Brief Report

Hearing Loss in Hospice and Palliative Care: A National Survey of Providers

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Abstract

Context. Age-related hearing loss can impair patient-provider communication about symptom management, goals of care, and end-of-life decision-making.

Objectives. To determine whether hospice and palliative care providers screen for or received training about hearing loss, believe it impacts patient care, and use strategies to optimize communication.

Methods. This was a national survey of hospice and palliative care providers conducted via email and social media. Survey questions were pilot tested with multidisciplinary providers in San Francisco.

Results. Of 510 responses (55% age 50+ years, 65% female, 64% in practice 5+ years, 57% practiced hospital-based palliative care, 45% hospice), 315 were physicians, 50 nurses, 48 nurse practitioners, 58 social workers, and 39 chaplains. Ninety-one percent reported that hearing loss has some or great impact on the quality of care for older adults. Eighty-eight percent recalled a situation where hearing loss created a communication problem with a patient and 56% a communication problem with a caregiver. Eighty-seven percent of physicians, nurses, and nurse practitioners reported not screening for hearing loss. Although 61% felt comfortable with their communication skills for patients with hearing loss, only 21% reported having received formal training in its management, 31% were unfamiliar with resources for patients with hearing loss, and 38% had never heard of a pocket talker amplification device.

Conclusion. Hospice and palliative medicine providers believe age-related hearing loss impacts care yet most do not screen. Although they feel they are managing well, few have formal training. Knowledge about management approaches and resources is suboptimal. J Pain Symptom Manage 2016;52:254–258. *Published by Elsevier Inc. on behalf of American Academy of Hospice and Palliative Medicine.*

Key Words
Hearing loss, aging, hospice, palliative care, communication

Introduction

Sixty-three percent of adults older than 70 years and 80% of persons older than 80 years have hearing loss.[1,2] Despite this high prevalence, denial of hearing loss is widespread, partly because there are strong social reasons to avoid the labels hearing impaired or deaf, and its onset is insidious. Consequently, only 20% of adults older than 65 years consider themselves hearing impaired,[3–5] and hearing aids are widely underused.[6]

Age-related hearing loss adversely impacts quality of life and quality of communication, two factors considered vital to patients near the end of life.[7] The capacity to hear allows individuals to access essential information, including treatment plans, goals-of-care discussions, prognosis, and social or spiritual support.[8] Hearing loss disrupts the transmission and receipt of such data, often leading to isolation, depression, and misunderstandings. To fail to communicate near the

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end of life because of hearing loss seems tragic when potentially effective methods of communication are available.

Unfortunately, age-related hearing loss is overlooked in most health care settings, with screening rates found to be around 20% in primary care.[9,10] However, almost nothing has been written about the impact of hearing loss on care for seriously ill older persons and those nearing the end of life,[8] so that although anecdotal reports suggest that hearing loss is also overlooked in hospice and palliative care, no data are available to document whether this is true. As an initial step in addressing this gap, we conducted a study to assess hospice and palliative care providers' perspectives, experiences, and responses to hearing loss in the clinical care of older adults.

Methods

Participants

Our goal was to survey a large convenience sample of hospice and palliative care providers from multiple disciplines, including physicians, nurses, nurse practitioners, social workers, and chaplains. We recruited participants using emails to professional contacts, members of the American Academy of Hospice and Palliative Medicine (including 3672 physicians, 196 nurse practitioners, 91 nurses, 27 social workers, and 15 chaplains), the GeriPal blog, Twitter, and Facebook. Data were collected using SurveyMonkey (www.surveymonkey.com [SurveyMonkey, Inc, Palo Alto, CA]). On the welcome page of the survey, we asked respondents to proceed only if palliative care is a primary component of their practice. We specified that they focus on hearing loss among the older persons in their practice. As no potentially identifying information was collected, the institutional review board at the University of California, San Francisco considered this proposal exempt from review.

Measures

As there are no established questionnaires or instruments to assess perspectives and knowledge of hearing loss in palliative care, we created measures based on our review of the literature and perceived areas of concern.[8] Survey questions addressed the following domains: perceived impact of hearing loss on quality of care, screening and audiology referral practices, comfort with and training in caring for patients with hearing loss, treatment strategies, perceived prevalence, and demographic data about respondents. Survey questions on communication strategies queried regarding the use of communication strategies, including both recommended (e.g., facing the patient) and nonrecommended (e.g., speaking in the persons ear).[11] Most response options were either dichotomous (yes/no) or Likert scales. Chaplains and social workers were not asked questions about screening and audiology referral. Measures were developed by study authors and then pilot tested with multidisciplinary hospice and palliative medicine providers at the San Francisco VA Medical Center. The full survey can be accessed at https://www.surveymonkey.com/r/TXMQW55.

Statistical Analysis

We received 616 responses. We excluded 106 who responded to all questions but did not respond to the questions on demographics. This left a final analytic sample size of 510. Likert scale categories were dichotomized for ease of interpretation. We present descriptive findings for all respondents followed by statistically significant differences when the sample was separated into professions. For the purposes of this analysis, nurse practitioners/advanced practice nurses were combined and analyzed separately from nonadvanced practice nurses because of their different roles in the management of palliative care. P-values were calculated using the chi-square test. The critical value for determining significance (P) was set at <0.05. All analyses were conducted using Stata (version 13; StataCorp. LP, College Station, TX).

Results

Of the 510 respondents, a majority were older than 50 years, female, and had been in practice for more than five years (Table 1). Physicians were the largest group of respondents ($n = 315$), followed by social workers ($n = 58$), nurses ($n = 50$), nurse practitioners ($n = 48$), and chaplains ($n = 39$). Fifty-seven percent practiced hospital-based inpatient palliative care, 45% hospice, and 26% outpatient palliative care (nonexclusive categories).

Ninety-one percent of respondents felt that hearing loss had some or a great impact on the quality of care provided to older patients in their palliative care practice. Eighty-eight percent recalled a situation where hearing loss created a communication problem with a patient. Fifty-six percent recalled a communication problem with a caregiver. We asked respondents to think back on the patients who have died and estimate how many had hearing loss before death (i.e., prevalence). Thirty-one percent responded "one in three," 26% responded "every other patient," 25% responded "one in five," with the remaining 18% responding with lower proportions.

When asked how comfortable they felt with their communication skills for older patients with hearing loss, 61% reported feeling either comfortable or very comfortable (Fig. 1). However, only 21% had received