

Cognitive, Behavioural & Affective Responses to Hearing Difficulty in In-Person Conversation: A Review of Primary Evidence

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PRISMA Flow Chart

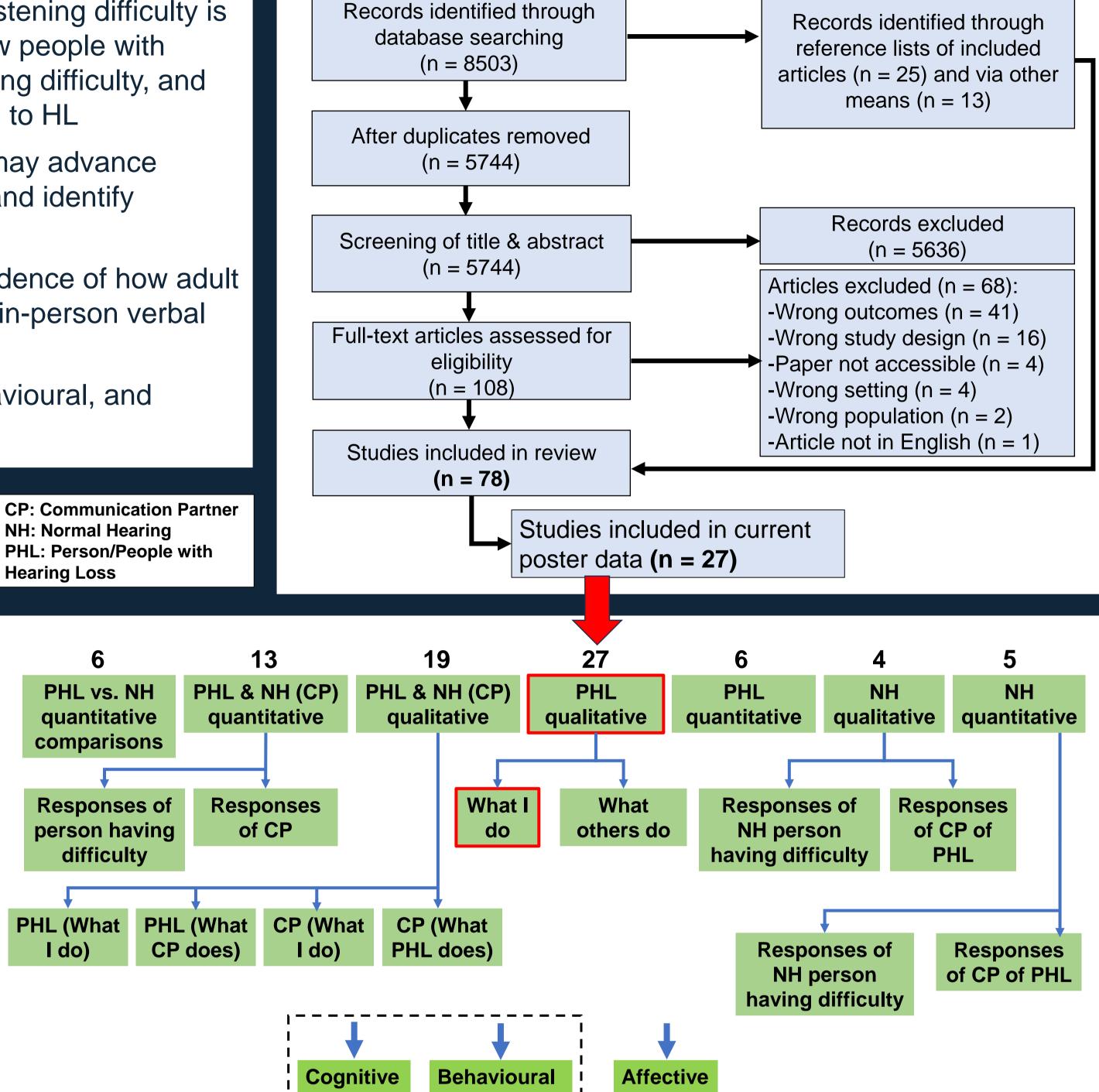
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Background

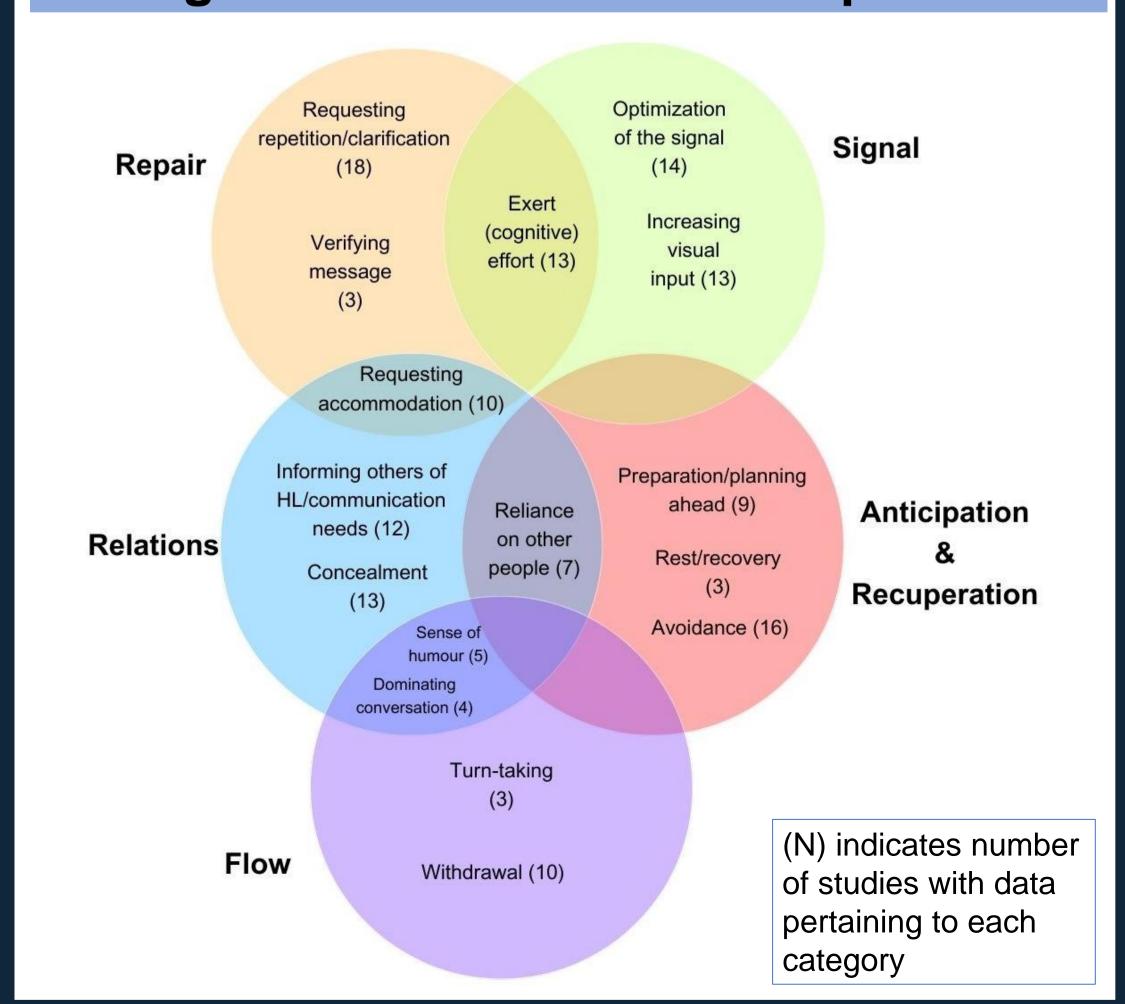
- Existing evidence on responses to listening difficulty is complex – ambiguities regarding how people with hearing loss (PHL) respond to listening difficulty, and whether these responses are unique to HL
- Identifying & structuring responses may advance understanding of hearing disability, and identify potential targets for intervention
- Aim: Assemble and map current evidence of how adult PHL respond to listening difficulty in in-person verbal conversation
- Focus specifically on cognitive, behavioural, and affective responses

Methods

- 5 databases searched in January2024
- PRISMA-ScR guidelines followed
- Eligibility assessed using PCC framework
- Inclusion: adults (18+yrs); studies examining cognitive, behavioural, and/or affective responses; verbal face-to-face conversation
- Exclusion: primary focus of tinnitus; all participants had visual and/or cognitive impairments (with no control group)



Cognitive & Behavioural Responses



Results

- 78 articles found: 51 qualitative, 27 quantitative
- Typology created for all 78 studies, decided to focus on qualitative studies of responses of PHL for now (27 studies total)
- Cognitive and behavioural responses grouped into 5 overlapping core categories as shown on left
- Most commonly reported responses were requesting repetition/clarification, avoidance, and optimization of the signal
- Affective responses include frustration/irritation (11 studies), embarrassment (8), fatigue (7), low self-esteem (7), feeling like a burden (4), isolation (4), stress (3), anxiety (2), acceptance (2), resignation (2), guilt (1), and sadness/low mood (1)

Conclusions

- Complexity and diversity of evidence in literature makes it difficult to succinctly summarise responses to listening difficulty
- This review identified 5 core categories for cognitive and behavioural responses: Signal, Repair, Relations, Flow, and Anticipation & Recuperation
- These categories may help to guide understanding of specific patients' behaviours and how to address these in a rehabilitative context