Expectations of Older Adults Regarding the Use of Hearing Aids

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Abstract
A 48-item questionnaire was administered to 100 older adults to determine their expectations regarding hearing aid use. The sample consisted of volunteers from a variety of senior citizen organizations and ranged in age from 55 to 92 years. Only individuals who reported no prior hearing aid usage were included in the sample. Expectations for the following factors were considered: cosmetics, acoustics, communication benefits, comfort, ease of use, cost and upkeep, and attitudes toward hearing aid use. In general, the older adults in this sample appeared to have very positive expectations regarding the use of hearing aids. Eighty-seven percent apparently have medium to high expectations for hearing aid use. Since the older adult’s satisfaction with amplification may be influenced by original expectations and attitudes, the information provided in this study may be useful in improving the pre-fitting counseling of older hearing-impaired adults.

Key Words: Hearing aids, elderly, aging, expectations, questionnaire

According to Hearing Industries Association figures described by Skafte (1985), there are nearly 8 million hearing-impaired individuals in the United States who might benefit from amplification, but who do not own hearing aids. In her discussion of this vast, untapped market, Skafte (1985) points out that the predicted increase in the next few decades in the number of elderly individuals, many of whom are hearing impaired, has tremendous ramifications for marketing of hearing health care services. In our clinical practices, it has been apparent that the older adult’s satisfaction with, use of, and perceived benefits from amplification may be greatly influenced by the original attitudes and expectations of the older adult toward hearing aids prior to the actual hearing aid fitting. To date, however, there has been little experimental evidence to confirm the role we suspect expectations may play in subsequent hearing aid satisfaction. In order to increase the effectiveness of our pre-fitting counseling with the elderly population we felt it might be useful to determine the following:

1. what older adults know about the use of hearing aids; and
2. what the general attitudes and expectations toward hearing aid use are by older individuals.

The purpose of this study, therefore, was to determine, through the use of a questionnaire, the attitudes and expectations of older adults regarding the use of hearing aids.

METHOD

Subjects

The target population was defined as older adults (>55 years) who have never worn hearing aids. We felt that by targeting this population, we would gain insights into how senior citizens view the potential benefits and limitations of
hearing aids, with their views being based not on experience with amplification but rather on media coverage, reports from acquaintances, and advertisements.

Subjects consisted of 100 volunteers from organizations such as the American Association of Retired People, the Older Women's League, the Retired Faculty Club of the University of Florida, and senior citizen groups associated with churches. The sample included 44 males and 56 females, ranging in age from 55 to 92 years, with a mean age of 69.2 years. Only individuals who reported no prior hearing aid usage were included as subjects.

Survey Instrument

A 48-item questionnaire* was developed to determine the attitudes and expectations of older adults regarding hearing aid use. Specifically, the questionnaire was designed to examine the older adults' expectations for the following factors: cosmetic considerations, acoustics, communication benefits, comfort, ease of use, cost and upkeep, and attitudes toward hearing aid use. The majority of questions were developed in checklist form; however, several questions were designed to allow for open-ended responses.

RESULTS

The results of this survey study are presented for the seven areas covered on the questionnaire. Total percentages on occasion may not add up to 100 percent since some of the respondents did not answer all of the questions.

Cosmetics

The majority of respondents (77%) expect that the hearing aid would be visible. Only 29 percent of the sample indicated that this would influence their decision to purchase a hearing aid. While many audiologists might wish to downplay cosmetic factors, we feel that the cosmetic concerns experienced by some older adults should be directly addressed during pre-fitting counseling. The older adult might be reassured by Surr and Hawkins' (1988) findings that only 10 percent of new hearing aid users report sensing negative attitudes to their use of hearing aids.

Acoustics

The older adults in our sample seem to have realistic expectations regarding the acoustic qualities of sounds transmitted through hearing aids. Eighty-five percent were aware that feedback (squealing) might be a problem at least sometimes. Sixty-nine percent felt that some sounds might be too loud. Conversely, however, almost one out of three (29%) older adults expected to have no problems with loud sounds. The ability to hear soft sounds with the hearing aid was expected by 67 percent of the older adults sampled. The majority of respondents expected a natural quality of sounds through hearing aids: 75 percent expect others' voices to sound natural, 68 percent expect sounds in general to be natural, and 53 percent expect their own voices to sound natural. Given these high expectations for sound qualities, then, careful warning might be necessary, during pre-fitting counseling, to ease the new hearing aid user's adjustment to amplified sound.

Communication Benefits

In every question regarding expected communication benefits, the vast majority of respondents anticipated significant help from hearing aid use. Very positive attitudes were generally noted for hearing aid benefits. For example, 100 percent of the respondents expect speech to be easier to hear, 98 percent expect speech to be easier to understand, and 92 percent of the respondents expect that the hearing aid would increase the user's confidence. The deleterious effects of noise on hearing aid use appear to be recognized, with only 58 percent of respondents indicating that they expect the hearing aid to be helpful in a noisy restaurant. Ninety-four percent of the sample expect the hearing aid to enable the wearer to hear better in church.

Comfort

Respondents were also positive about the degree of comfort they expected to be associated with hearing aid use. The majority (78%) expected hearing aids to be comfortable, while 54 percent expected to experience a plugged-up sensation at least some of the time. Of course, the 40 percent who did not expect a plugged-up feeling might be unpleasantly surprised if one occurred. This might ultimately affect their satisfaction with hearing aids.

*Copies of the questionnaire are available upon request.
Ease of Use

The majority of older adults sampled expected hearing aids to be easy to use. For example, 77 percent expect the hearing aid to be easy to insert and remove, and 86 percent expect the controls on the hearing aid to be easy to use. While the majority (62%) felt the battery would be difficult to see, less than half (41%) expected any difficulties inserting the battery. Their optimism is in sharp contrast to the results of studies by Henrichsen et al (1988) and Ward et al (1979). These authors noted that with increased age there are increased handling problems, involving changing the battery, handling the volume control, and insertion of the aid into the ear canal. Some advance warning that the handling of the hearing aid may require some practice might alleviate subsequent dissatisfaction and/or frustration with amplification.

Cost and Upkeep

We were somewhat surprised at the lack of knowledge of many older adults regarding the cost and upkeep of hearing aids. When asked to estimate the cost of a hearing aid, the mean estimated cost was $414, with a range of $20 to $1500 (the average price of a hearing aid ranges from approximately $580 to $735, depending on whether the aid is a BTE, custom ITE, or canal aid, according to Cranmer [1990]). Thirty-six percent indicated that the cost of hearing aids was "too much" and 45 percent responded that the cost was "just about right" (not surprisingly, 0% marked the "too little" option regarding cost). When asked how long a hearing aid battery is expected to last, the range of responses was a few hours to 2 years, with 1 year the most commonly given answer (typically the battery will last approximately 1 to 3 weeks depending on the type of battery, type of hearing aid, and amount of use). Forty-two percent of the sample expected a package of hearing aid batteries to cost less than $3.00, 32 percent predicted $3.00 to $5.00 (the probable actual cost) and 19 percent expected a package of batteries to cost more than $5.00. When asked how long a hearing aid would last before it must be replaced, the mean estimate was 4.3 years, with a range of 6 months to forever. The two most frequent responses to this question were 5 years (22% of respondents) and 2 to 3 years (14% of respondents). The amount of time noted in response to "About how often will the hearing aid need to be repaired?" ranged from 6 months to "never." The two most frequent responses to the open-ended question concerning repair were yearly (24% of sample) and never (10%).

Attitudes

Very positive attitudes toward hearing aid use were exhibited in this sample. Ninety-five percent of the respondents viewed hearing aids as beneficial. High expectations were noted by 45 percent of the adults, 42 percent reported medium expectations, 5 percent reported low expectations, and only one person claimed to have no expectations.

A variety of responses was obtained to the open-ended questions: "What would be your greatest concern about obtaining a hearing aid?" and "What would be your greatest concern about using a hearing aid?" The major concerns expressed about obtaining a hearing aid were the cost, finding the "best" hearing aid, whether the aid would be beneficial, and finding the right professional to select the aid. The five most frequently cited concerns about using a hearing aid were getting used to it, whether it would function properly, comfort, vanity, and annoying noises. Thirty-four percent of the sample felt they probably had a hearing loss (for as long as several months to 20 years, with the majority saying 2 to 5 years), 18 percent acknowledged that they might have a loss, and 55 percent felt they did not have a hearing loss. Of the 34 individuals indicating that they probably had a hearing loss, 21 percent indicated they probably need a hearing aid, 8 percent indicated they might, and 58 percent felt that despite their hearing difficulties, they did not need a hearing aid. The responses to the question "Why have you not obtained a hearing aid?" included vanity issues, cost, questionable need, "laziness," and unfamiliarity with "reputable" providers. Six individuals who felt they probably needed a hearing aid gave no reasons for not obtaining one. Of the 34 individuals who felt they had a hearing loss, 14 cited vanity, and five cited cost as the reason for not obtaining a hearing aid.

Eighty-five percent of the total sample know someone who wears (or wore) hearing aids. Responses to the question, "What has their reaction been to the hearing aids?" included both positive ("took time to adjust but now she loves it") and negative ("disappointed," "bothered by background noises," "squealing," etc.) comments. Thirty-seven percent of the respond-
ents reported that their acquaintances were satisfied with their hearing aids, while 39 percent reported that their acquaintances were bothered by various aspects of the aids, such as background noises, squealing, high costs, and difficulties adjusting.

**SUMMARY AND CONCLUSIONS**

In general, the older adults in this sample appeared to have very positive expectations regarding the use of hearing aids. Eighty-seven percent apparently have medium to high expectations for hearing aid use.

The generally positive attitude expressed by respondents was particularly surprising since 39 percent of the sample who reported knowing a hearing aid user indicated that the individual is dissatisfied with its performance. Perhaps the respondents recognize that, despite troublesome factors such as background noises, feedback squeal, etc., there are a number of potential benefits from the use of hearing aids.

While this positive outlook in a sample of elderly adults must be encouraging to those who are involved in the hearing aid industry, we caution that it potentially might also lead to ultimate dissatisfaction if the original expectations are not met in subsequent hearing aid use. Audiologists need to emphasize the positive aspects of hearing aids to their clients in order to overcome the individual’s initial resistance to amplification.

However, the candidate must also receive frank counseling regarding realistic expectations for hearing aid benefits and for the actual use and care of hearing aids. The majority of respondents in our sample expected hearing aids to be easy to handle and care for. While this may indeed be true for many elderly hearing aid users, we think it would be wise to warn the hearing aid candidate that a period of practice and adjustment may be necessary before the person will feel at ease with handling and caring for the aid. Such advance warning might prevent or reduce subsequent frustration and dissatisfaction with hearing aids. The need to understate deliberately the possible benefits from hearing aids in order to avoid unreasonable expectations and subsequent dissatisfaction, while at the same time not creating an overly negative attitude toward amplification, has been discussed by Navarro (1989). The dispenser is challenged by providing realistic expectations for hearing aid use while at the same time convincing the patient of the benefits of amplification. Navarro, for example, suggests first telling what a hearing aid will *not* do, then stating what it *will* do: “With your hearing aid you may find yourself more aware of background noises, some of which are annoying, but the aid will allow you to hear more comfortably and more easily in more situations than you do now without a hearing aid.” Such a truthful statement warns the client that a period of adjustment may be necessary and that there are limitations to hearing aids, but also affirms the significant benefits of amplification.

Surr and Hawkins (1988) found that the original positive expectations of new hearing aid users come true: 94.2 percent of their subjects reported that they heard better with their hearing aids. However, as Kapteyn (1977) has pointed out, the hearing aid user’s ultimate satisfaction with amplification may be influenced not only by perceived benefits of amplification, but also by a number of other factors such as whether the earmold fits comfortably, presence of feedback squeal, unpleasantness of loud sound, difficulties in handling the aid, and a host of psychosocial factors such as personality characteristics and family supportiveness.

We propose that careful attention to the hearing aid candidate’s expectations for hearing aid use should be made during pre-fitting counseling to help reduce subsequent frustration and disappointment, and ultimately dissatisfaction with amplification after the hearing aid fitting. These cautions seem particularly timely given the recent report by Smedley and Schow (1990), who documented the numerous frustrations experienced by elderly hearing aid users. They polled 490 elderly hearing aid users to obtain their opinions regarding their hearing aids. Approximately 64 percent of the comments they received from their open-ended questionnaire item were judged to be negative, while only approximately 16 percent of the comments were viewed as positive. This degree of discontent is alarming, and Smedley and Schow offer a number of dispensing guidelines to increase the likelihood of user satisfaction. Among their suggestions is the need for effective and thorough counseling to alleviate the unrealistic expectations that many elderly may bring with them to the hearing aid fitting.

Finally, we must temper our finding that older adults have generally positive expectations regarding hearing aids by the fact that in our sample only 29 percent of the respondents who felt that they probably have a hearing loss indicated that they thought they might need a
hearing aid. The majority (58%) who suspected a loss of hearing did not feel that they would personally benefit from amplification. The prevailing attitude, at least as exhibited in our sample of 100 older adults, seems to be that hearing aids can be a great help, “just not for me, thank you.”

Acknowledgment. The authors would like to acknowledge the assistance of Nimet Esmail in the analysis of the data and of Sylvia Lesner and Mary Andorka for distribution of questionnaires to older adults.

REFERENCES


