

Karen Muñoz, Kelsey Baughman, Alex Meibos, Clarissa W. Ong, and Michael P. Twohig

Background

Psychosocial well-being encompasses both physical and mental health and provides insight into how people feel their lives are going.

Health conditions occur in a broader life context (World Health Organization, 2018) and addressing individuals holistically can improve health outcomes.

Comprehensive assessment to understand challenges that may be influencing effective engagement in hearing healthcare can help audiologists identify when support is needed and is an essential component of person-centered care.

The purpose of the current study was to explore psychosocial experiences of adults who are DHH and to investigate factors that predict psychological distress, functional impairment, and hearing device use.

Methods

Cross sectional survey, online format. 269 surveys included in the analysis.

Instruments:

- Depression, Anxiety and Stress Scales (DASS)
- Generalized Self Efficacy Scale (GSES)
- Rand 36 Item Short Form Health Survey (SF-36)
- Mental Health Continuum – Short Form (MCH-SF)
- Work and Social Adjustment Scale (WSAS)
- The relationship Adjustment Scale (RAS)
- Acceptance and Action Questionnaire – Adult hearing loss. (AAQ-AHL)

Backward elimination regression analyses were used to identify significant predictors for three outcomes of interest:

- (1) psychological distress (DASS-21)
- (2) functional impairment (WSAS)
- (3) hours of device use

Demographics

- 75% wore devices 11 or more hours a day. (Hearing aids; cochlear implants)
- 77% reported having severe to profound hearing loss.
- 97% used spoken language as primary mode of communication
- 3% used sign language.
- 89% reported hearing loss as bilateral

Results

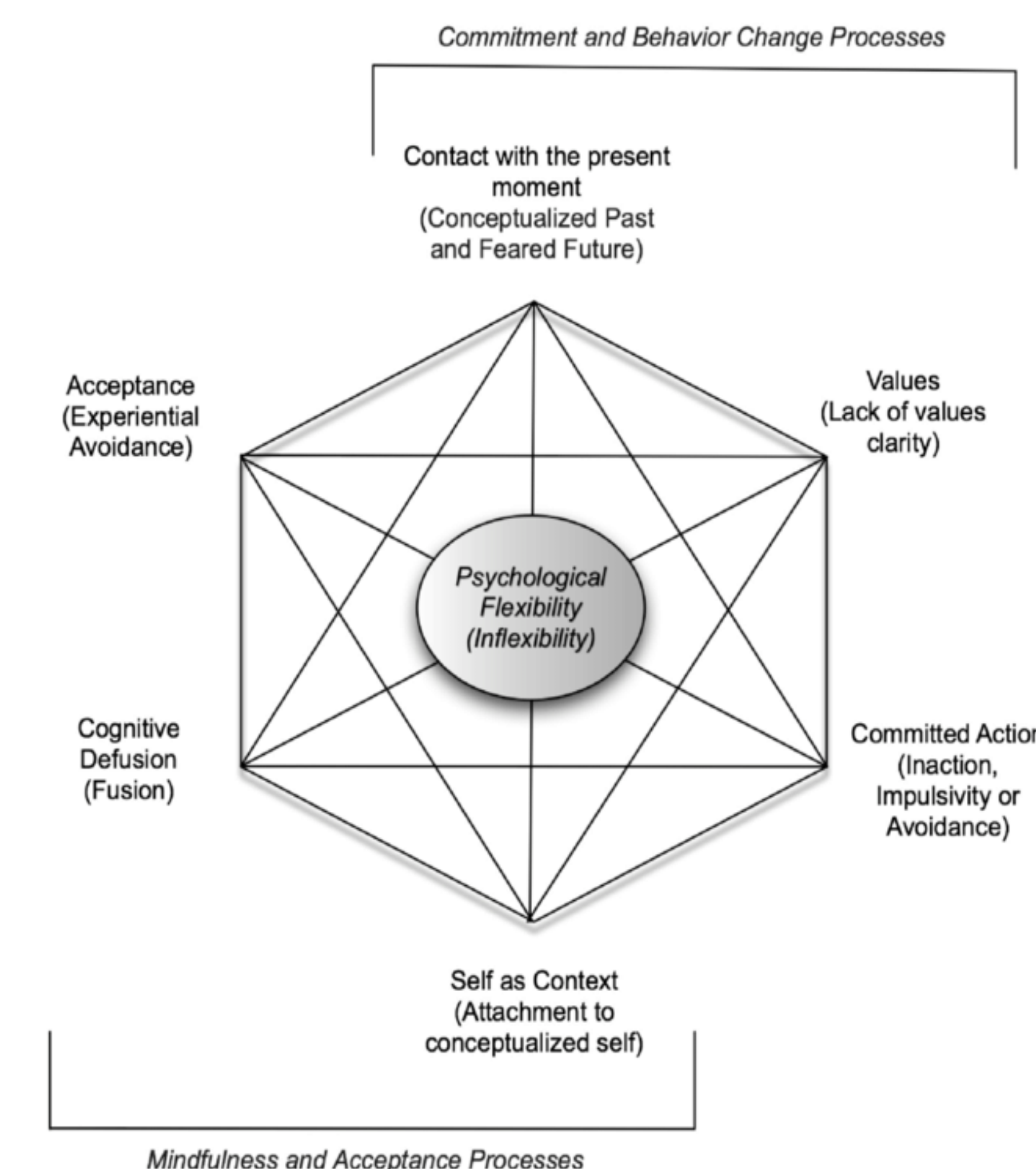
The final model for psychological distress included psychological inflexibility related to hearing loss (AAQ-AHL), additional disabilities, and being younger in age as significant predictors. Specifically, greater inflexibility with respect to coping with hearing loss ($p < 0.001$), having an additional disability ($p < 0.001$), and being younger ($p = 0.003$) were independently associated with more self-reported psychological distress.

Device type and psychological flexibility related to hearing loss (AAQ-AHL) were significantly associated with more functional impairment.

Only device type marginally predicted hours of use (p 's < 0.10) with no other significant predictors.

Approximately one quarter reported moderate to extreme depression, one-third reported they were unsatisfied in their relationship, just under one-quarter reported low to moderate self-efficacy, and approximately one-third reported functional impairment.

Instrument and scales (n)	n (%)	
DASS (n = 237)	Moderate to extremely severe	
	Score range: 14–28+	
	Normal to mild	
Depression scale	58 (24)	
	Score range: 10–20+	
	179 (76)	
Anxiety scale	53 (22)	
	Score range: 19–34+	
	184 (78)	
Stress scale	37 (16)	
	Score range: 0–18	
	200 (84)	
GSE (n = 255)	Low to moderate self-efficacy (0–29)	
	56 (22)	
	High self-efficacy (30–40)	
SF-36 (n = 228)	> 2 SDs below mean	199 (78)
	1–2 SDs below mean	
	0–1 SDs below mean	
Physical functioning (n = 225)	0–1 SDs above mean	151 (66)
	1–2 SD above mean	
	> 2 SDs above mean	
Role functioning/physical	61 (27)	151 (66)
Role functioning/emotional	40 (18)	136 (60)
Energy/fatigue (n = 226)	6 (3)	29 (13)
Emotional well-being	6 (3)	32 (14)
Social functioning	9 (4)	26 (11)
Pain	7 (3)	43 (19)
General health	6 (3)	33 (14)
Health change	4 (2)	39 (17)
MHCSF (n = 246)	Languishing	116 (51)
	Moderately mentally healthy	80 (35)
	Flourishing	110 (46)
WSAS (n = 242)	Moderately severe psychopathology (> 20)	86 (35)
	Significant functional impact (10–20)	110 (46)
	Subclinical (< 10)	146 (60)
RAS (n = 201)	Unsatisfied (0.1 to 3.9)	77 (38)
	Satisfied (4.0 to 5.0)	124 (62)



https://www.researchgate.net/figure/The-Hexaflex-model-of-ACT-for-psychological-flexibility-and-inflexibility_fig1_51047086

Conclusions

1. **Psychological flexibility predicted both distress and functional impairment** and could be included as a screening tool in standard hearing healthcare practices to help clinicians identify individuals who may benefit from additional or different support.
2. Practicing person-centered care includes asking about and addressing psychosocial and functional impacts of hearing loss on daily life. When audiologists have a comprehensive understanding of how patients are feeling and their challenges, they are better able to engage patients in a shared process to meaningfully address issues that arise, and this in turn may improve patient outcomes and satisfaction
3. Individual items may be used to explore thought-based challenges, and help determine if a referral to a mental health professional is indicated. The AAQ-AHL was developed based on extensive research in Acceptance and Commitment Therapy that examines individuals' thought processes regarding their condition.

References

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