

Applying a Person-Centred Approach in Audiological Rehabilitation Using an Online Tool

Chester Henley*

Department of Cardiothoracic Surgery, Presbyterian Hospital, New York, USA

Introduction

The purpose of this study was to investigate how adult hearing-impaired patients and their audiologists used an online tool called the Living Well Tool (LWT) during their first audiology appointments. The LWT is made to help people with hearing loss figure out when and where it's most important for them to communicate well and live well. This study included two audiologists and 24 adult clients with hearing loss. The majority of clients chose to use the LWT in-session with their audiologist, despite the fact that they were invited to complete the test prior to their subsequent appointment. Clients and audiologists participated in individual qualitative semi-structured interviews following the appointment to learn more about how they used the LWT and how much it helped with person-centred care. Five major themes emerged from the qualitative analysis that reflected the participants experiences and perspectives regarding the LWT: Audiological care is improved by the LWT; person-centred audiological care is supported by the LWT; The LWT should be used in a specific way; Comprehensiveness is valued by users; and accessibility is important to users. This study demonstrated that the LWT supported person-centred audiological care by providing audiologists with a flexible, comprehensive and accessible method for understanding their clients preferences and needs. However, it was also mentioned that a tool must be personalized and accessible to everyone.

Description

Numerous negative effects, such as reduced access to spoken communication on a daily basis, social isolation, depression, poor mental health and diminished quality of life, are associated with hearing loss, which frequently affects older adults. It has long been recognized that audiological rehabilitation should focus on the client's communication needs and how they can live well with hearing loss rather than just the hearing impairment because hearing loss is a chronic condition. In contrast to conventional biomedical models of healthcare in which the practitioner was regarded as the expert, person-centered care asserts high-quality, holistic care in which the patient is encouraged to be an active participant in their healthcare. The key principles of person-centered care include the reciprocal sharing of information between clients, significant others and clinicians; person-centred care is respectful and responsive to the needs and individual values of clients. Patient involvement through participation in decision-making and active participation; and physical and emotional support by listening to and addressing psychosocial concerns [1].

Despite widespread recognition of the significance of person-centred care in audiological rehabilitation, research indicates that biomedical focus remains in hearing healthcare. In a video observation study, clients and their significant others frequently expressed psychosocial concerns about communication difficulties during appointments. However, these concerns were rarely addressed, as audiologists tended to concentrate on providing technical information and progressing a hearing aids discussion. Even though hearing aids improve audibility and address the sensory effects of hearing loss, they do not address the full range of communication issues that people with hearing loss and their communication partners face. As a result, patients and their communication partners often need more support than just hearing aid fitting to learn to live well with hearing loss [2].

Enhancing person-centred care in healthcare can be accomplished through the use of e-health. "The cost-effective and secure use of ICT [information and communication technology in support of health and e-health-related fields] is what is meant to be meant by the term "e-health." Using interactive websites and apps, health is increasingly being used with patients and their families to promote self-management and self-directed learning in healthcare. Improved patient knowledge, self-efficacy and skills, as well as reduced latency to help-seeking, reduced hearing disability and improved psychosocial wellbeing are among the benefits of e-health in hearing healthcare. The adoption of person- and family-centred care, as well as technology and internet-based platforms that primarily address education, information and hearing rehabilitation has increased. Furthermore, it has been demonstrated that older people's psychosocial well-being is enhanced when they have access to both in-person and online/e-health care.

The platform's perceived usefulness, accessibility and capabilities heavily influence older adults adoption of technology for healthcare management. Importantly, however, research shows that older people are open to using e-health in hearing care. A recent study using digital tools in a virtual audiology clinic found that older users were very engaged. In a recent review, Paglialonga and colleagues came to the conclusion that more research is required to determine the efficacy of e-health for older adults in clinical practice given the growing interest in using it in audiological rehabilitation. The Ida Institute, a Danish independent non-profit organization, has developed a variety of clinical tools to support a person-centred e-health approach to audiological rehabilitation. These tools give hearing care professionals the ability to engage people with hearing loss and their significant others in a person-centred approach to audiological rehabilitation and better meet the needs of each client. One such device is the internet "Living Great Instrument" (LWT) [3].

Using an active problem-solving approach to focus on relevant and important communication situations and the bio psychosocial needs of the client rather than solely focusing on hearing aids and the hearing loss, the LWT is designed to promote communication and living well with hearing loss for clients. Clients will be able to better prepare for the rehabilitation process with the help of the online LWT. This is accomplished by providing them with a series of photographs and open-ended questions that assist them in determining when and where it is most essential for them to communicate effectively and live with hearing loss prior to their audiology appointment. The client and their audiologist can collaborate with this information to map out person-centered strategies for managing the hearing loss and achieving communication goals in order to ultimately improve communication outcomes. Although this tool is utilized clinically to encourage client participation in the hearing rehabilitation process, there have been no studies to date that have

***Address for Correspondence:** Chester Henley, Department of Cardiothoracic Surgery, Presbyterian Hospital, New York, USA; E-mail: chesterhendlyedu@gmail.com

Copyright: © 2022 Henley C. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Date of submission: 01 October, 2022, Manuscript No. jppr-22-82611; **Editor assigned:** 03 October, 2022, PreQC No. P-82611; **Reviewed:** 10 October, 2022, QC No. Q-82611; **Revised:** 17 October, 2022, Manuscript No. R-82611; **Published:** 24 October, 2022, DOI: 10.37421/2573-0312.2022.07.301

examined the experiences of clients and clinicians using the tool, nor have there been any studies that have examined the impact of being prepared prior to an initial audiology appointment [4].

As a result, the purpose of this study was to investigate how clients with hearing loss and their audiologists used the LWT tool during rehabilitation; and how much the LWT helped with person-centered care. There were some limitations to the current study. First and foremost, we had limited control over who was invited. Clients of the taking part facilities were welcomed straight by the audiologist; As a result, we do not know which clients were not invited or the reasons behind their absence. Second, the interview data may have been influenced by the fact that many of the interviews were conducted in the clinic of the treating audiologist. Clients may have been concerned that their responses could be overheard or shared with clinicians, despite assurances of confidentiality. In order to increase response rates, we conducted interviews in the clinic; however, by conducting each interview in a separate setting, subsequent research may be able to avoid any influence on interview responses [5].

Conclusion

Last but not least, we wanted to hear from family members, but only two clients brought their families to their appointments. Family-centered care will be more easily implemented rather than relying on clients perceptions of the family members needs and goals, despite the fact that low levels of family attendance are common in audiology. The present study, which was the first of its kind to examine client and clinician experiences of using this LWT, has provided important insights into the extent to which an online tool can enhance

audiological care despite these limitations. In a manner that has promoted person-centered care through individualized, comprehensive and accessible care that is appropriate for an older audience, the LWT tool provided participants with a platform where they could discuss their hearing and communication needs with their audiologist. By incorporating the requirements and points of view of family members, the LWT's application can be expanded to provide family-centered care.

References

1. Ciorba, Andrea, Chiara Bianchini, Stefano Pelucchi and Antonio Pastore. "The impact of hearing loss on the quality of life of elderly adults." *Clin Interv Aging* 7 (2012): 159.
2. Scholl, Isabelle, Jödis M. Zill, Martin Härter and Jörg Dirmaier. "An integrative model of patient centeredness: A systematic review and concept analysis." *PloS one* 9 (2014): e107828.
3. Ekberg, Katie, Caitlin Grenness and Louise Hickson. "Addressing patients psychosocial concerns regarding hearing aids within audiology appointments for older adults." *Am J Audiol* 23 (2014): 337-350.
4. Thorén, Elisabet Sundewall, Marie Öberg, Gunilla Wänström and Gerhard Andersson, et al. "A randomized controlled trial evaluating the effects of online rehabilitative intervention for adult hearing-aid users." *Int J Audiol* 53 (2014): 452-461.
5. Gomez, Rachel and Melanie Ferguson. "Improving self-efficacy for hearing aid self-management: The early delivery of a multimedia-based education programme in first-time hearing aid users." *Int J Audiol* 59 (2020): 272-281.

How to cite this article: Henley, Chester. "Applying a Person-Centred Approach in Audiological Rehabilitation Using an Online Tool." *Physiother Rehabil* 7 (2022): 301.