

# Hearing aid use in nursing homes. Part 1: Prevalence rates of hearing impairment and hearing aid use

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[Jiska Cohen-Mansfield](#) , [Judith W Taylor](#)

## **Affiliation**

The Research Institute on Aging, Hebrew Home of Greater Washington, Rockville, Maryland 20852, USA. [Cohen-mansfield@hebrew-home.org](mailto:Cohen-mansfield@hebrew-home.org)

## **Abstract**

Although hearing impairment is among the most common chronic ailments of older persons, the problem is even greater among those in nursing homes. It is estimated that 70% to 90% of elderly residents in long-term care facilities have some degree of hearing impairment. Despite this high prevalence, significant underuse of hearing aids or other assistive devices exists, especially among those with dementia.

**Objectives:** The current study assessed rates of hearing impairment and hearing aid use among residents in a large, mid-Atlantic nursing home.

**Setting and design:** In a cross-sectional survey, interviews were conducted at a large, mid-Atlantic nonprofit nursing home.

**Participants:** Reports were obtained from 279 resident-caregiver dyads, as well as from the Minimum Data Set (MDS) and research assistants performing the structured interviews.

**Measurements:** Measures included the MDS and the Barriers to Hearing Aid Use Questionnaire, which was developed for this study.

**Results:** Results show an inconsistency in reports of both hearing impairment and hearing aid use by multiple sources, as well as the underuse of hearing aids. These inconsistencies suggest that gross hearing impairment is undetected in clinical practice in over half of the residents.

**Conclusion:** The findings highlight the need for regular hearing assessments in the nursing home population. They also suggest the need for evaluation of institutional-level policies regarding screening and hearing aid management, as well as the need for further information regarding potential barriers to effective hearing aid use. These issues are addressed in part 2 of this study following this report.

# Hearing aid use in nursing homes. Part 2: Barriers to effective utilization of hearing AIDS

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[Jiska Cohen-Mansfield](#) , [Judith W Taylor](#)

## Affiliation

The Research Institute on Aging, Hebrew Home of Greater Washington, Rockville, Maryland 20852, USA. [Cohen-mansfield@hebrew-home.org](mailto:Cohen-mansfield@hebrew-home.org)

## Abstract

**Objective:** This study examined barriers to hearing aid use among persons who were reported to have a hearing aid and among those reported to have hearing difficulties but no hearing aids.

**Setting:** Interviews were conducted at a large, mid-Atlantic nonprofit nursing home.

**Participants:** Both nursing home residents (279) and nursing staff members (51) were interviewed.

**Design and measurements:** In a cross-sectional survey of nursing home residents, brief structured interviews were performed by trained research assistants with both residents and caregivers to obtain information regarding residents' hearing ability, hearing aid use and daily maintenance, and potential barriers to such use.

**Results:** Among residents reported to have hearing problems but who did not use a hearing aid, the major problem was neglect of the issue; participants did not know why residents did not have a hearing aid, residents had not had hearing evaluations, and staff members were not aware of hearing problems in residents. Among residents who did use a hearing aid, the majority (69%) of those for whom information was available had problems with the devices. The most common problems reported were that the device was hard or inconvenient to use, it did not fit well or hurt, and the device was not functioning well. The vast majority (86%) needed help taking care of the hearing aids. Close to half of the staff members had not received any training in the use or maintenance of the devices. Lack of delegation of responsibility for the management of hearing was identified for 29%, and relatives were used for maintenance of hearing aids in 14% of residents with hearing aids.

**Conclusions:** Barriers to hearing aid use are therefore complex and multifactorial, involving lack of system commitment to utilization of hearing aids, lack of knowledge by staff members, inappropriate delegation and care procedures, hearing aid design and fit issues, and difficulties for residents in handling the hearing aids. Addressing these issues requires change on multiple levels, including change at the institutional level, concerning policy and training; change at the unit level, regarding care procedures and follow up; change at the individual level, providing better checks of fit and function of the hearing aids; and finally, change at the societal level, addressing design and cost issues for hearing aids in this population.