

A Holistic Approach of Care for the Hearing Impaired Patient

Brett E. Kemker Ph.D.

The University of Southern Mississippi, brett.kemker@usm.edu

Edward L. Goshorn Ph.D.

The University of Southern Mississippi, edward.goshorn@usm.edu

Virginia Sumrall Ph.D., RN

The University of Southern Mississippi, lois.williamson@usm.edu

Charles G. Marx AuD

The University of Southern Mississippi, charles.marx@usm.edu

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A Holistic Approach of Care for the Hearing Impaired Patient

Brett E. Kemker, PhD
Edward L. Goshorn, PhD
Virginia Sumrall, PhD, RN
Charles G. Marx, AuD

The University of Southern Mississippi

Abstract

Theory of Health as Expanding Consciousness, as it applies to hearing impairment, requires that, for an individual to see health as the pattern of the whole, one needs to be able to see that disease or impairment is not a separate entity, but rather a manifestation of the evolving pattern of person-environment interaction (Newman, 2008). In the typical diversity training programs for health care professionals, diversity generally pertains to culture and ethnicity (Radler, 1999). However, the authors suggest that we should consider individuals with disabilities as an element of diversity training. Caring for patients with hearing loss including practical and ethical considerations for best possible outcomes is discussed.

KEYWORDS: Ethics; hearing; impairment; holistic; patient; nurse; hearing impaired patient

Any correspondence concerning this article should be addressed to Brett E. Kemker, PhD, Assistant Provost/Assoc. Professor, Department of Speech and Hearing Sciences, The University of Southern Mississippi, 118 College Dr. #5112, Hattiesburg, Mississippi 39406 Telephone: 601-266-6737

A Holistic Approach of Care for the Hearing Impaired Patient

Health care professionals are well aware of the need for diversity training in their continuing education. However, in the typical diversity training programs, diversity mostly pertains to culture and ethnicity (Radler, 1999). Radler suggested that most health care professionals do not think of individuals with disabilities as an element of diversity training. However, they will undoubtedly encounter many patients with disabilities and in particular, patients with hearing loss. The prevalence of hearing loss in the United States is predicted to climb significantly due to an aging population and an increase in the opportunities for hazardous noise exposure such as seen with the growing use of personal listening devices (Agrawal, Platz, & Niparko, 2008). Confounding this issue is that only one in four people with hearing loss elect to use hearing aids (Kochkin, 2008). Therefore, there may be no visible evidence that the patient has a hearing loss. Caring for patients with hearing loss requires practical and ethical considerations in order to provide the best possible treatment.

There are many etiologies of hearing loss: exposure to very loud noises over a long period of time, viral or bacterial infections, heart conditions or stroke, head injuries, tumors, certain medicines, heredity, or changes in the ear that happen with aging and or a traumatic event. The results, however, are the same in that the individual manifests some degree of difficulty in daily communication. Any amount of acquired hearing loss has a significant impact. It affects a foundational way in which a person relates to other people. The ability to function competently in the world while having some measure of control over his life is greatly compromised through a loss of hearing. A hearing impaired individual may no longer hear people approaching him, car engines, a knock on a door, and many other little things that make one feel safe and connected. Very often, this loss of connectivity may result in withdrawal from normal activities of daily living or even feelings of paranoia. In order to feel connected to the world a person needs to feel that he belongs to some larger group.

Hearing loss distances a person from the hearing world and makes the feeling of inclusion more difficult. Self esteem may be degraded due to feedback from people replying to the hearing impaired individual who asks “what?” or for reiteration, and then receives the message “it’s not important” or “never mind”. Feelings of isolation and loneliness are a common life experience for hearing impaired individuals.

It is estimated that one in nine people in the United States has hearing loss (Clark & Martin, 1994). Among adults between the ages of 65 and 74, one in four is hearing-impaired, and almost two out of five adults 75 years and older have hearing loss. The National Center for Health Statistics (1986) stated that hearing loss is the fourth most prevalent chronic condition affecting the elderly (Kricos & Lesner, 1995). Consequently, 34.25 million people in the United States are reporting hearing difficulty (Kochkin, 2008). The majority of this group is diagnosed with a type of hearing loss that is medically non-restorable, and the most effective way to improve communication is through hearing aids or assistive listening devices.

Implications for nurses and other health care professionals

Due to a lack of full-time on-site audiological support in many facilities, nurses take on the responsibility to provide hearing care services to patients. These services include advocacy for the patient’s hearing health, and maintenance of assistive listening devices and hearing aids. Attention to the patient’s hearing ability is an essential precursor to successful nursing care. The nurse must operate under a high index of awareness for those who have hearing loss and who have developed behaviors that give signs of this loss. It is important for the nurse to be aware of types of hearing loss, causes, clinical manifestations, appropriate treatments, and resources.

For hearing impaired patients without hearing aids, the plan of care should include audiology intervention to acquire hearing aids and/or other assistive listening devices and aural rehabilitation. A simple hearing health questionnaire provided by the health care professional may show evidence to warrant such an intervention (see Appendix A). For patients who already have hearing aids, the plan of care should include hearing aid checks, basic maintenance, and referral for aural rehabilitative services. It is also within the scope of practice for health care professionals to inform patients and their families of resources available to them (Appendix B). Listed below are some suggestions that may improve communication with a hearing impaired individual whether wearing a hearing aid or not.

- Face the person and talk clearly. Arrange the room or move to a room where there is good lighting and low background noise. Speak clearly and at a reasonable speed; do not hide your mouth, eat, or chew gum.
- Use facial expressions or gestures to give useful clues.
- Rephrase your statement if needed.
- Be patient, stay positive and relaxed.
- Ask how you may help the listener to communicate better.
- Set up meetings so that all speakers can be seen or can use a microphone.
- Include the hearing impaired person in all discussions about him or her to prevent feelings of isolation.
- Consult with an audiologist for the most effective communication plan for your hearing impaired patients.

These suggestions have important implications for all health care professionals. The most important first step health care professionals can take is to simply be aware of the communication needs of the patient. As an example, a primary consideration for the health care professional is to remember that when his or her face is turned away from the hearing-

impaired individual, whatever was said will more than likely not be perceived and will have to be repeated. The hearing impaired patient must be able to see the professional's face to use visual clues to what is being said. Male health care professionals should be aware that facial hair might block their communication efforts. Speaking with a hand covering the mouth also impedes communication, as does talking while eating or chewing.

When a hearing-impaired patient is with a caregiver, the health care professional should address the patient first, not speak through the caregiver to the patient. This is vital for the development of trust between the professional and the patient. Professionals can empathize by imagining what life would be like if people talked about them instead of to them.

Some hearing-impaired individuals may not be assertive and may not let professionals know that they did not understand what was said. Awareness by health care professionals to develop communication methods to assure that patients (hearing impaired or not) perceive all information pertinent to their health care is essential. For example, sometimes hearing-impaired individuals just nod and smile in response to what has been said even though they may not fully understand and are reluctant to ask for a reiteration. Health care professionals can do a quick check by asking their patient to repeat part or the entire message. "So, Mr. Smith, which medication do you need to take every morning?" If the response is ambivalent, the message needs to be repeated in clear speech with natural intonation and inflection. Pen and paper may be necessary to assure effective communication.

Conceptual Framework

Theory of Health as Expanding Consciousness , as it applies to hearing impairment, requires that, for an individual to see health as the pattern of the whole, one needs to be able to see that disease or impairment is not a separate entity but rather a manifestation of the

evolving pattern of person-environment interaction (Newman, 2008). The paradigm shift as described by Newman is summarized as:

1. From treatment of symptom to a search for pattern.
2. From viewing disease and disruption as negative to viewing them as part of the self-organizing process of expanding consciousness.
3. From viewing the health care provider role as addressing the problems of disease to assisting people to get in touch with their own pattern of expanding consciousness or awareness of options.

Health care professionals employed in nursing homes or extended care facilities need some training in the basic care and use of hearing aids. Basic hearing aid workshops conducted by an audiologist should be available to the staff. When nursing home patients state that they do not want to wear their hearing aids because they do not help, the problem may just be a dead battery and resolved by having a battery tester and batteries available. Also, having assistive listening devices such as a “pocket talker” available may help many hearing impaired patients who do not have hearing aids.

Health care professionals should be careful to not label a patient as uncooperative when a lack of cooperation may be attributed to a hearing problem. The professional should be aware that the constant struggle to hear and understand may result in a patient's feeling frustrated, isolated, and alone. Some hearing impaired individuals may not admit, or be fully aware that they are having trouble hearing; but, if ignored or untreated, these problems may get worse. Older people who cannot hear well may become depressed or withdraw from others to avoid the frustration or embarrassment of not understanding what is being said. They may become suspicious of relatives or friends who they perceive as "mumbling" on purpose. Some mistakenly call older hearing impaired individuals confused, unresponsive, or uncooperative

because they do not hear well.

To better identify individuals with impaired hearing some common signs are listed below:

- Complain that words are hard to understand.
- Complain that another person's speech sounds slurred or mumbled, especially when there is background noise.
- Complain that certain sounds are overly annoying or loud.
- Complain of a hissing or ringing in the background.
- TV shows, concerts, or parties are less enjoyable.
- TV in patient room is set at a very loud volume.

How should a health care professional react when a patient says "what?" often or demonstrates in some other way that he/she did not understand something? The professional should never stop attempting to communicate and should never reply with comments such as "Never mind." Instead, the professional should make every effort to communicate until he/she can be assured that the patient understands.

Conclusion

Nurses practice in many settings, including hospitals, schools, homes, health clinics, long-term care facilities, and community and public health centers. Nurses possess a wide range of education and competencies—from licensed practical nurses, who greatly contribute to direct patient care in nursing homes, to nurse scientists, who research and evaluate more effective ways of caring for patients and promoting health. The nursing profession is the largest segment of the nation's health care workforce. With increasing numbers of hearing impaired patients, it is important for the nurse to understand types of hearing loss, causes, clinical manifestations, and appropriate treatment and resources that are available. Nursing professionals have the ethical responsibility to serve the deaf and hearing impaired populations responsibly. There are many things to consider in order to avoid

miscommunication and unwarranted conclusions about a patient's cooperation. A nurse who does not understand the overall impact of hearing impairment on communication may construe a patient's behavior as being despondent or even rude. Only in learning about the hearing impaired and deaf culture can health care professionals appropriately serve this population. It is necessary for the nurse to be sensitive and aware of all dimensions of the hearing impaired patient in order to ensure successful curative outcomes.

Newman's (2008) theory of health as expanding consciousness provides understanding of this clinical experience of hearing impairment. Her theory is a radical departure from the dichotomous view of health and illness. According to Newman, illness and dysfunction are not separated from the whole of the person's life to be treated and cured as if one could dissociate one's self from the dysfunction and illness. Instead, Newman suggested a no fragmentary view of life as unbroken wholeness in which function and dysfunction create a tapestry or a pattern that is always evolving. Applicably, effective communication relies on an awareness of the dysfunction in order to increase the functional outcomes of this critically essential medical dyad.

Please note that the opinions expressed by the authors represent those of the authors and do not reflect the opinions of the Online Journal of Health Ethics' editorial staff, editors or reviewers.

References

- Agrawal, Y., Platz, E.A., Niparko, J.K. (2008). Prevalence of hearing loss and differences by demographic characteristics among US adults. *Archives of Internal Medicine*, 168(14), 1522-1530.
- Clark, J.G., Martin, F.N. (1994). *Effective Counseling in Audiology*. Englewood Cliffs, NJ: Prentice- Hall.
- Kochkin, S. (2009). MarkeTrak VIII: 25-year trends in the hearing health market. *Hearing Review*, 16(11):12-31.
- Kricos, P.B., & Lesner, S.A. (Eds.). (1995). *Hearing Care for Older Adults: Audiologic Rehabilitation* Boston, MA: Butterworth-Heinemann.
- Newman, M. A. (2008). *Transforming presence: The difference that nursing makes*. Philadelphia: F. A. Davis Company.
- Radler, C. (1999, October). Ethical Implications of Counseling the Deaf and Hearing Impaired. *Counseling for the Disabled*. Retrieved from http://www.suite101.com/article.cfm/counseling_and_the_disabled/19555

Appendix A

Hearing Health Questionnaire

Answering YES to any of the following questions may mean that you have a hearing problem. Answering YES to several questions strongly suggests that a hearing check is necessary. In either case, you should have an audiologist check your hearing.

1. Do you experience ringing or noises in your ears?
2. Do you hear better with one ear than with the other?
3. Have any of your relatives (by birth) had a hearing loss?
4. Have you had any exposure to loud noises at work, during recreation or in military service?
5. Do you find it difficult to follow a conversation in a noisy restaurant or crowded room?
6. Do you sometimes feel that people are mumbling or not speaking clearly?
7. Do you experience difficulty following dialogue in the theater?
8. Do you sometimes find it difficult to understand a speaker at a public meeting or a religious service?
9. Do you find yourself asking people to speak up or repeat themselves?
10. Do you find men's voices easier to understand than women's?
11. Do you experience difficulty understanding soft or whispered speech?
12. Do you sometimes have difficulty understanding speech on the telephone?
13. Does a hearing problem cause you to feel embarrassed when meeting new people?
14. Do you feel handicapped by a hearing problem?
15. Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?
16. Does a hearing problem cause you to talk to family members less often than you would like?
17. Does your hearing problem cause you to feel depressed?

Appendix B

For More Information

More information about hearing loss is available from the following groups.

American Academy of Audiology (AAA)

8300 Greensboro Dr., Suite 750,
McLean, Virginia 22102

Phone: 800-AAA-2336, 703-790-8466; Fax: 703-790-8631

American Academy of Otolaryngology-Head and Neck Surgery, Inc. (AAO HNS)

One Prince Street
Alexandria, VA 22314
703-836-4444
703-519-1585 (TTY)

AAO-HNS is an organization of medical doctors who specialize in care of the ear, nose, throat, head, and neck. Contact AAO-HNS for physician referrals. Send a stamped, self addressed business envelope to receive single copies of AAO-HNS publications.

American Speech Language Hearing Association (ASHA)

10801 Rockville Pike
Dept. AP
Rockville, MD 20852
ASHA Helpline: 1-800-638-8255 (Voice/TTY)

ASHA is a nonprofit organization of professionals concerned with communication sciences and disorders. ASHA offers information about hearing aids or hearing loss and communication problems in older people. They can provide a list of certified audiologists and speech language pathologists.

American Tinnitus Association (ATA)

P.O. Box 5
Portland, OR 97207
1-800-634-8978

ATA provides information about tinnitus and makes professional referrals. ATA supports a nationwide network of self-help groups for people with tinnitus and their families. Public information includes information about prevention and treatment.

Self Help for Hard of Hearing People, Inc. (SHHH)

7910 Woodmont Avenue
Suite 1200
Bethesda, MD 20814
301-657-2248
301-657-2249 (TTY)

SHHH is an international volunteer organization composed of people who are hard of hearing, their relatives, and friends. SHHH provides self help programs and referrals to local chapters. Contact them for a list of available publications.

National Information Center on Deafness (NICD)

Gallaudet University
800 Florida Avenue, NE.
Washington, DC 20002
202-651-5051
202-651-5052 (TTY)

NICD provides fact sheets, resource listings, and reading lists on all aspects of deafness and hearing loss including educational programs, vocational training, sign language programs, legal issues, technology, and barrier free design.

National Institute on Deafness and Other Communication Disorders (NIDCD)

National Institutes of Health
31 CENTER DR MSC 2320
BETHESDA, MD 20892-2320
NIDCD Information Clearinghouse: 1-800-241-1044
1-800-241-1055 (TTY)

NIDCD conducts and supports biomedical and behavioral research and training and the dissemination of information on disorders of hearing, balance, smell, taste, voice, speech, and language. The NIDCD Clearinghouse offers information to health professionals, patients, industry representatives, and the public.

For more information about health and aging contact:

The National Institute on Aging Information Center

P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225
1-800-222-4225 (TTY)
National Institute on Aging
U. S. Department of Health and Human Services
Public Health Service
National Institutes of Health
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Additional Scholarly Research Resource

Suss, E. (1993). *When the Hearing Gets Hard: Winning the Battle Against Hearing Impairment*. New York, NY: Plenum Press.