

Personalised communication strategies counselling – Is it effective?

→ Introduction

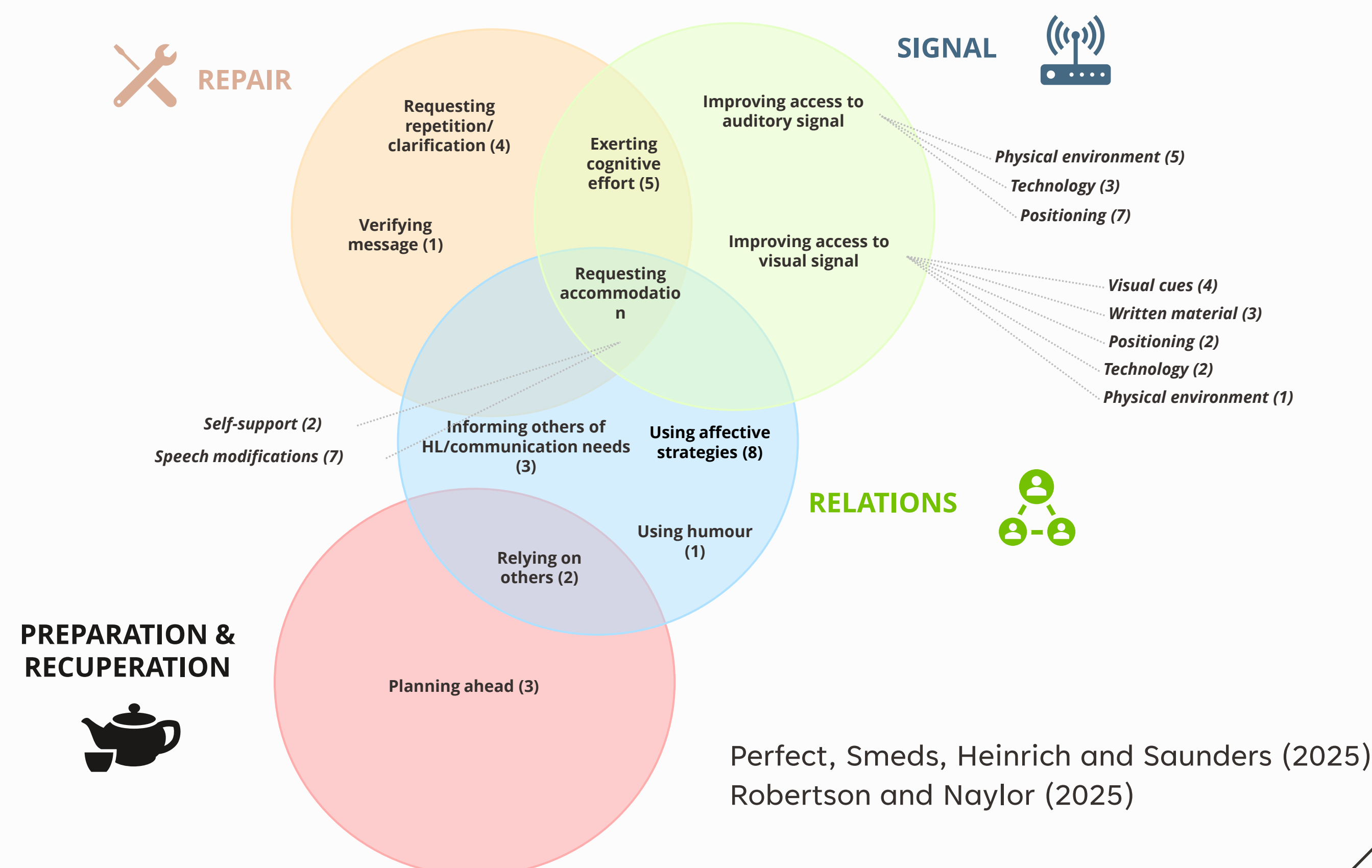
Communication strategies are used to enhance speech understanding through behavioural, environmental, and/or technical modifications. They are widely recommended, and yet there has been little research exploring which strategies are commonly used, found effective, and/or are considered acceptable by people with hearing loss (PHL) and their communication partners (CPs). The objective of our research was to address these knowledge gaps, and to develop and assess the effectiveness of a personalised approach to communication strategies counselling.

→ Phase 1: Collect strategies (online study)

PHL (n=95), CPs (n=49), and hearing-care professionals (HCPs) (n=86)

	Strategies used or recommended	Strategies considered to be most helpful	Strategies considered to be unhelpful
PHL	"What tricks or strategies do you use to manage your hearing loss when you are having a conversation?"	"What are some of the most helpful things other people do when you are having a conversation to help you manage with your hearing loss?"	"What are some of the things other people do when you are having a conversation that make it particularly problematic for you as a person with hearing loss?"
CPs	"What tricks or strategies do you use when you are having a conversation with someone who has a hearing loss?"	"What do you do that your conversation partner with hearing loss finds most helpful?"	"What do you do that your conversation partner with hearing loss finds problematic?"
HCPs	"What communication strategies advice do you typically provide to your clients?"	"Of the communication strategies advice you provide, what one piece of advice do you think your clients find most useful?"	(Not asked)

Analysis: Data from PHL and CPs coded using inductive content analysis, responses from HCPs coded deductively. Reporting phase completed in collaboration with Robertson & Naylor (2025).



→ Phase 2: Qualification of strategies (online study)

PHL (n=103) who reported difficulty hearing in challenging listening environments. 69% female. 86% used HAs.

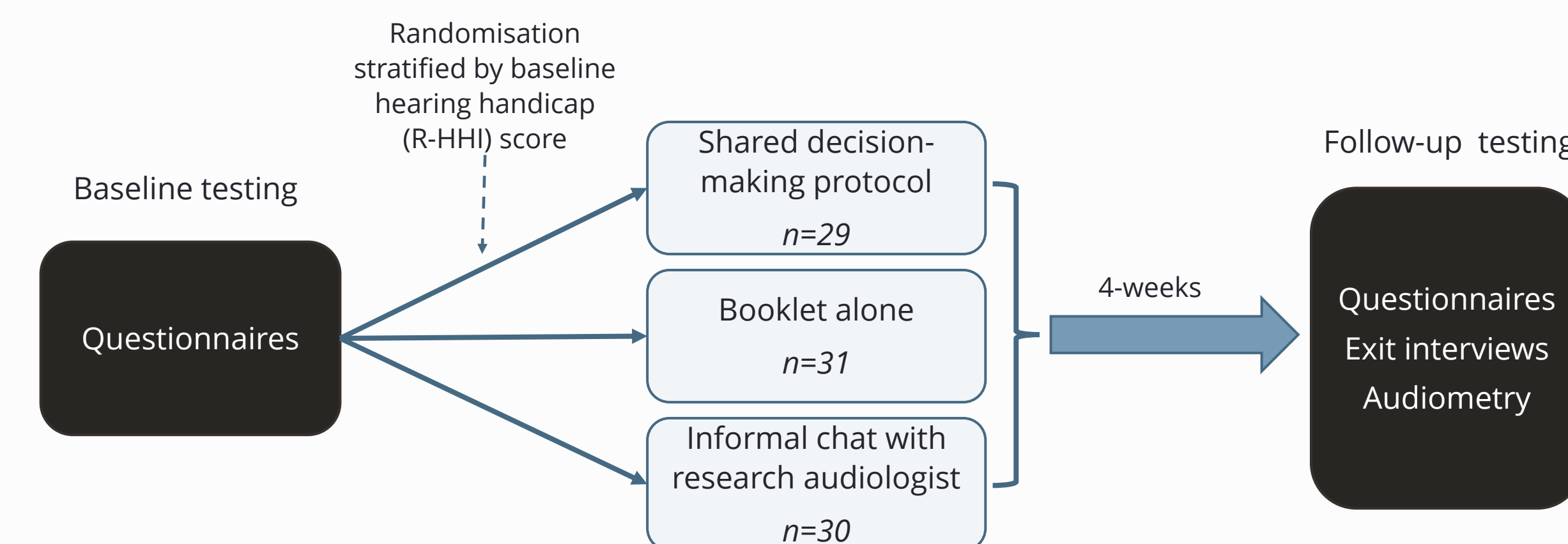
Burden: Amount of effort required to use intervention <i>'Possibly too much like hard work' 'Because sometimes the bright lights make me feel sick or tired.'</i>	Affective attitude: How an individual feels about the intervention <i>'It's embarrassing' 'I hate bring attention to myself' 'I don't approve'</i>
Ethicality: Extent to which the intervention fits with individual's value system <i>'Think it would make my brain lazy' 'I lipread so seeing their face is more important to me'</i>	Intervention coherence: Extent to which individual understands how the intervention works <i>'I'm not sure what this means'</i>
Opportunity costs: Benefits, profits or values that would have to be given up to use the intervention <i>'It comes across as rude' 'I feel this would be demeaning to me. It makes it my problem'</i>	Self-efficacy: Individual's confidence they can perform behaviour(s) required to use intervention <i>'I would not have the confidence to do this' 'I won't be able to watch clearly to see lips better in person'</i>
Perceived effectiveness: Extent to which the intervention is perceived to achieve its objective <i>'It doesn't help me' 'Because this makes it harder to lipread' 'Makes no difference' 'It doesn't work'</i>	Concern for Others*: Individual's concern about the impact of the intervention on others <i>'In case they are offended' 'Don't want to be a burden' 'this wouldn't be fair on others' 'It would affect others experience'</i>

*Additional added construct
Sekhon et al. 2017

Development of a booklet and a personalized communication strategies counselling protocol



→ Phase 3: 3-arm randomized trial

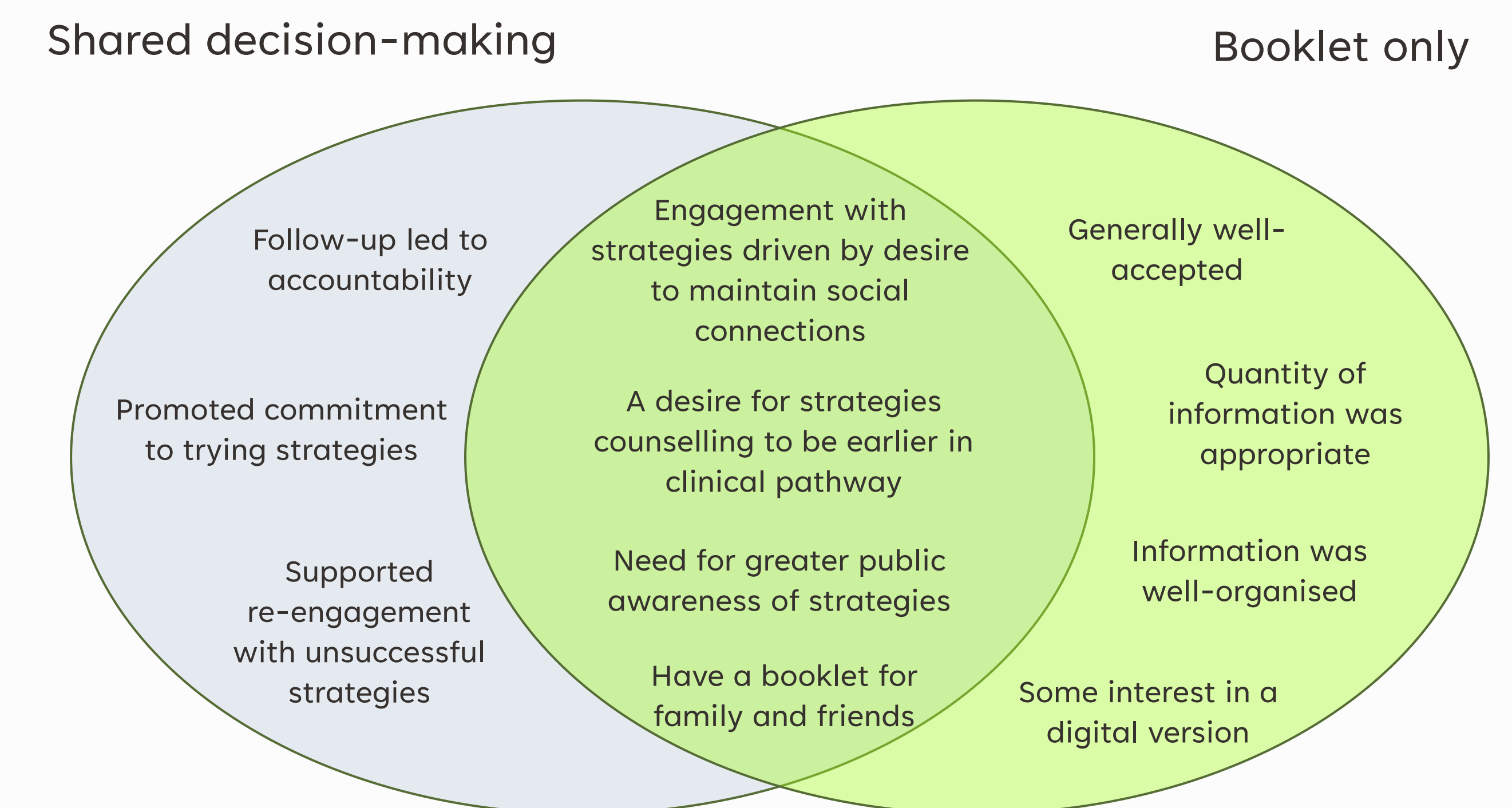


→ Results (preliminary analyses)

- Revised Hearing Handicap Inventory (RHHI)
- Hearing-related lifestyle questionnaire (HearliQ)
- Image-Based Questionnaire for Hearing (IBQ-H)
- Empowerment Audiology Questionnaire (EMpAQ-5)

For most questionnaires, all groups had better scores at follow-up. No significant group differences or interactions with group.

Exit interviews:



- Communication strategies don't work?
- Intervention period too short for impact to be reflected in general questionnaires?
- Our questionnaires don't measure the right thing?
- Having an active control group may have diluted findings?

→ Conclusion

We have developed a data-driven communication strategies booklet and evaluated its efficacy in a 3-arm randomized trial.

Questionnaire data showed that almost all scores improved for all three groups, but there was no difference between groups.

Exit interviews showed an appreciation for the booklet and the shared decision-making process.

- Perfect, Smeds, Heinrich and Saunders. **Responses to listening difficulty in in-person conversation: a survey-based synthesis of communication strategies used by people with hearing loss, communication partners, and hearing-care professionals.** Int J Audiol 2025
- Robertson and Naylor. **Responses to listening difficulty in in-person conversation: a scoping review of primary evidence.** Int J Audiol 2025
- Sekhon, Cartwright and Francis. **Acceptability of healthcare interventions: an overview of reviews and development of a theoretical framework.** BMC health services research 2017