

# What are the lived experiences of those with hearing loss, and does this contribute to its management?

## Background

- Those stigmatised own a characteristic that causes them to be 'othered' (public stigma<sup>1</sup>). Health conditions with low disease prestige, are given relatively low support.<sup>2</sup>
- Hearing loss (HL) has factors associated with both<sup>3,4</sup>, and can cause individuals to feel shame (i.e. self-stigma)<sup>3</sup>.
- Patient capacity (PC) to manage health conditions can be impacted by social support and coping strategies. Low PC may cause low adherence to management (i.e. treatment burden)<sup>6</sup>.
- A minimally disruptive healthcare addresses PC. However, audiologists do not always consider the psychosocial context.<sup>7</sup>
- Exploring experiences may demonstrate how social impacts affect treatment burden for those with HL.

### Aim:

Explore the social impacts faced by individuals with HL

### Objectives:

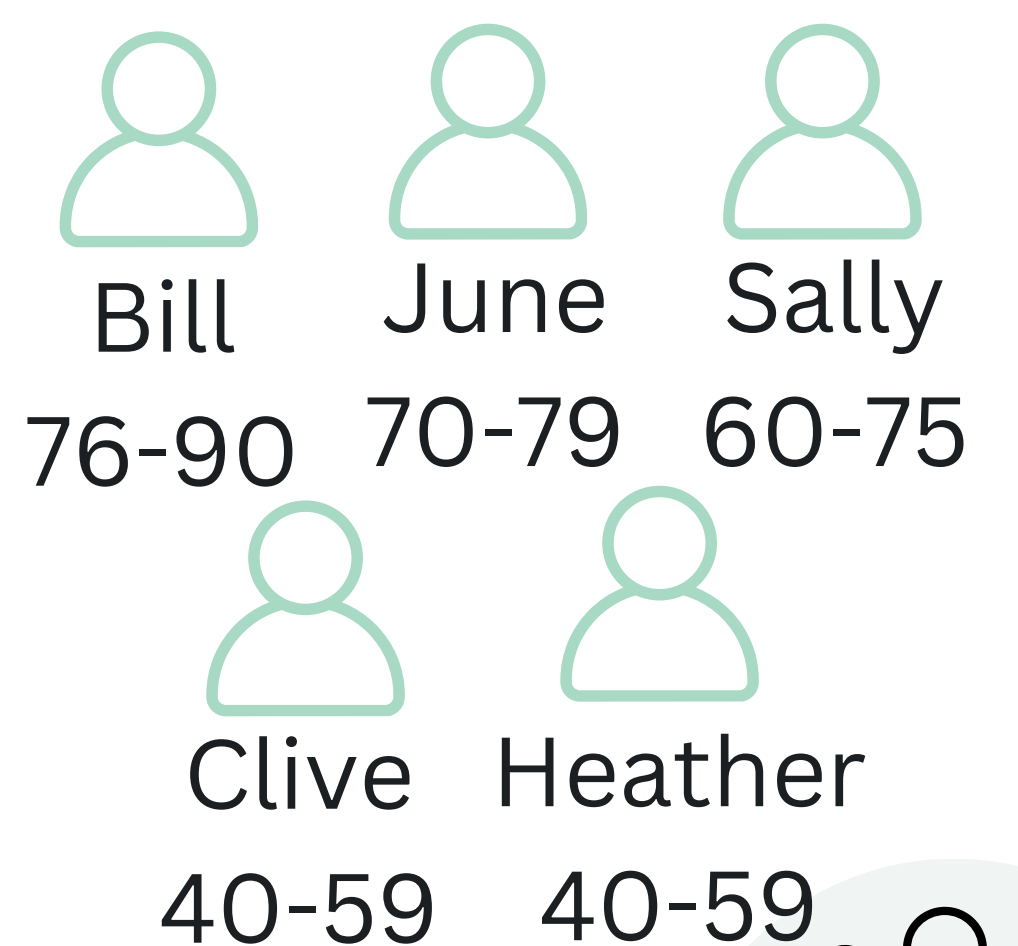
1. Explore experiences of social impacts due to HL and/or management e.g., hearing aids (HA).
2. Describe experiences of help-seeking.
3. Analyse how audiology services could be minimally disruptive.

### Method

- Qualitative approach using Interpretative Phenomenological Analysis and thematic analysis.
- Recruitment via convenience sampling from a Bath lip-reading class for one-to-one interviews.
- Semi-structured interviews, open-ended questions.

### Five Participants

Pseudonym and age bracket:



## Themes reveal stigma is an ongoing process

### "It's my problem, as they're concerned, not theirs"

Individuals and organisations do not acknowledge their role in helping those with HL, as it is not their problem. This includes those that are supposed to be advocates

"I get onto the manufacturers, and they say talk to the audiologist. But the audiologist isn't familiar" Bill

Anticipating public stigma led to shame for some participants, e.g., concealment of HL

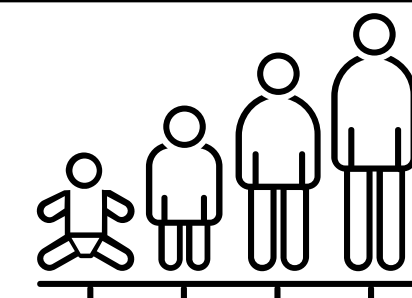
"Leave... rather than trying to pursue a question or something" Heather

Healthcare, including audiology, have poor HL awareness

"You shouldn't have any chairs with the backs to the person speaking" Sally

"If I can remember how you take your coffee, you can remember that I'm deaf" Sally

### Age



Overall, ageing was a positive influence on public and self-stigma. For example, June became more resistant to internalising public stigma

"I'm never usually put in an embarrassing position... people realise when they look at me that I'm not a teenager" Bill

"Now I I just feel like laughing... back in my 40s I would have been mortified"

Clive, however disassociates himself with age-associated stigma

"Not just a normal HA, it's something beyond normal deafness... It's not something your father [has]".

### "In your own different ways, you're all in the same boat"

Being among others with HL/having supportive allies mitigated self-stigma, as coping strategies were gained.

When audiologists were described as unknowing/unsupportive, it was attributed to the lack of shared experiences

"Most of the audiologists I I think are quite young... obviously not wearing HA" Bill

"Makes it less personal in most situations... you don't feel like the victim" Clive

Lip-reading classes were supportive. Signposting by audiologists to other services, may help individuals "deal" with their HL.

"I would have appreciated any information... about how to deal with it" Sally

## Discussion

- Participants had high PC despite negative social impacts -> functional hearing ability prioritised over cost of help-seeking and management, participants may have had a relatively high socioeconomic status.
- Audiologists should improve HL awareness and signpost to services that may help to mitigate self-stigma.
- Rather than blatant stigmatisation, stigma was described as an indirect 'othering' from individuals and organisations.
- Despite acquiring coping strategies -> constantly 'othered' in society -> stigma is ongoing.
- Ageing seen as a positive contradicts some previous literature -> may be due to differing characteristics/contextual factors for these participants e.g., earlier onset of HL.
- Individuals from different sociocultural backgrounds may have different levels of PC/use different coping strategies/help-seeking behaviour.<sup>8,9</sup> Future research should use homogenous purposive sampling to explore the effect of negative social impacts for these individuals.

## References

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