

HEARING HEALTHCARE PROFESSIONALS' PREPAREDNESS  
FOR SUPPORTING PATIENTS WITH TINNITUS: A QUALITATIVE STUDY

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Background

- Current research shows importance of multidisciplinary working, and listening skills are key to prepare for tinnitus clinics <sup>1</sup>, however this looked at very experienced clinicians' views only. Minimal research exists focused on newer specialised clinicians' experiences.
- Other health professionals need support with psychosocial skills and patient management <sup>2 3</sup>, are their correlations with hearing healthcare professionals' preparedness for tinnitus.
- There is a current lack of minimum competency guidance when specialising in tinnitus care, what factors are important to clinicians when preparing to support patients.

Research Question: How prepared do Hearing Healthcare Professionals feel when supporting patients who have tinnitus?

Aim: To investigate the experiences of clinicians specialising in tinnitus rehabilitation, with specific interest in how prepared they feel when reflecting on their individual training pathways.

- Objectives:
- To use clinicians' experiences to examine how clinical training/education prepared them for tinnitus clinics.
  - Identify patterns of experience, to establish common factors of preparedness when starting these clinical interactions.
  - Describe contextual factors that influence feeling prepared.

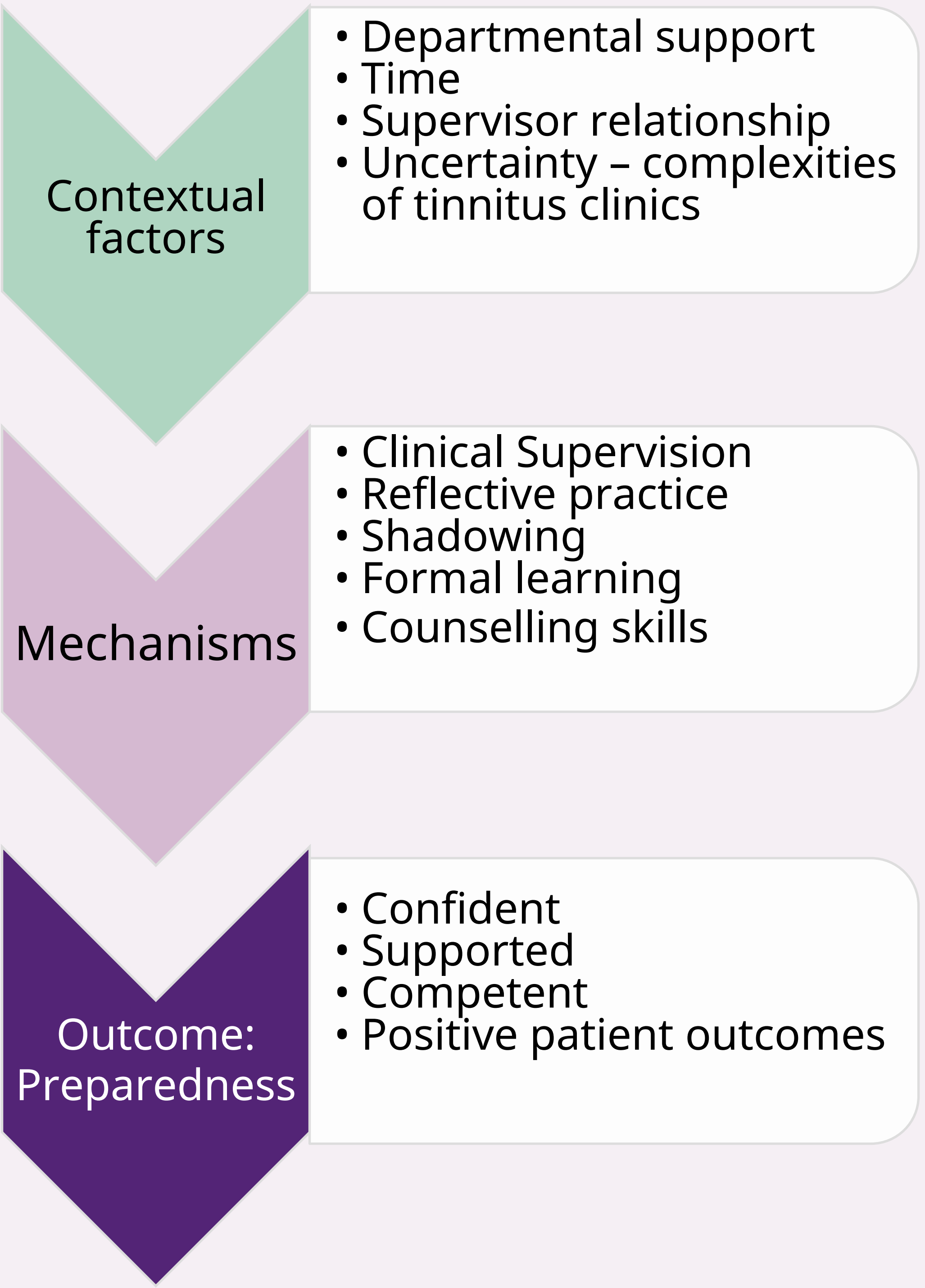
Methods

- Recruitment via BAA website, LinkedIN and snowball sampling.
- 15 Participants** : data collected via semi-structured interviews conducted on MS Teams, each interview 20-40 minutes long.
- Participant demographics: 8 Audiologists, 5 Hearing Therapists, 1 Hearing Aid Dispenser and 1 Clinical scientist.
- Participants were all registerable clinicians (HCPC/AHCS) and geographically spread across the UK. Mixture of newly specialised within the last 5-7 years, vs those specialised for 20+ years.
- Data analysed using Reflexive Thematic Analysis (Braun & Clarke) <sup>4</sup>, process involves coding the data and generating themes.

Findings

| Themes                             | Subthemes                                                                                      | Example quotes from Participants:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Learning skills / Improving skills | 1. Shadowing<br>2. Reflective Practice<br>3. Counselling skills<br>4. Hearing Therapists input | <i>'Counselling skills to broach difficult subjects so that was that was really important for clinical interactions' .... 'I hadn't done that type of training before. definitely uncomfortable but helpful' Participant B.</i><br><i>'observing lots of clinicians and luckily our manager kind of put, you know, a lot of effort into making sure that was available for us'. Participant G.</i>                                                                                                                                                                     |
| Mentoring                          | 1. Supervision<br>2. Clinical supervision<br>3. Relationship with mentor                       | <i>'...because I'm the only person doing tinnitus. ... It's trying to be able to chat that out with somebody else. Sometimes it's quite hard.' Participant J.</i><br><i>'little bit tricky because I didn't have anyone in the team to observe. So I was trying to build up kind of external links' Participant H.</i>                                                                                                                                                                                                                                                 |
| Tolerating uncertainty             | 1. Unpredictability of clinics<br>2. Cognitive Behavioural Therapy<br>3. Patient expectations  | <i>'the main thing was that actually anything could happen in an appointment with someone with tinnitus'. Participant C.</i><br><i>'they're expecting a cure from you ... some tablets get out of you. That's the only thing' Participant E.</i><br><i>'...got lots of good evidence to suggest that CBT is effective in reducing tinnitus distress. ...but if you were an audiologist to go and get sort of fully qualified as a CBT practitioner, .... You know, you'd have to sort of rearrange your life to some extent to be able to do that'. Participant K.</i> |
| 'Taking off Audiology hat          | 1. Expectations of job role<br>2. Changing role as an Audiologist                              | <i>'I got the job and then they said that I would be doing Tinnitus clinics. .... But when I started my job. I was basically just kind of thrown into' Participant F.</i><br><i>'It's been really hard for me to take my audiology. 'I want to fix this' hat off to actually giving more ownership to the patient'. Participant C.</i>                                                                                                                                                                                                                                 |

Framework linking together themes using : Contextual factors + Mechanisms = Outcome



Conclusions

- Uncertainty was felt when newly specialising, despite often having many years of experience as an Audiologist. Similar experience to newly qualified practitioners in other healthcare professions <sup>5 6</sup>
- Joint responsibility of the individual and department to work together to ensure contextual factors and mechanisms are supported to lead to preparedness.
- Supervision – should Audiologists specialised in tinnitus also access clinical supervision with psychologists like Hearing Therapists do?
- Implementation of regional professional tinnitus support networks could help clinicians who feel more isolated.

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