Improving Patient Engagement Through Evidence-Based Care

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What's in This Handout

Key Takeaways

Key Takeaway	Clinical Implication
Patients expect whole-person care	Address cognitive, socioemotional, physical, mobility/balance, and overall wellness domains — not hearing alone.
Social connection is a top predictor of survival	Encourage patients to maintain social engagement as part of hearing care counseling.
Trust and perceived handicap drive hearing aid uptake	Build trust through empathy and active listening, especially with patients in the mild-to-moderate handicap range.
Stigma remains a major barrier to care	Use person-first, non-stigmatizing language to help patients feel comfortable disclosing hearing loss.
Hearing intervention improves cognitive, physical, and social outcomes	Frame hearing aid recommendations around the real-world quality-of-life benefits shown in the ACHIEVE trial.

Learner Outcomes

- Describe three types of stigma
- Explain the role of empathy in patient interactions
- List tips for providing more empathetic hearing healthcare

Section 1: Hearing and Healthy Aging

The Influence of Hearing Well on Healthy Aging

Hearing well is deeply connected to multiple dimensions of overall well-being. Hearing health encompasses four key components: pure-tone average (PTA) hearing ability, processing of speech sounds, processing of non-speech sounds, and localization of sound in space. These components are intertwined with six dimensions of well-being: physical, psychological, social, emotional, spiritual, and environmental wellness.

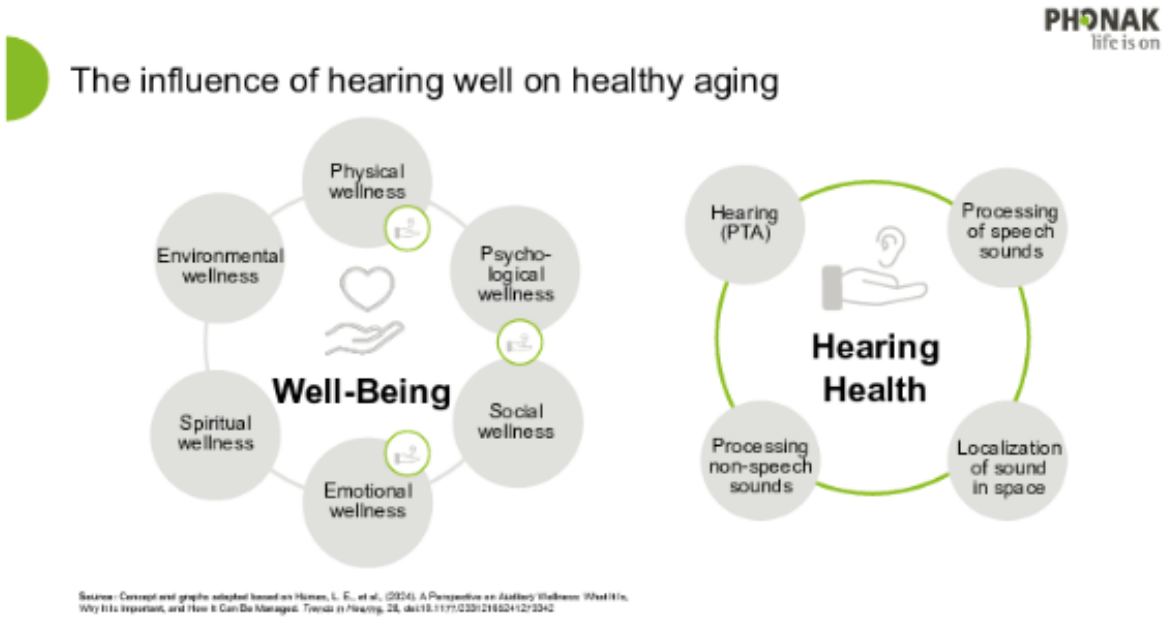

Figure 1. Six dimensions of well-being alongside four components of hearing health.

Patients Expect HCPs to Address Health Beyond Hearing

Hearing care professionals are increasingly expected by patients to address health domains beyond hearing. Research by Muir et al. (2025) surveying 1,401 patients and 94 HCPs found that patients expected their hearing care providers to address cognitive health, socioemotional health, physical health, mobility and balance, and overall wellness. Across all five domains, patients expressed expectations at or above the agree level. Providers generally rated their own ability slightly lower than patient expectations, highlighting a potential gap in care.

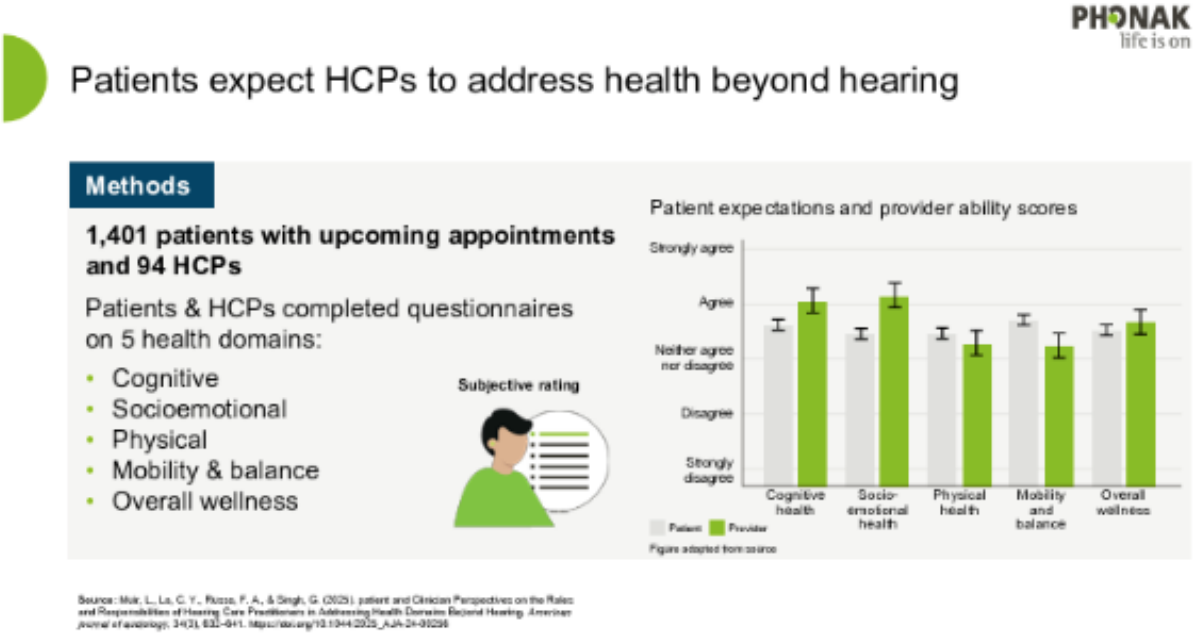

Figure 2. Patient expectations versus provider self-rated ability across five health domains.

Advanced Healthcare and Longer Life Expectancy

Advances in healthcare and healthier living are contributing to a longer-lived global population. Currently 8 billion people live worldwide; by 2050 this is projected to reach 10 billion. The proportion of adults aged 65+ will grow from 10% to 16%, while adults 80+ will triple in number by 2050. As populations age, the need for effective hearing care and its role in healthy aging becomes increasingly critical.

Longevity, Quality of Life, and Well-Being

Longevity research focuses on extending the healthy lifespan, understanding the aging process, and delaying or even reversing age-related diseases. Quality of life and well-being go beyond the mere absence of illness — they encompass happiness, satisfaction, and interest in life, as well as the realization of one's own potential as an essential element of a good life.

Social Connectedness and Health

Among all health behaviors studied, social connectedness ranks highest as a predictor of survival and well-being. Social support is ranked as the number one factor most important to health, above being physically active, quitting smoking, managing alcohol consumption, and receiving vaccinations. Being socially integrated is ranked second. Research by Holt-Lunstad, Smith, and Layton (2010) found that people with strong social relationships have a 50% greater likelihood of survival compared to those with weaker relationships — an effect size exceeding that of smoking cessation and physical activity combined.

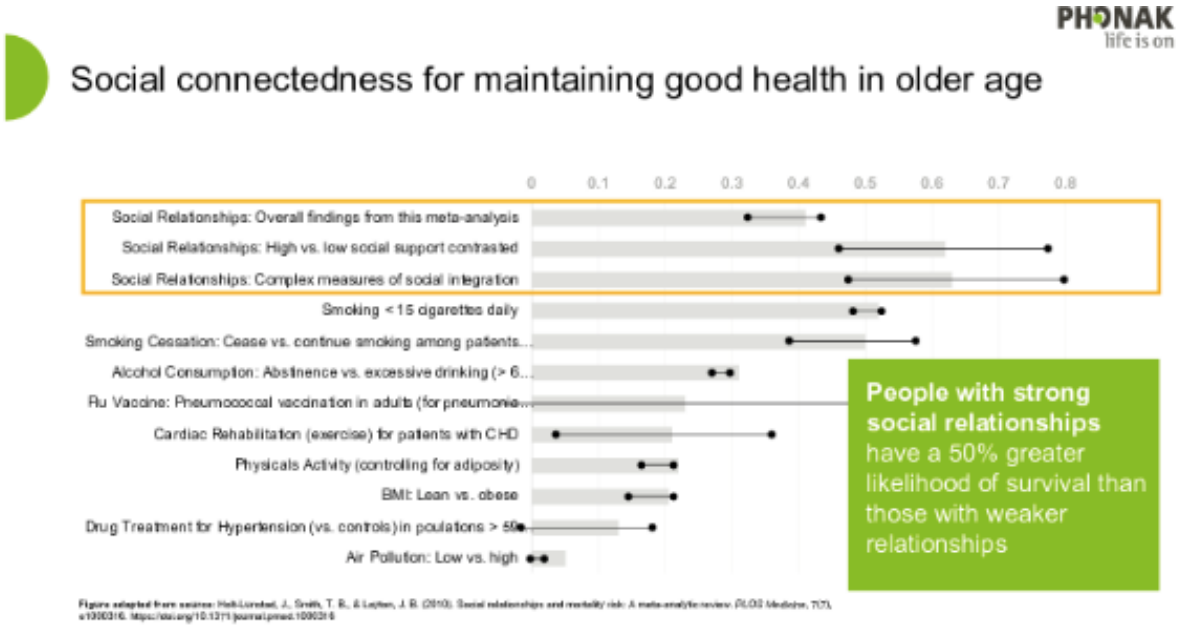

Figure 3. Odds ratios for survival across social and health behaviors, highlighting the impact of social relationships.

Connection Is at the Heart of Health and Happiness

Relationships are crucial for well-being. Strong social connections support life satisfaction, foster positive feelings and emotions, protect from negative effects and emotions, and constitute the best single predictor of mortality — stronger even than alcohol and cigarette consumption. Language, communication, and exchange are the mechanisms through which social connection is maintained.

Hearing Loss Impacts Quality of Life

The cascade of impact from untreated hearing loss includes: reduced audibility and self-perceived hearing difficulties; reduced communication quality and environmental awareness; increased listening effort, fatigue, and anxiety; challenges maintaining attention and working memory; social withdrawal and reduced activities of daily living; and ultimately, reduced quality of life (Vercammen et al., 2020).

From Audibility to Quality of Life

Untreated hearing loss affects every tier of a multi-level quality-of-life hierarchy — from audibility at the base, through speech intelligibility, ease of listening, cognitive well-being, physical well-being, and social well-being, up to overall quality of life at the apex. Hearing aids have demonstrated benefits that correspond to each of these same tiers.

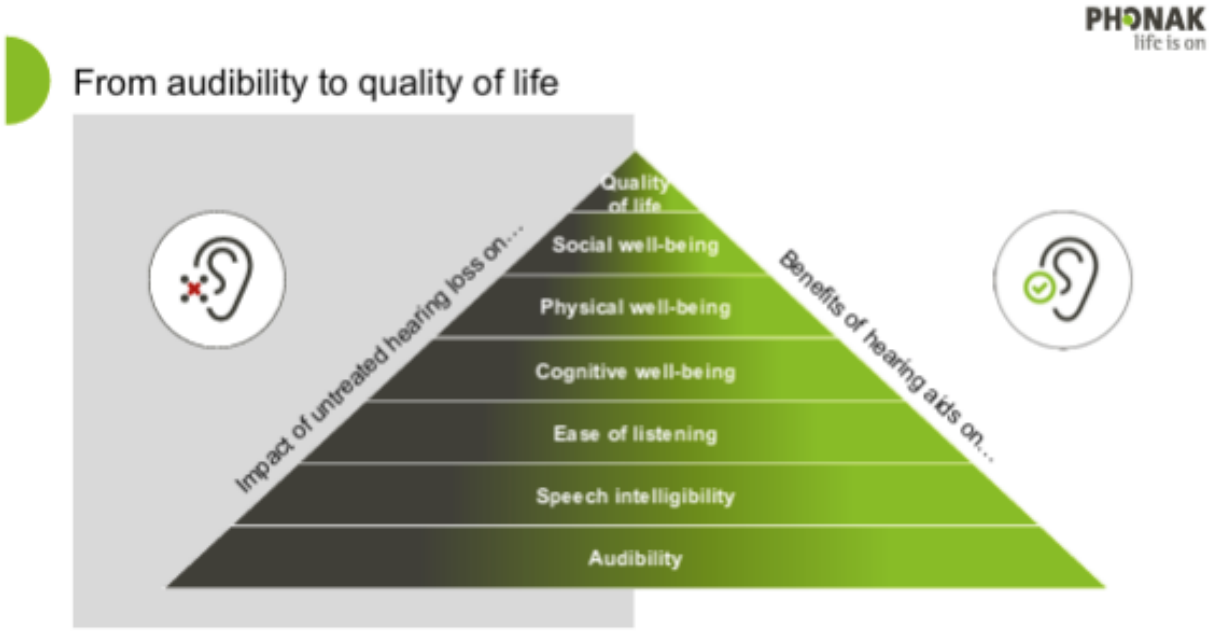

Figure 4. Six-tier hierarchy from audibility to quality of life, showing impact of hearing loss and benefits of hearing aids.

Section 2: Challenges to Successful Hearing Care

Seven key challenges stand between a patient and successful hearing care: access to services, perceived handicap, trust in the HCP, emotional barriers, stigma, physical and cognitive limitations, and perceived benefits. Addressing these effectively requires a patient-centered, empathetic approach.

Perceived Handicap

A patient's self-perceived hearing handicap is a strong predictor of hearing aid purchase. A simple pre-appointment question — "On a scale from 1 to 10, how would you rate your overall hearing ability?" — can reveal patient motivation early. Patients rating themselves 1–5 are most likely to purchase; those rating 6–7 need the most clinical attention; and those rating 8–10 are least likely to purchase. This question in pre-appointment forms can help prioritize counseling approaches.

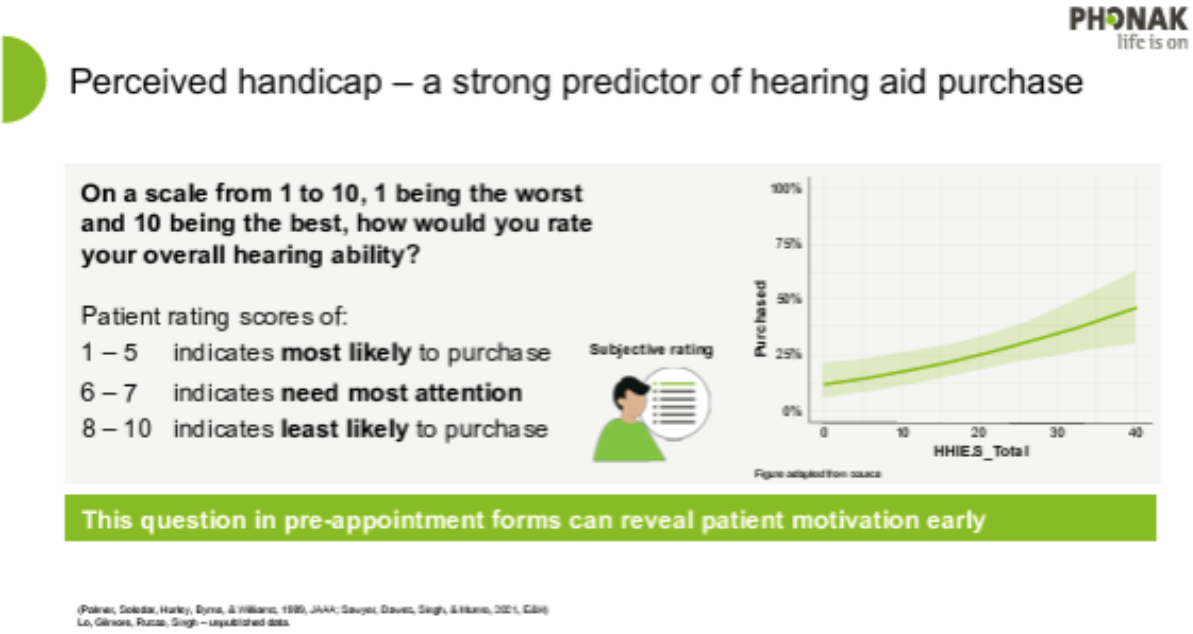

Figure 5. Probability of hearing aid purchase by self-perceived hearing handicap score.

People's Characteristics Influence Their Perception

Individual personality traits affect how patients experience hearing loss. People who are more prone to boredom are more likely to experience greater perceived handicap from any given degree of hearing loss. This relationship is mediated by self-reported differences in the ability to maintain task-focused attention. Shaping clinical conversations to learn whether patients tend to get bored more easily can provide valuable insight for counseling (Crawford et al., 2023).

The Importance of Trust in HCPs

Trust plays a critical role in hearing aid adoption, particularly for patients with mild to moderate hearing handicap. Research by Lo et al. (2024) found that among 262 new patients with hearing loss, the impact of trust in the audiologist was strongest in the middle group of perceived hearing handicap. Patients who reported higher trust in their HCP were significantly more likely to purchase hearing aids in this group. Building trust through empathy, active listening, and patient-centered communication is a direct clinical lever for improving outcomes.

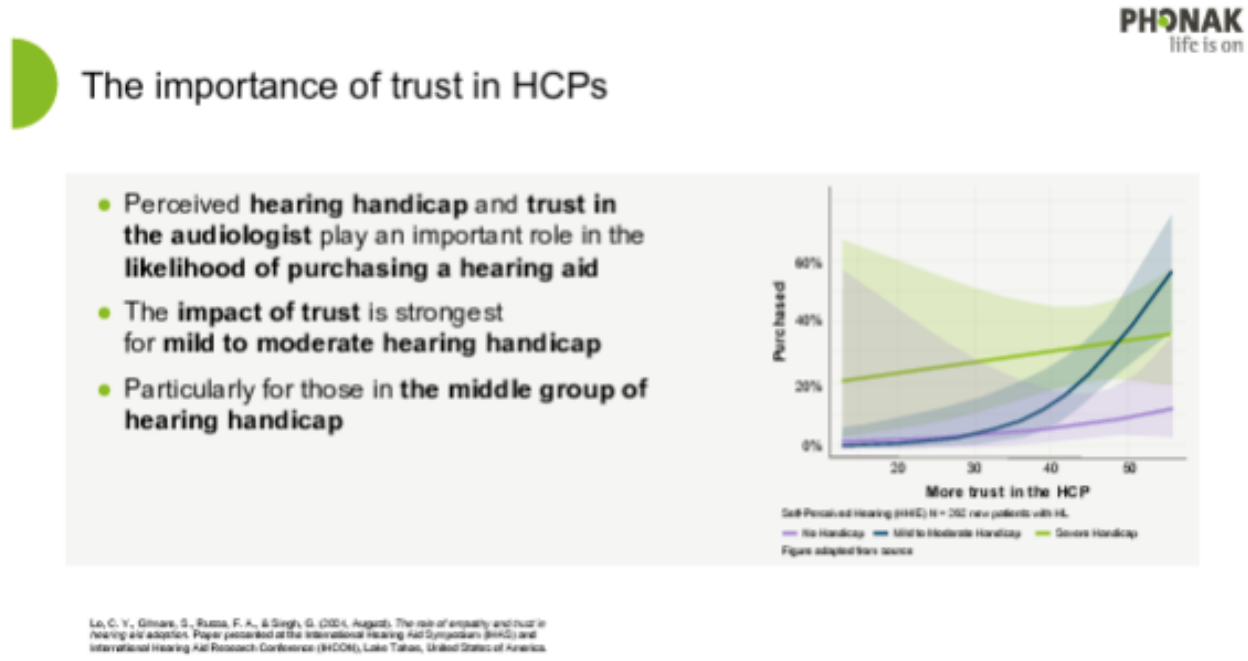

Figure 6. Hearing aid purchase probability by trust in the provider, across handicap severity groups.

Q2	**Quiz Hint:** Both the speaker and the listener bring their own biases to a patient-provider interaction, and awareness of one's own assumptions is a key component of empathic communication.

Emotional Barriers — Common Reasons for Non-Use (Non-Users)

Among people with hearing loss who have never used hearing aids (N=218), the most common reasons for non-use included: no one has ever suggested wearing hearing aids (33.49%), cannot afford hearing aids (30.73%), wouldn't like wearing hearing aids (26.15%), and would feel old wearing hearing aids (25.68%). Family members cited similar concerns, with "they don't think they need hearing aids" topping the list at 48.10% (Franks and Timmer, 2023).

Emotional Barriers — Common Reasons for Non-Use (Past Users)

Among past hearing aid users who discontinued use (N=29), the top reasons were: the hearing aids didn't feel comfortable in my ears (48.28%), I didn't like wearing hearing aids (48.28%), the hearing aids didn't help me (41.38%), and I couldn't manage the hearing aids (34.48%). Among their family members, comfort and dislike were again the top reasons cited (Franks and Timmer, 2023).

Stigma Remains a Barrier to Hearing Care

Stigma is defined as an attribute that results in a person being categorized as different from others and discredited for that attribute. People with hearing loss may experience stigma related to the hearing loss itself, hearing aids, and/or aging. Stigma likely prevents individuals from seeking help and dealing with their hearing loss. Research shows that hearing aid purchase rates are lower for individuals who report more stigma related to hearing aids (Meyer et al., 2025).

Three Types of Stigma

Three Types of Stigma Related to Hearing Loss:

- Public stigma — stereotypes and negative attitudes held by the general public toward people with hearing loss or those who use hearing aids
- Systemic stigma — structural barriers within healthcare systems, workplaces, and institutions that disadvantage people with hearing loss
- Self stigma — internalized negative beliefs and feelings that a person with hearing loss holds about themselves as a result of public or systemic stigma

Q1	**Quiz Hint:** Beyond public and systemic stigma, self stigma refers to the internalized negative beliefs and feelings a person with hearing loss holds about themselves as a result of public or systemic stigma.

Hearing Loss: To Tell or Not to Tell?

A study of 331 adults aged 50+ found that only about half (54%) disclosed their hearing loss to specific people, most commonly immediate family. Only 37% disclosed their hearing loss to healthcare professionals or receptionists. Just under 27% stated they would never disclose their hearing loss to anyone, under any circumstances. These findings underscore the importance of creating low-stigma clinical environments and helping patients develop their own comfortable ways of disclosing their hearing loss (Meyer et al., 2025).

Attitudes About Hearing Aids

Attitudes toward modern hearing aids are shifting. More than 50% of survey participants indicated that modern hearing aids are discreet (59%), look small (55%), and are beneficial (51%). However, approximately 25% believed the general public still associates hearing aids with looking ugly or visually unpleasing, being obtrusive, or being inevitable past age 50. Improvements in hearing aid design and technology may have helped reduce stigma over time (Scarinci et al., 2024).

Q4	**Quiz Hint:** A provider's choice of language can reduce or validate stigma — person-first, respectful language can reduce stigma, while dismissive or label-heavy language can increase it.

Q5	**Quiz Hint:** Stigma related to hearing aids is generally less than stigma related to hearing loss itself, as improvements in hearing aid design and technology have helped reduce device-specific stigma over time.

Significant Others in the Hearing Care Process

Significant others play a critical role in hearing care outcomes. The effects of hearing impairment on a communication partner are far-reaching, creating what is termed third-party disability. Social support from significant others influences help-seeking, uptake of interventions, and compliance. Research shows that greater support from significant others is associated with success with hearing aids, and that people who report more social support also report higher satisfaction with their devices (Hickson et al., 2014; Singh et al., 2015).

Reasons for Hearing Aid Uptake

Hearing aid uptake is rarely due to a single reason. Research by Knoetze et al. (2023) analyzing 1,422 open-text survey responses found three major categories driving uptake: social difficulties (social interactions n=596; communication n=337; social withdrawal n=214); auditory difficulties (hearing difficulty n=241; contextual n=110; entertainment n=57); and personal impact (impact on education/work n=489; emotional impact n=310; barriers removed n=137). Clinical support should therefore address all three domains — not just cost or technology.

Wait Time to Get Hearing Aids

MarkeTrak 2022 data show that the average wait time from becoming aware of a hearing difficulty to getting a first hearing aid dropped to 4 years in 2022, down from earlier highs. This improvement may be due to educational efforts and media coverage of the link between untreated hearing loss and comorbidities such as social isolation, depression, cognitive decline, and dementia. Understanding and educating patients about these connections can further reduce wait times.

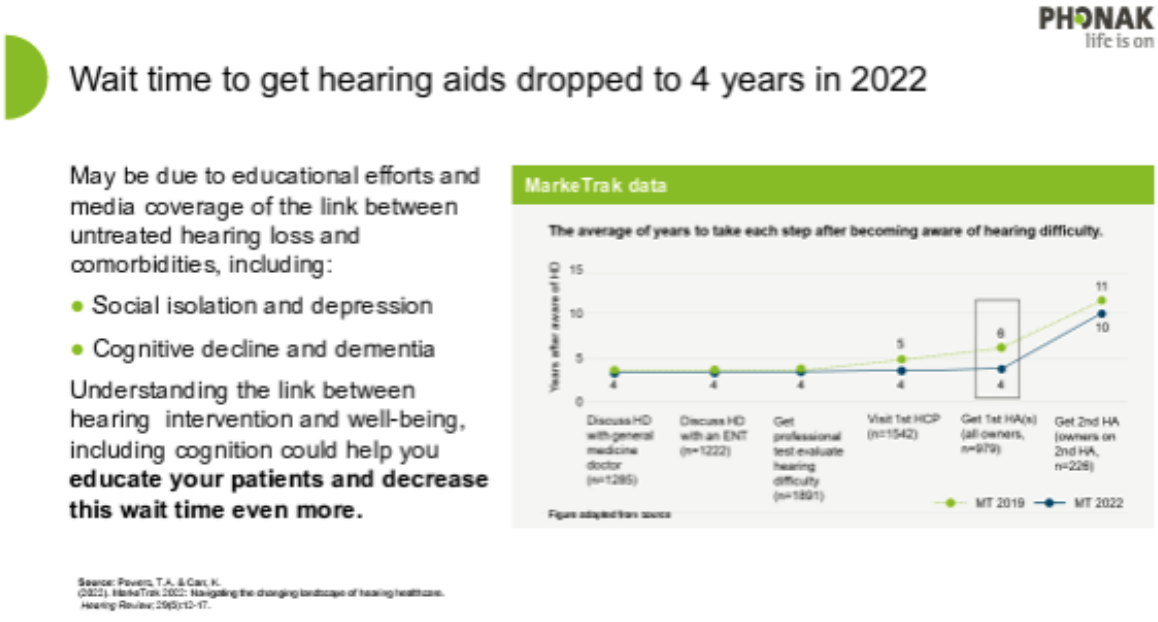

Figure 7. Average years from awareness of hearing difficulty to hearing aid acquisition, 2019 versus 2022.

Perceived Benefit and Hearing Aid Satisfaction

Consumer survey data from 2,109 hearing aid users (Bannon et al., 2023) found that 78% experienced good or vast benefit from their hearing aids, and 65% were very satisfied or satisfied. Benefit and satisfaction increase with severity of hearing loss. Importantly, more perceived benefit is directly associated with higher satisfaction — emphasizing the value of optimizing fitting outcomes and setting appropriate expectations.

Section 3: Real-Life Benefits of Hearing Aids

Hearing aids provide evidence-based benefits at every level of the quality-of-life hierarchy — from speech intelligibility at the base through ease of listening, cognitive well-being, physical well-being, social well-being, and overall quality of life. Each of these domains is supported by peer-reviewed research.

Speech Understanding in Complex Environments

Phonak's Spheric Speech Clarity (SSC) technology has been evaluated in three listening scenarios. For off-axis speech (speakers at 0, 60, and 300 degrees), SSC achieves higher intelligibility scores across all speaker positions compared to standard hearing aid processing (SiLN). For overlapping voices (CC-OLSA task), SSC outperforms SiLN with approximately 20% higher scores. For spatial speech intelligibility (Spatial OlSa), SSC again shows better performance. In dynamic group conversations, patients can understand more of the speech they want to hear with SSC (Tian et al., 2025; Latzel et al., 2025).

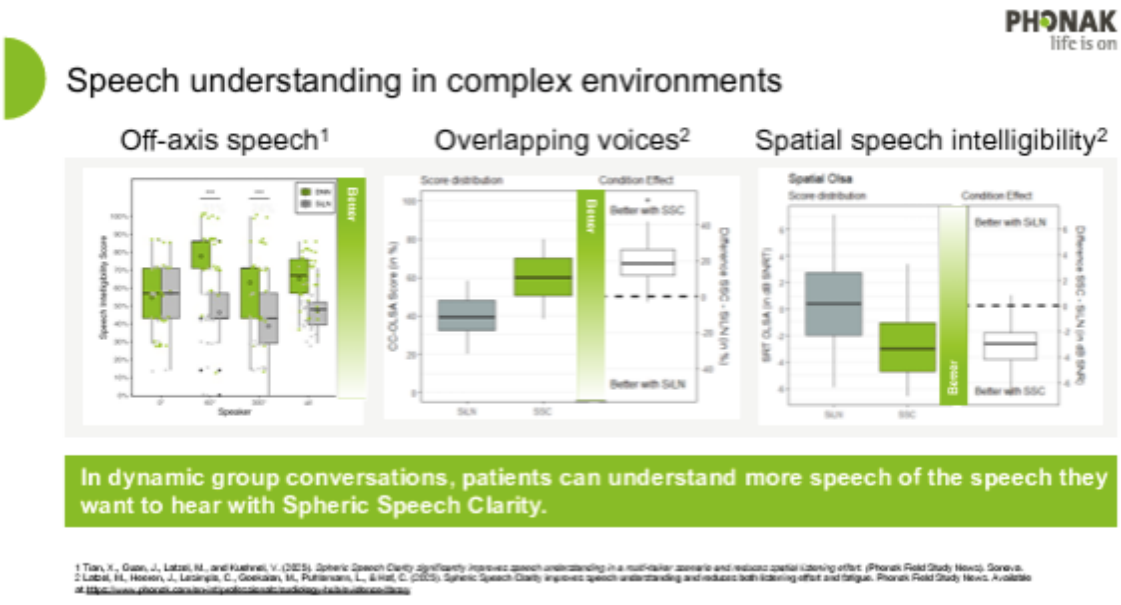

Figure 8. Speech understanding performance of Spheric Speech Clarity versus standard processing across three listening scenarios.

Ease of Listening — Speech Enhancer

Phonak's Speech Enhancer feature has been studied in 22 adults with mild to severe hearing loss using the Adaptive Categorical Listening Effort Scale (ACALES). Speech was presented from 4 meters distance and from an adjacent room. With Speech Enhancer ON, subjective listening effort was reduced across both listening locations and all speech levels by up to 45%, compared to Speech Enhancer OFF. Reduced listening effort translates directly to less fatigue over the course of the day (Habicht and Schuepbach-Wolf, 2024).

Cognitive Well-Being — ACHIEVE Trial Findings

The ACHIEVE randomized controlled trial (Lin et al., 2023) demonstrated that hearing intervention slowed the loss of thinking and memory abilities by 48% over 3 years in older adults at increased risk for cognitive decline. Participants in the hearing intervention group, on average, had no declines in memory over the 3-year period, compared to a measurable decrease in memory in the control group. This is among the strongest evidence to date that treating hearing loss protects cognitive health.

Physical Well-Being — ACHIEVE Fall Risk Findings

Hearing loss is associated with an increased likelihood of falling, potentially due to co-occurring cochlear and vestibular dysfunction, reduced auditory and spatial environmental awareness, and reduced cognitive resources available for postural control. A secondary analysis of the ACHIEVE trial found a 27% reduction in the average number of falls over 3 years in the hearing intervention group compared to the health education control group (Goman et al., accepted for publication).

Social Well-Being — ACHIEVE Social Network Findings

A secondary analysis of the ACHIEVE trial examined three aspects of social networks at 6 months and at 1, 2, and 3 years (Reed et al., 2025). The hearing intervention group maintained one more person in their social network, maintained more varied social roles, engaged across more social domains, and showed a modest but statistically significant reduction in loneliness (delta P = 0.01) compared to the control group.

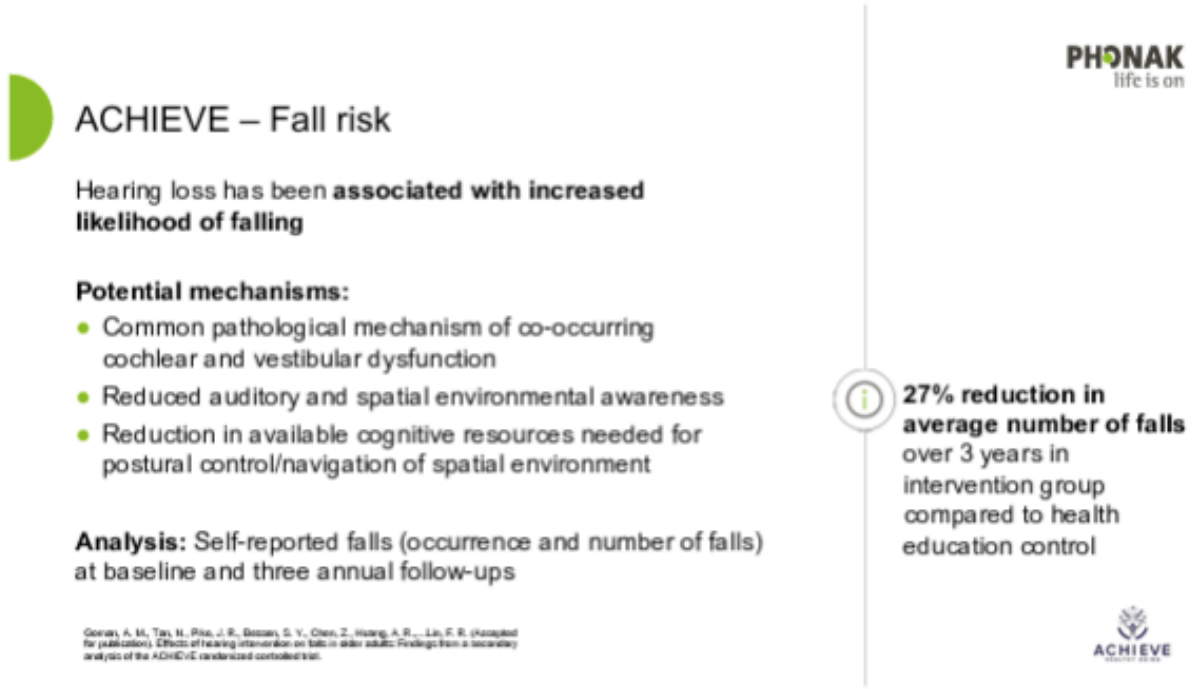

Figure 9. Loneliness scores over three years, hearing intervention versus control group, from the ACHIEVE trial.

Q3	**Quiz Hint:** The Picker Institute identified emotional support, empathy, and respect as core principles of person-centered care, which also includes treating the whole person and involving family and significant others.

Reduced Fatigue and Increased Social Activity

A longitudinal study by Holman, Drummond, and Naylor (2021) followed 53 adults receiving their first hearing aid fitting and 53 matched controls with hearing loss not proceeding to fitting. Assessments were conducted before fitting and at 2 weeks, 3 months, and 6 months post-fitting. Results showed that hearing aid fitting led to a significant reduction in listening-related fatigue, increased social activity levels, and decreased social participation restrictions.

Conclusion

- Recognize the importance of trust to your patients and that they expect you to address health domains beyond hearing
- Ask patients (and their family) how they would rate their hearing ability and how they feel about their hearing loss — use a simple 1-to-10 scale in pre-appointment forms
- Help patients learn to tell others and talk about their hearing loss in their own way (e.g., using humor or other personally comfortable strategies)
- Talk about hearing health and frame counseling and technology recommendations around the real-world benefits of hearing care — from audibility to quality of life

Notes

Quiz Summary

The following quiz hints appeared throughout the course content. Use this section as a quick study reference.

Q1	**Quiz Hint:** Beyond public and systemic stigma, self stigma refers to the internalized negative beliefs and feelings a person with hearing loss holds about themselves as a result of public or systemic stigma.
Q2	**Quiz Hint:** Both the speaker and the listener bring their own biases to a patient-provider interaction, and awareness of one's own assumptions is a key component of empathic communication.
Q3	**Quiz Hint:** The Picker Institute identified emotional support, empathy, and respect as core principles of person-centered care, which also includes treating the whole person and involving family and significant others.
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Additional Information

Presenter Bio

Katherine (Katie) Cardona is the Clinical Trainer based out of Brunswick, GA. She joined Phonak in July 2022 after working as a clinical Audiologist for five years in various settings. She received her Doctor of Audiology degree from East Tennessee State University and her Bachelor's degree in Communication Science and Disorders from the University of Maryland. Her clinical experience includes diagnostics for all ages, dispensing hearing aids for adults, vestibular evaluations, and testing and counseling for patients with tinnitus and auditory processing disorders.

Presenter Disclosures

Financial disclosure: Katherine Cardona is a Phonak employee.

Non-financial disclosure: Katherine Cardona has no relevant non-financial relationships to disclose.

Additional Information (continued)

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