do think it's important to empower clients to make informed decisions about their usage based on individual preferences and needs. Exactly. So I know sometimes

clinicians will say, oh, I really try and push my clients to wear their hearing aids all day, every day, but I've met clients who feel exhausted with having to wear it all day, and they much prefer wearing it sort of a few hours a day for certain things. They like the peace and quiet of not having their hearing aids in twenty four seven. And so I think because we're talking about empowerment, it's really important that sometimes as clinicians, we let go of what we think the client should do and we more empower them to make their own informed decisions about how they want to manage their hearing needs.

Exactly. That's a great point. Let me just kind of wrap up. Josefina, Bec, again, can't emphasize enough how great it was to have your expertise here on our podcast. Any final comments?

Josefina, I'm kind of curious in your role at WS audiology, what you might have in the research pipeline that you can share with us, both of you. Any final comments that you want to leave our listeners with? Sure. I think we are just in the beginning of this journey on understanding empowerment. So we are currently now working on three studies.

We are aiming at identifying the audiological and psychosocial factors that correlate with empowerment. So, like the degree of hearing loss, loneliness, social isolation and so on. And we are also exploring how hearing aid fitting influences empowerment scores and trying to determine what change in score is significant in a clinical setting. And we are conducting an implementation study where we seek to develop clinical tools and processes to help clinicians embed the MPEG five in their routine clinical practice. So bringing in this way, bringing client empowerment to the forefront of their work.

So we have a lot to do. Excellent. Yeah. Good to know. It's a reason to have you back on in a year to talk about all the things you've come up found in your research.

Bec, any final comments or thoughts from you? Yeah, just to say that it's, it's been wonderfully exciting to work in this space. Yeah, I really enjoyed working with Josefina and Mel Ferguson, and Geeta has now joined the team. So we've got some really exciting things in store and, yeah, looking forward to sharing them with everyone. Please reach out to us if you have any questions or comments about your use of the MPAC.

We're always keen to hear from clinicians and their experiences on the ground. And, yeah, thank you for having us. Yeah, we'll put your, if you're both okay with it, we'll put your email addresses in the show notes so people know how to get in touch with you again. Josefina Larson, who's a senior research audiologist at Orca Europe the research lab that's part of the WS audiology group, and Bec Bennett, who's the senior research audiologist at the now in Australia. Thanks to both of you for being on the podcast.

Really appreciate it. Thank you so much. Thanks for having us. Okay, that's a wrap.