

Understanding the Identities of Adults Not Using Their Hearing Aids

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Background

- Hearing aids (HAs) are a beneficial treatment for HL, but the **majority of those with HL do not utilize HAs** (Chien & Lin, 2012; McCormack & Fortnum, 2013; National Institute of Deafness and Other Communication Disorders, 2016).
- Research shows that when establishing an identity, **people who can reinterpret negative emotional events** (e.g., diagnosis of a hearing loss or receipt of a HA prescription) **have improved subjective well-being** (Gross & John, 2003).
- Identifying and understanding these individuals' identities could facilitate future patient-centered hearing healthcare resulting in increased HA compliance.

Aim

...to explore and understand the identities of adults with HL who were prescribed HAs and choose not to use them.

Methods

design: The current, ongoing study employs a **qualitative design**.

participants: The **stories of 6 people** with HL who choose not to use HAs are represented in the current dataset.

data analyses: Data was analyzed in accordance with an interpretive narrative approach, using **thematic narrative analysis (TNA)**. Through TNA, we assigned a single identity to each individual based on their stories. We compared across stories for similar identities. This assignment of identities was adapted from Braun and Clarke (2006).

verification procedures: We conducted **four verification procedures:** 1) referential adequacy, 2) investigator triangulation, 3) audit trail, and 4) exemplar identification.

Saturation has not yet been reached.

Emergent IDs

The adults with HL who choose not use HAs constructed 4 identities from their stories: 1) the Appraiser, 2) the Altruist, 3) the Hypersensitive Non-User, and 4) the Unruly Non-User.

Preliminary Findings

- Appraisers** are individuals who believe the benefits of audibility do not outweigh the financial cost of HAs.
Considering the price of it, I didn't think I was getting that much, that they were giving me that much benefit, it's pretty simple. (Patrick, Interview #5)
- Altruists** are those who do not want to spend money on themselves, but rather prioritize financial investments in others (e.g., family).
And my biggest fear was that I would be costing—taking money out of my family's pocket for something that I could just somehow work my [way] around and get through life and just work harder and try to do better about getting into situations where I could hear better. (Ron, Interview #3)
- Hypersensitive Non-Users** are people who are abnormally susceptible to physiological road blocks that prevent them from a comfortable HA experience.
So, I did a trial on 'em. I was allergic to those little domes and I got an ear infection. I had to not wear the hearing aids for a while and I started up again about a month later because we had special molds made with this, um, hypoallergenic stuff. Well, it worked okay. I wasn't allergic to that, but the ear molds hurt my ears and they just itched all of the time. So, I—and I just couldn't deal with the stuff in my ears. (Donna, Interview #4)
- Unruly Non-Users** are individuals who own HAs because the devices benefit them, yet choose to not to wear the HAs.
And I have worn them a little bit. But I still have that ringing and I can't—it rings in my head and I can't concentrate on—you know, when I hear some certain sounds. It really bothers me. So I take my hearing aids wherever we go and they have a nice vacation and they sit in a little tub. And uhh, I have a tendency to forget to, uhh, wear them. (Doug, Interview #6)

Discussion

- This study is **complimentary to previous work done in our lab** with satisfied HA users (Long, et al., Poster #135). However, these preliminary data revealed very different identities.
- We will **continue to collect data** and examine the identities of adults with HL who choose not to use HAs.
- Because the way that people narrate both produces and reflects well-being, it is our **ultimate goal to examine how patients' identities predict positive and negative outcomes with HAs** and change the shape of future clinical care.
- We predict that additional participants will allow us to reach saturation and provide a more accurate understanding of the identities that emerge from these individuals' stories.

References

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