



Future Healthcare Providers' Preparedness to Serve Those with Hearing Loss

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INTRODUCTION

Hearing loss can impact many aspects of an individual's life including access to healthcare. Communication difficulties between patients and healthcare providers can negatively impact outcomes. Providers may be unaware of strategies to accommodate individuals with hearing loss (James et al, 2023; Stevens et al, 2018). Interprofessional education (IP) is one way to train future healthcare providers about how to serve patients with hearing loss.

The University of Oklahoma Health (OUH) in Oklahoma City, OK offers didactic and clinical IP experiences for undergraduate (UG) or graduate/professional students enrolled in seven colleges (allied health, dentistry, graduate education, medicine, nursing, pharmacy, and public health). It would be important to know if these students feel prepared to serve patients with hearing loss.



PURPOSE

Survey OUH future healthcare providers' knowledge of, experiences with, and attitudes toward serving patients with hearing loss

METHODS

A Qualtrics survey was developed to assess students' knowledge of, experiences with, and attitudes toward communicating with patients having hearing loss. A link to the survey was sent to students in all seven colleges. Descriptive statistics were computed and reported for all variables.

QR code to
survey



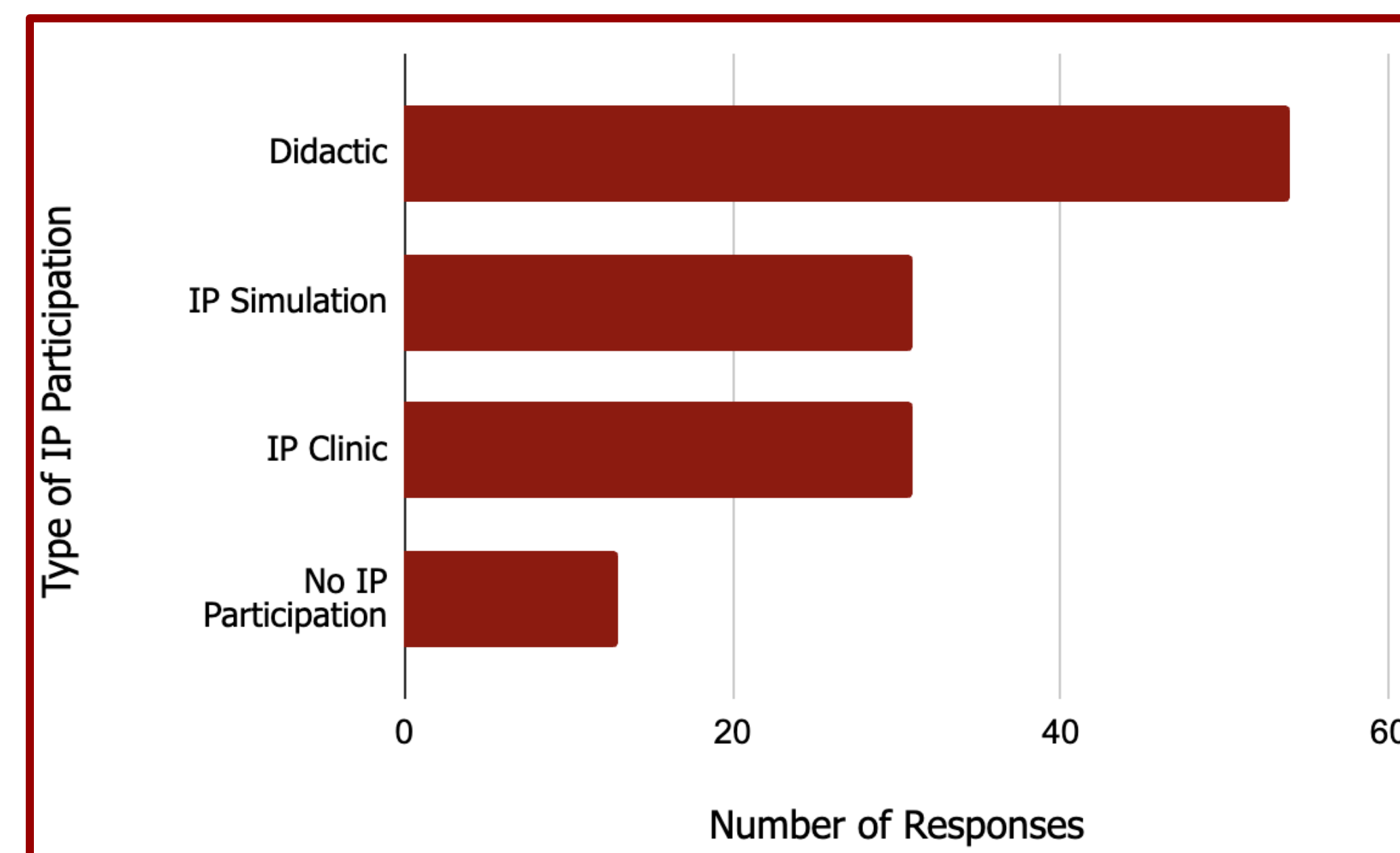
Examples of Survey Questions:

- True or false: Nearly half of people with hearing loss get hearing aids.
- Yes or No: I have had clinical rotations involving patients with hearing loss.
- How confident are you in your ability to use communication devices with patients with hearing loss?

RESULTS

Demographics: There were 71 survey responses and data collection is ongoing. All seven academic colleges were represented. Nearly all (**92%**) were enrolled in pre-professional or professional degree programs. Levels of students included: **18%** pre-professional UGs, **15%** professional UGs, and **45%** professional degree/ **21%** graduate students. Student participation in IP activities included didactic lectures (**42%**), IP clinics (**24%**), and simulations (**24%**). However, **10%** had not participated in IP education.

Figure 1. Students' response to, "What types of IP education have you been involved with on the OU Health campus?"

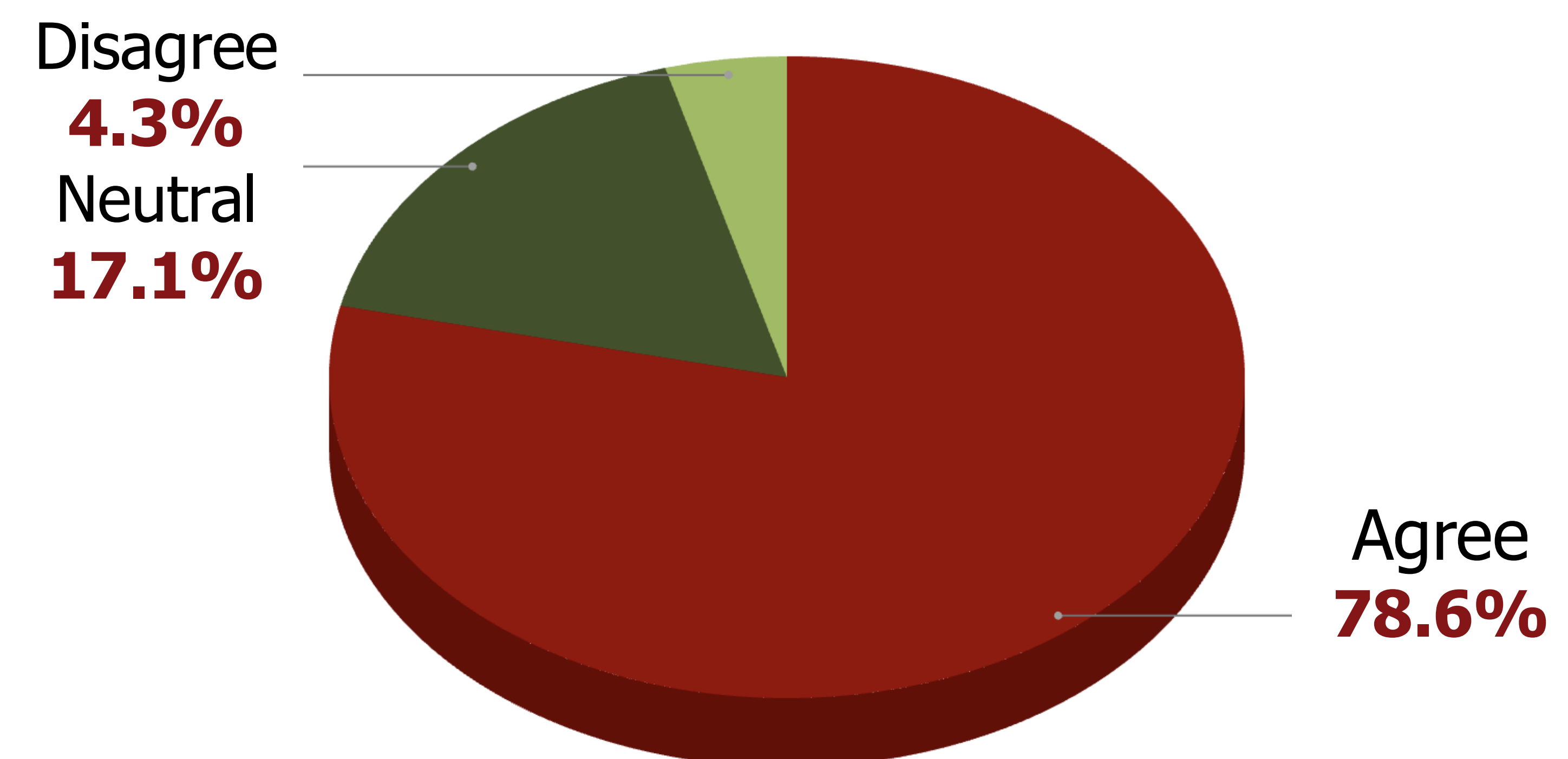


Knowledge: Nearly all knew about prevalence of hearing loss (10% of Americans [**80%**]) - 50% of those over 75 years [**94%**]). All (**100%**) knew that background noise could be an obstacle to communication. However, about **21%** believed that nearly half of people with hearing loss got hearing aids. One-fifth (**20%**) did not know that those with hearing loss are more likely to have to go to the emergency room than their peers with normal hearing.

Experience: About **13%** of the sample had hearing loss and a large majority (**85%**) knew someone with one and who wore hearing aids (**75%**). About half (**55%**) had information in their coursework about hearing loss. Students had opportunities to work with patients with hearing loss (**46%**) and to use assistive listening devices (e.g., Pocket Talker), (**33%**), strategies (**50%**) and/or procedures to assist with communication (**30%**).

Attitudes: A large majority (**97%**) agreed that understanding of hearing loss is needed to provide safe, quality, patient-centered care. Some students were not confident communicating with patients having hearing loss (**36%**) or in using assistive listening devices (**44%**). Many were frustrated with patients with hearing loss who did not wear hearing aids (**41%**).

Figure 2. Students' response to, "My program needs to provide more information about hearing loss and opportunities to interact with patients with this disability."



DISCUSSION

About half OUH students had worked with patients having hearing loss. Didactic lecture was the most common learning IP format, followed by clinical simulations and rotations. Students were knowledgeable about the prevalence of hearing loss, but many did not know that most people with this disability do not get hearing aids and may present more frequently to the emergency room than their peers with normal hearing. Students' attitudes were essentially positive toward working with patients with hearing loss, but many would feel frustrated if they did not wear hearing aids. In addition, many did not feel confident in their ability to communicate or use hearing assistive technology with patients having hearing loss. Most agreed that their programs should offer more information about hearing loss and opportunities to work with patients with this disability. The Office of Interdisciplinary Studies and IP faculty from the Department and Communication Sciences and Disorders in the College of Allied Health can collaborate to increase students' opportunities in these areas.

CONCLUSIONS

- Limitations are self-selection and sampling bias
- OUH students need and want more experiences working with patients with hearing loss
- Data collection is ongoing

REFERENCES

James TG, Sullivan MK, McKee MM, Rotoli J, Maruca D, Stachowiak R, et al. Emergency department patient-centred care perspectives from deaf and hard-of-hearing patients. *Health Expectations* 2023;**26**:2374–86. <https://doi.org/10.1111/hex.13842>.
Stevens MN, Dubno JR, Wallhagen MI, Tucci DL. Communication and Healthcare: Self-Reports of People with Hearing Loss in Primary Care Settings. *Clinical Gerontologist* 2018;**42**:485–94. <https://doi.org/10.1080/07317115.2018.1453908>.