



# It's the stigma, stupid... Not!

Neil Clutterbuck

By Neil Clutterbuck

The hearing aid industry has been complaining about the poor take-up rate for our dispensing services for many years. The portion of potential clients actually obtaining hearing aids has remained at a disappointing 20%-25%. These figures hold firm across decades of technical change, a variety of economies and societies, and many different models for dispensing. For example, Australia has a "free" service available to about 80% of the potential market, and reaches 33% penetration. But almost a third of these hearing aids are not used,<sup>1</sup> leading to the same end result as in the largely privately funded U.S. market.

For economic and humanitarian reasons, this performance must be improved. Over a long period we have seen enormous progress in education and training, hearing science, technology, and level of awareness of the benefit of hearing aids, yet to little avail.

If we (audiologists and associated stakeholders in the industry) have changed but the penetration rate hasn't, isn't it obvious that the continuing low take-up rate for hearing aids must be due to some attribute of our potential clients? We have accepted that this attribute is the "stigma" of hearing loss that prevents positive acceptance of our wonderful efforts.

Put harshly, we seem to believe that consumers must be the ones preventing our industry/profession from experiencing a five-fold growth. Never mind that we held this same belief while fitting under-vented Class A circuits. Regardless of the technology, it has always been the public's "ignorance" holding us back.

It's time to critically examine this belief.

## IS IT STIGMA—OR SOMETHING ELSE?

Sergei Kochkin showed potential hearing aid wearers pictures of ears with BTEs, ITEs, ITCs, and CICs, and asked if they would accept such devices.<sup>2</sup> A significant number rejected even a picture of an empty ear. Is this really "stigma" or is it something else? It certainly isn't about the *look* of the device.

In a later study, Kochkin asked hearing-impaired non-users their reasons for not choosing hearing aids.<sup>3</sup> For people with the worst self-rated hearing, 52% definitely agreed with negative perceptions of hearing aid efficacy and performance, whereas only 32% definitely agreed with the stigma statements. Their "top" problems with hearing aids were:

- ❖ They don't work in noise or crowds.
- ❖ They don't restore hearing to normal.
- ❖ They pick up background noise.
- ❖ Whistling and feedback.

These were opinions expressed by *non-users* of hearing aids. How did they form such opinions? These negative perceptions of hearing aid performance can only have come from the negative

experiences of their friends, colleagues, and family. Kochkin's respondents include 11% who reported "negative opinion from other hearing aid users."<sup>3</sup> This group should be included with the previous ones who could list specific problems. Call them "those with first- or second-hand knowledge of hearing aid problems."

Coincidentally, 52% of the significantly hearing-impaired non-user group definitely denied the stigma problem. So, let's forget about stigma and fight the real problem: *knowledge of poor outcomes*.

## WHAT DO CONSUMERS "KNOW"?

My own interest in hearing aid outcomes has found expression in the EARtrak process (I am a minor part of the creative team). EARtrak uses a 6-month post-fitting survey of hearing aid benefit to identify strengths and weaknesses of individual clinics and thereby help them monitor the quality of their service delivery. One result of the process is a very large database of hearing aid outcomes, direct from consumers. While much audiological research is based on studies of just tens of ears in special situations,

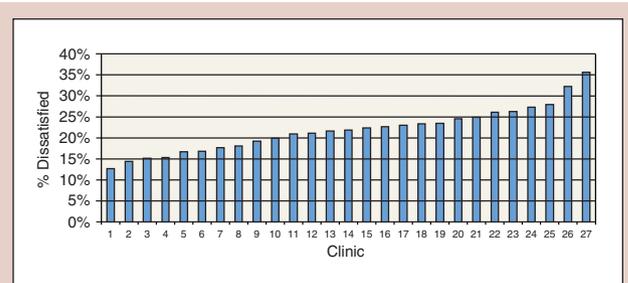


Figure 1. Variation in dissatisfaction with loudness comfort between patients fitted in various clinics.

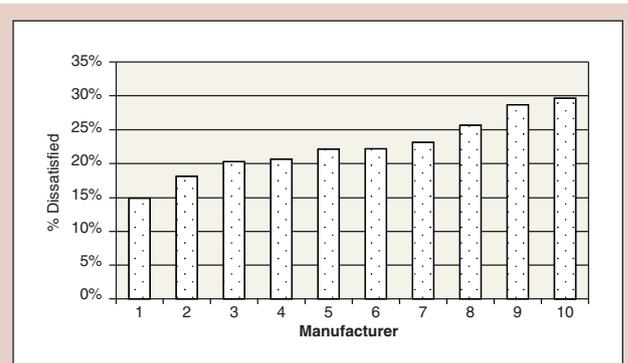


Figure 2. Variation in dissatisfaction with loudness comfort between patients fitted with hearing aids from various manufacturers.

this database contains thousands of real-world consumer experiences.

In 2007, Susan Clutterbuck, the EARtrak project director, presented data from Australia, New Zealand, and Germany to the European Union of Hearing-aid Acousticians' Congress in Nuremberg, using client opinion data collected from 4555 consumers in the period January 2006 to July 2007.<sup>4</sup> The paper concentrated on one of the most common areas of user dissatisfaction—discomfort with loud sounds. Interestingly, Mueller and Bentler have recently written a *third* Page Ten article for *The Hearing Journal* imploring clinicians to deal with this problem.<sup>5</sup>

### SOURCES OF DISSATISFACTION

EARtrak found that dissatisfaction differed widely from clinic to clinic (see Figure 1), and that these variations were much greater than those among manufacturers (Figure 2). Except at the extremes, there is little variation in dissatisfaction due to the patient's degree of loss or age. Nor were there any significant differences among countries, despite their different training regimes for dispensers.

For clients dissatisfied with loudness comfort, the answers to two questions are interesting: “Would you recommend hearing aids to family and friends?” and “Would you recommend your service provider to family and friends?” (Figure 3).

The first point to notice is that many hearing aid users *will* recommend that others use hearing aids, even in the presence of a faulty fitting. But just imagine how the “recommendation” is phrased: “You should get hearing aids, even though mine are unbearable in loud noise.” This sends the message that loudness discomfort is probable and unfixable, and is likely to discourage any potential user.

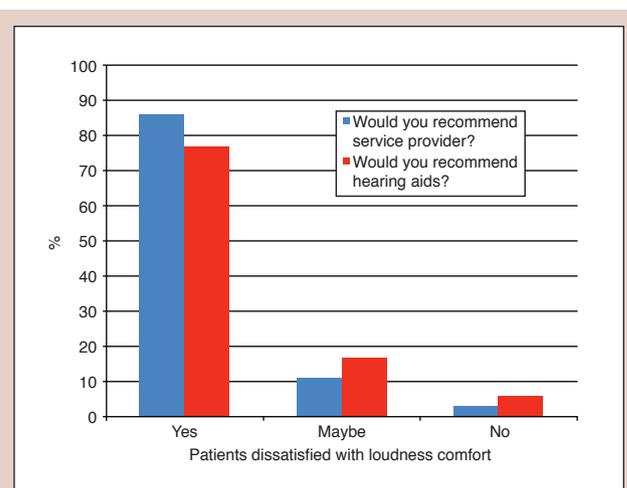
Secondly, a much smaller number of people with continuing problems of loudness discomfort will definitely *not* make a positive recommendation. Either way, the original faulty fitting leads to poor expectations about hearing aid performance.

Finally, twice as many people blame their hearing aids as their dispenser for this problem. But, as we have seen in Figure 1, the dispenser's performance is a major factor in a faulty fitting.

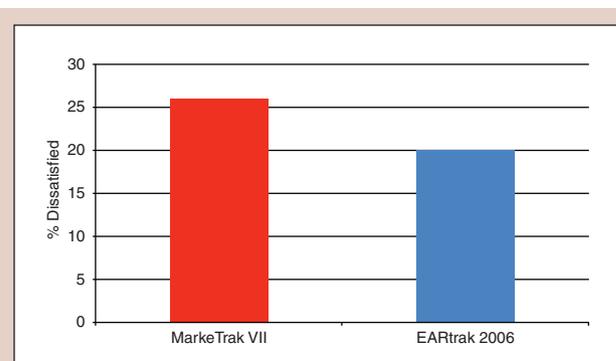
Before going any further, I must emphasize that clinics using EARtrak to measure and improve outcomes are probably among the best performing dispensers. When the first participating clinics in Australia were informally surveyed, all reported having at least one unsuspected “hole” in their service quality. And they all reported that they had taken steps to address that area of weakness. (The “holes” included poor telephone training, poor counseling about the life of A10 batteries, and, yes, poor loudness tolerance.)

I shudder to think how many “holes” there are in the service offered by clinics that *don't* measure outcomes. Ignorance is not bliss! The relatively poor results shown by MarkeTrak VII compared to the Australian EARtrak group show what national average data look like when they are compared to those of a self-selected group of dispensers using outcomes measurement to validate their performance (see Figure 4).

Patients with problematic hearing aid fittings are adding to the negative image of the devices, and creating and maintaining the “stigma” that *we* blame on these hapless victims. We must accept that every imperfect hearing aid fitting adds another brick to the wall that blocks hearing-impaired consumers from accepting hearing aids.



**Figure 3.** Willingness of patients dissatisfied with loudness comfort to recommend hearing aids or their service provider.



**Figure 4.** A comparison of dissatisfaction rates with loudness comfort between the U.S. (MarkeTrak VII) and Australia (EARtrak data).

In summary, the 80% non-use problem is not due to consumer ignorance. Consumers know all too well that poor results are being delivered.

*The problem is all about us—and the unsuspected holes in our services.*

*We must measure our performance.*

*We must correct the problems.*

*We must improve our profession's performance and reputation.*

*The buck stops with each one of us.*

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### REFERENCES

- Dillon H: Denis Byrne Memorial Oration. PowerPoint presentation at the 18th Audiological Society of Australia National Conference, Canberra, May 2008.
- Kochkin S: MarkeTrak IV: Impact on purchase intent of cosmetics, stigma, and style of hearing instrument. *Hear J* 1994;47(9):29-36.
- Kochkin S: MarkeTrak VII: Customer satisfaction with hearing instruments in the digital age. *Hear J* 2005;58(9):30-39.
- Clutterbuck S: Hearing aid performance in the real world: Customer satisfaction with loudness comfort. Presentation at the International Congress of Hearing Aid Acousticians, October 2007, Nuremberg. Online at [www.eartrak.com/EUHA%2002007.pdf](http://www.eartrak.com/EUHA%2002007.pdf).
- Mueller HG, Bentler RA: How loud is allowed? It's a three-peat! *Hear J* 2008;61(4):10-15.