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Original Research

Counseling the Geriatric Population Living with Hearing Loss: Approaches Used by Audiologists in South Africa

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Abstract: Hearing loss is common in the geriatric population and can be caused by comorbidities or aging-related hearing decline. In addition to diagnosing and treating hearing loss for this population, audiologists counsel and educate clients and family members on many aspects of hearing and balance care to improve patient outcomes. Counseling may help geriatric clients better understand and accept their communication disorder, limitations, and restrictions, as well as enhance their psychological functioning. This study aimed to investigate the approaches employed by audiologists when providing information and adjustment support counseling to the geriatric population experiencing hearing loss. Purposive and snowball sampling techniques were used to recruit fourteen audiologists practicing in South Africa. Data was collected through interviews, and inductive thematic analysis was used to identify themes. The findings highlight that audiologists provide information counseling by explaining evaluation processes, hearing loss, and hearing aids, using educational resources during counseling and involving families and caregivers. Adjustment support counseling was provided during follow-up sessions and by addressing patients' emotional aspects. This study examines audiologists' perspectives on counseling for geriatric patients, highlighting its importance in improving understanding of audiological assessments, hearing loss diagnoses, assistive device options, and quality of life. The study also highlights limitations and calls for more undergraduate and continuous professional development training programs to enhance counseling competency.

Keywords: *Hearing Loss, Audiology, Counseling, Geriatric Population, South Africa*

Introduction

Hearing impairment is a prevalent disability on a global scale, impacting a population of over 1.33 billion individuals (Vos et al. 2016). According to Louw et al. (2018), the condition is presently positioned as the fifth leading cause of years lived with impairments worldwide. Based on estimations provided by the World Health Organization, it is projected that the number of individuals affected by deafness will reach around 630 million by 2030, and over 900 million by 2050, in the absence of any intervention or preventative measures (Davis and Hoffman 2019). According to the literature (Ekberg et al. 2014; Patel and McKinnon 2018), hearing loss is prevalent in the senior population and is known as age-related hearing loss (ARHL) or presbycusis, which can be attributed to the natural decline in auditory function

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associated with the aging process or the presence of other medical conditions. Audiologists can play a vital role in supporting older adults with hearing loss by providing counseling. This counseling helps patients and their families understand the hearing loss, accept it, and adjust to the challenges it brings (Meibos et al. 2019). However, research suggests that this counseling is not always offered as audiologists lack the confidence or the training to address patients' emotions effectively and often overlook the importance of counseling (Bennett et al. 2020; Khumalo 2024; Simmons-Mackie and Damico 2011). Similar to previous research (Bennett et al. 2020), this research argues that counseling is a crucial part of audiological rehabilitation, especially for geriatric patients. While South African research exists on audiological counseling in general (Bhojraj and Peter 2022; Khumalo 2024; Makhoba and Joseph 2016), little is known about audiologists' practice experiences with counseling, specifically the geriatric population. This study aims to bridge this gap by exploring the approaches employed by audiologists when providing information and adjustment support counseling to the geriatric population experiencing hearing loss.

Hearing loss is common among the geriatric population, a population aged between 60 and 65 years (Aboderin and Beard 2015). Although certain instances of age-related hearing impairments may be remedied with surgical intervention, the majority of these cases are characterized by sensorineural diseases, which are typically irreversible (Walling and Dickson 2012). ARHL disrupts spoken communication, impacting various aspects of life beyond just auditory perception. Studies have shown that it can negatively affect cognitive function and psychosocial well-being, increasing vulnerability to social and emotional loneliness, as well as depression (Pronk et al. 2011). ARHL can particularly impair information exchange in elderly individuals, significantly impacting their daily lives and, thus, leading to feelings of loneliness, dependence, frustration, and communication disorders (Ciorba et al. 2012). Furthermore, the strain on relationships caused by ARHL can make it difficult for older adults to enjoy conversations with loved ones, fostering social isolation. This is supported by the study of Chaintré et al. (2023), who found that older adults with ARHL struggle to maintain frequent social interactions.

The practice of counseling in audiology is widely acknowledged and endorsed by several regulatory bodies within the audiology profession, on a global scale. According to the American Speech-Language-Hearing Association (2018), audiology encompasses the practice of counseling on a global level. The overview presented bears a resemblance to the framework outlined by the regulatory board within the British Society of Audiology (Ferguson et al. 2016). Counseling within the field of audiology in South Africa is a requirement stipulated by the Health Professions Act no. 56 of 1974, since it is within the audiologists' area of practice, as stated by the National Department of Health in 2012. According to the South African Speech-Language-Hearing Association (SASLHA), counseling plays a crucial role in helping clients develop a deeper comprehension of their communication disorder (SASLHA 2010). Counseling also aids in accepting the limitations and constraints the communication

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disorder imposes on various activities and social engagement, while simultaneously managing realistic expectations regarding the outcomes of therapy. It is contended that within the domain of audiology service delivery, the aspect of counseling may occasionally receive insufficient attention during client interactions since the primary emphasis tends to be placed on the processes of assessment and diagnosis (Bennett et al. 2020). The omission of counseling is a significant oversight, as it is essential for conducting a comprehensive evaluation and ensuring that the client receives the necessary support following a hearing loss diagnosis. Furthermore, it is noteworthy that Meibos et al. (2017) and Montano and Spitzer (2020) acknowledge the significance of counseling as an essential component in the delivery of adult audiological rehabilitation services. Several scholarly research studies have indicated that counseling, as an integral component of the provided services, has a crucial function in aiding clients and their families in comprehending, embracing, and adapting to the consequences of auditory problems (Muñoz 2018; Stuvert et al. 2022).

According to Makhoba and Joseph (2016), counseling involves the dissemination of knowledge and the provision of psychological and emotional assistance to clients who are undergoing a transition in their hearing abilities, necessitating adaptation to new experiences. This description encompasses the primary domains of counseling within the field of audiology, including information/educational counseling and personal adjustment support counseling, as previously discussed in the relevant literature (Flasher and Fogle 2012; Stuvert et al. 2022). The concept of information counseling can be defined as the provision of relevant information to individuals in order to enhance their understanding of hearing, the diagnosis of hearing loss, and the subsequent intervention and rehabilitation procedures (Makhoba and Joseph 2016). The process of information counseling includes audiologists addressing inquiries pertaining to hearing and hearing loss from clients, as well as their relatives or caregivers.

Additionally, audiologists provide explanations of test results and communication tactics (Ratanjee and Joseph 2015). According to Meibos et al. (2019), the concept of information counseling encompasses the process of educating patients about the characteristics and consequences of their ear-related condition, the mechanisms through which various interventions can mitigate the adverse effects of the condition, and the strategies that patients and their families can employ to implement these interventions effectively. In the implementation of this counseling methodology, it is crucial for audiologists to effectively communicate information to clients and their families in a manner that aligns with their level of health literacy (Bennett et al. 2020). Adjustment support counseling, often known as "emotion-focused counseling," involves the assessment of an individual's psychological well-being through the recognition of their worry and suffering, active listening with empathy, provision of knowledge, and emotional support (Bennett et al. 2020). According to Ratanjee and Joseph (2015), adjustment support counseling places emphasis on the enduring nature of hearing loss and practical strategies for effectively managing communication challenges.

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This counseling approach can be characterized as audiologists assisting patients in recognizing and addressing both the internal barriers, such as denial, stress, and anxiety, and external barriers, such as acquiring new information, that are associated with their ear-related conditions. The aim is to help patients reduce these barriers by providing support to both the patient and their family in terms of learning, self-efficacy, and self-management. The ultimate goal is to enable patients to successfully incorporate new skills into their daily lives (Meibos et al. 2019). Hence, the primary objective of the present study was to investigate the perspectives and practical experiences of audiologists when providing counseling services to older adults with hearing impairments.

Counseling geriatric patients with hearing loss presents unique challenges beyond addressing peripheral auditory impairment. Research suggests compromised higher-level cognitive and psychoacoustic processing in older adults (Kricos 2006; Meibos et al. 2019) can hinder effective communication and counseling. A significant challenge lies in the lack of understanding and information regarding hearing aids. Difficulty with device function and maintenance necessitates ongoing counseling and education during hearing aid fitting (Moroe and Vazzana 2019). Pre-fitting concerns, such as denial, unrealistic expectations, and lack of problem recognition (Kricos 2006), further complicate counseling and achieving optimal hearing care outcomes. Additionally, normal age-related cognitive changes, including memory decline and reduced learning capacity (Moroe and Vazzana 2019), necessitate adapting counseling approaches to cater to these limitations. Audiologists must provide extensive support to ensure successful use and care.

To the best of our knowledge, there is a lack of research undertaken within the South African setting that expressly investigates the counseling approach in audiology practice with the geriatric or elderly population with hearing loss. Previous similar studies (Bally and Bakke 2007; Rutherford and Petersen 2018; Sprinzl and Riechelmann 2010) have examined the role of counseling within the context of aural rehabilitation. According to Bally and Bakke (2007), aural rehabilitation encompasses many interventions aimed at mitigating the communicative and psychosocial impact experienced by individuals with hearing loss. This encompasses the use of devices, provision of information, and implementation of therapeutic approaches. Similarly, Rutherford and Petersen (2018) provided a comprehensive account of aural rehabilitation, which encompasses a diverse array of services designed to mitigate the adverse effects of hearing loss on an individual's functional capacity, activity performance, involvement, and overall quality of life. Additionally, aural rehabilitation encompasses the implementation of therapeutic interventions for individuals, aiming to mitigate the constraints on their engagement and allow the amelioration of the adverse consequences associated with hearing impairment. The study conducted by Makhoba and Joseph (2016) addressed the dearth of research on audiologists offering counseling services within the South African environment. This study contributed to the field by recognizing the significance of counseling as a crucial component of auditory rehabilitation.

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Given the aforementioned context, the primary objective of this study was to address the existing research void pertaining to the field of audiology counseling. This was accomplished by collecting empirical data on the first-hand practice experiences of audiologists who engage in counseling with elderly individuals with hearing loss. With this study, the researchers intend to initiate scholarly conversations regarding the potential integration of comprehensive counseling within audiology practice to adopt a more patient-centric approach. The research inquiry is directed by the following research question: What are the approaches employed by audiologists in South Africa to provide information and adjustment support counseling to the geriatric population experiencing hearing loss?

Research Methods and Design

This study was approved by the University of the Witwatersrand Non-Medical Ethics Committee (protocol number: STA_2023_23). Utilizing a phenomenological qualitative research design, this study sought to explore the approaches used by audiologists when providing counseling to geriatric patients diagnosed with hearing loss. Semi-structured interviews were used to facilitate an in-depth investigation of the participants' experiences (Gill et al. 2008) and allowed the participants the freedom to express their counseling views and experiences on their own terms.

The study included fourteen audiologists (thirteen females and one male) with an average of eight years of experience. Eight participants worked in government settings, four in private settings, and two in both. All participants voluntarily provided informed consent, understanding that they could withdraw at any time. The confidentiality of their responses was assured. Although anonymity could not be fully guaranteed, the participants were informed that their names and identifying information would be removed.

Purposive sampling and snowball sampling were used to recruit practicing audiologists who have provided services to the geriatric population. Purposive sampling involved deliberately choosing participants who met the following criteria: (1) qualified as audiologists/speech and hearing therapists (dually qualified), (2) registered with the Health Professions Council of South Africa (i.e., professional regulatory body for audiologists), (3) minimum of one-year working experience, (4) and have provided audiology services to geriatric patients before. Snowball sampling was used to recruit more participants, as the already participating audiologists would suggest potential participants to the researchers (Naderifar et al. 2017). Using snowball sampling as an additional method helped get more participants for the study, as the researchers struggled to get participants by just using purposive sampling.

The participants were recruited through the South African Association of Audiology (SAAA) Facebook group platform, where the researcher, OZ, with the permission of the group administrator, posted details of the study. Interested individuals liked the post, and

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then OZ reached out to confirm their interest. Additional communication about the study was circulated by SASLHA to registered audiologist members, and those interested in study participation and who had met the inclusion and exclusion criteria had to contact the researcher via email. In efforts to increase the sampling number and achieve data saturation, participants were also asked to suggest other potential participants whom they knew or to send information (research invitation pamphlets) about the research study to those individuals who met the inclusion criteria. We acknowledge that due to the employed sampling methods, the participants' responses may be influenced by the various response biases reported in qualitative research, such as social desirability bias and self-selection bias (Latkin et al. 2017). While we made efforts to minimize these biases through rapport building with participants, the use of open-ended questions, and assurance of participation anonymity, it is essential to consider these potential limitations when interpreting the final findings.

Data was collected over two months through semi-structured interviews, which were conducted online and in person (depending on the participants' preferred method), in English, and were of approximately forty-five minutes. A semi-structured interview guide was developed by the authors based on previous literature on audiology services and counseling roles. Overall, the questions inquired about the audiologists' experiences with counseling geriatric patients diagnosed with hearing loss or experiencing hearing difficulties.

The data analysis adhered to the guidelines of Braun and Clarke (2022) for thematic analysis, employing an inductive approach to systematically discern and comprehend patterns inherent in the collected data. To increase rigor, both researchers independently completed the initial data analysis. This process entailed a thorough examination of the interview transcripts, where recurring patterns within participants' responses were diligently sought. To facilitate the identification of overarching themes across the responses, initial codes were generated by highlighting noteworthy data and grouping similar responses using a color-coded system. Subsequently, these initial codes underwent a comprehensive analysis, leading to the identification of themes. The themes were meticulously defined and assigned descriptive titles. The analysis then led to the creation of a comprehensive discussion narrative that incorporated key quotations, supporting the findings derived from the data.

To ensure the trustworthiness of the study, strategies recommended by Shenton (2004) were employed (i.e., credibility, transferability, dependability, confirmability). The research instruments were pre-tested to ensure the study's credibility as well as to identify and clarify any possible issues in the methods. This process revealed that the research methods were appropriate and that no adjustments were necessary. The researchers have provided an in-depth methodological description of the study, which will allow the integrity of the research results to be scrutinized and to allow the study to be repeated. To minimize any biases and ensure the objectivity of the findings, both researchers reviewed the collected data and were involved in the analysis. The quotations from the participants' responses have been included to ensure that the study results are a true reflection of the data collected. There were also

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frequent research meetings between the researchers to discuss the data collection process and the challenges faced.

Results

The thematic analysis process revealed that audiologists had varying practice experiences with providing counseling to the geriatric population with hearing loss. Two key themes with overachieving subthemes were identified, as outlined in Table 1.

Table 1: Themes and Subthemes

Theme 1: Provision of Informational Counseling	*Theme 2: Provision of Adjustment Support Counseling*
1. Explaining evaluation procedures	1. Depending on the patients' needs
2. Explaining hearing loss and the use of hearing aids	2. Providing support through follow-up sessions
3. Using resources during educational counseling	3. Helping patients set realistic expectations
4. Involving the family members and caregivers in counseling support	4. Addressing the emotional aspects
	5. Specifying limitations of the provided adjustment support counseling

Theme 1: Provision of Informational Counseling

Explaining Evaluation Procedures

Participants recognized the importance of comprehensive patient education and counseling in audiology practice, starting from the initial assessment. They emphasized that they provided informational counseling to patients before the hearing evaluation, which meant explaining the processes of the evaluation (i.e., the purpose and nature of the various tests used). Some participants described the process as follows: "We provide informational counseling so firstly it's before the assessment. We have to explain to the patients what's going to happen and what the expectations are" (A6). "So informational counseling in terms of, for instance, what we do and the tests that we conduct" (A7). "If they are doing an assessment, I explain to them what the purpose of the assessment is and what we are looking for from the assessment" (A1).

Informational counseling using clear, jargon-free language during the intervention process helped facilitate the patient's understanding of the evaluation that the audiologists were conducting, as stated by A4: "It is structured in a way that you start explaining your

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whole diagnostic testing and try to use less medical jargon so that they can also be part of the audience."

Explaining Hearing Loss and the Use of Hearing Aids

In their responses, participants reflected on the need to provide patients with comprehensive information about their hearing loss, including its nature and potential causes, such as ARHL. This approach was used to help patients understand their hearing loss better and make informed decisions about their care: "It is part of our scope of practice, you have to give patients information counseling so that they understand what the hearing loss is or what the risk of hearing loss due to age is and give them information after the hearing test to understand their condition much better" (A6). "I start by explaining the type of hearing loss the patient presents with, going through the audiogram, and giving real life situations or examples to explain that" (A12). "My role is to explain to them what their hearing loss means. So, a complete explanation of the audiogram, what their difficulties are, and then relating it to everyday life situations" (A9). "where we explain how their hearing is and the degree and severity of the hearing loss" (A3). "My role in counseling here, it's making sure that the patient understands what their hearing results are" (A4).

There appeared to be similar practice experiences among the participants when it came to discussing intervention options with geriatric patients. Participants described that following the hearing results and hearing loss feedback, as part of counseling, they would educate patients on the proper use of assistive devices such as hearing aids or cochlear implants: "Basically, when it comes to the counseling, when we let them know, 'this is how you're going to use the hearing aid' and they have dementia, it's very difficult" (A5).

> What I normally do is to explain to them how the hearing aid is supposed to work and after they come back, understand how it's working so far. Trying our best to make sure that they are aware of what their hearing aid is supposed to do and if there are any issues that they are facing, try and address them. (A11)

A4 reported that during their engagements with the geriatric patients, they clarified that the use of hearing aids did not mean that their hearing loss would be cured: "[We also explain] that with hearing aids, they are just providing amplification, it's not like it's going to cure the hearing loss or anything. If you don't use the hearing aids, then you still won't be able to hear, so it's just to amplify the sounds around you." Another participant reflected that geriatric patients were given the agency to decide on the available options related to assistive devices and limitations to these options were discussed: "[explain] their options in terms of having hearing aids or not and if they would qualify for the cochlear implant if that were something that would interest them as well. [Information on] some of the issues or some of the limitations of the hearing aid as well" (A13).

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Using Resources During Information Counseling to Support Geriatric Patients

A combination of visual aids, demonstration tools, and verbal explanations was used in providing informational counseling to geriatric patients post-hearing evaluation. These resources were specifically used when explaining hearing loss and when discussing hearing amplification options. These various methods and tools were used to help the patients understand their hearing status and explore further possible interventions. This is illustrated in the responses from A6, A12, and A8: "We give them their results. Which is by showing them the structure of the ear, their audiogram with the speech banana and by explaining everything to them" (A6). "So, explaining the audiogram, explaining the effect of the hearing loss on the auditory system, using the stuff that I've used in my assessment to further explain the impact of the hearing loss and then giving handouts" (A12). "We will use the audiogram to explain, we use the speech banana, we use demo hearing aids just to show how it fits in the ear" (A8).

A4 also highlighted the use of informational pamphlets and handouts to supplement verbal counseling, often covering topics such as the nature of hearing loss, communication strategies, and the types and functions of hearing aids: "We also have a pamphlet that we will give on sensory neural hearing loss, communication strategies, and if they need hearing aids, what type of hearing aids, so usually, like the behind the ears hearing aids, how hearing aids work."

Moreover, A11 acknowledged that the use of written materials may be limited in certain contexts, particularly when working with patients who have low literacy levels or in rural areas. In such cases, A11 relied more heavily on verbal counseling to ensure effective communication and patient understanding: "At the moment I am based in rural KZN. Most of my patients are not literate, so I rely mainly on verbal counseling as to providing informational counseling. I rarely use pamphlets or written communication, so that is how I actually do it."

Involving the Family Members and Caregivers in Counseling Support

Family members and caregivers were reported to play a crucial role in the patient counseling and support process within audiology practice. Participants emphasized the value of engaging the patient's partner, children, or other frequent communication partners in the counseling sessions, recognizing the holistic approach this provides: "My approach is usually holistic where the family is involved, the frequent communication partners are involved, and I advise that geriatric patients do not come for hearing aid fits or hearing tests unaccompanied" (A10). "The patients usually come with someone, its either their partner or the kids, so we provide the information to both the partner and the children" (A4).

The invitation for the family and caregivers to be present when audiological services were being provided was reported as a result of the deteriorating health (i.e., cognitive decline)

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that some of the geriatric patients exhibit or when there are language barriers. This was noted by A5:

> We always try and get one of the family members in. If it's not the family member, at least one of the healthcare workers at old age homes. And then there's a caretaker that helps with these sorts of things. But it's difficult if it's just them, and there is some cognitive decline.

A3 echoed a similar response: "With a patient with a language barrier, we always feel that a communication partner or caregiver should be there so that we can give the most information and that the patient will understand if someone explains it to them."

A14 also highlighted the value of creating an open dialogue during the counseling sessions, encouraging both the patient and their family members or caregivers to ask questions: "You take them through normal physiology of hearing, and you start to explain the degree of hearing loss that they have. You then open the floor for questions, for them to ask you questions and for caregivers to also ask questions." Although A14 did not elaborate on the typical questions that patients and their family members would ask, their response suggests that these questions would be related to the hearing loss experienced by the geriatric patient.

Theme 2: Provision of Adjustment Support Counseling

Adjustment Support Counseling Depends on the Patient's Needs

Participants recognized that the counseling process should be tailored to the particular needs and readiness of the geriatric patient. In their responses, participants adopted a more patient-centered approach as they stated that the type of adjustment support they provide depends on the specific case and the specific individual: "Counseling per patient is specific depending on the patient's needs, and where they're at because some other patients come knowing that they do have a hearing loss, so their adjustment counseling is much less or easier than the patients who are not ready for it" (A6). "So it's going to be dependent on where the patient is sitting and what their needs are" (A15). A1 reported that they explored the concerns that the geriatric patients had and their goal for the session and considered their lifestyle factors:

> I try to follow a patient-centered approach to look at their lifestyle and what is bothering them and what they want out of the session. That guides my counseling in terms of, for example, from the hearing loss that they present with, the hearing loss intervention is guided by the patient's lifestyle factors. (A1)

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Adjustment Support is Provided Through Follow-Up Sessions

Audiologists in this study highlighted the importance of providing ongoing adjustment support to patients through follow-up sessions, particularly after the initial diagnosis and fitting of hearing aids, where they monitor the patients and provide intervention strategies. A6 and A13 emphasized the need to assess the patient's progress in coping with their hearing loss and integrating it into their lifestyle during these follow-up sessions: "So that usually happens during the follow-up after the initial diagnosis. When the patient comes back again, before the hearing aid evaluation, we have to find out where they are in terms of how they are coping with the hearing loss and coping with their lifestyle" (A6).

> We usually ask the patients to come back within two weeks. Sometimes they're unable to do so, or we give you a trial period if you're unable to come back in two weeks, then we give you a trial period of one month where you have the hearing aids. You use it whenever you can. If you don't have any issues, then you come back within a month and then you just give us feedback and we take it from there. (A13)

Other participants reported providing adjustment support through recommending various communication strategies to be employed with communication partners:

> So the adjustment counseling is [supporting] the adjustment of the everyday communication [the patients have with their] partners and explaining to the patients that they have to speak slower, they have to make a concerted effort to change the way they communicate, even though the hearing aids are providing with the benefits. (A9)

To further support geriatric patients' emotional well-being, participants described implementing group-based support systems during follow-up appointments. These sessions allowed patients to connect with others experiencing similar challenges as they shared their experiences and learned from each other's coping strategies:

> So it's also our follow-ups, I'd say, we do a support system whereby we have them meet with other people with hearing loss, and then they'll have a discussion on how the hearing aids work and how they help them or how they've been struggling to hear without them…we try to do it in a group setting. (A4)

Helping Patients Set Realistic Expectations

Most geriatric patients, as reported by the participants, expect hearing aids to restore their hearing and, thus, require extensive adjustment support counseling on how hearing aids only amplify sounds and that they might still face difficulties with communicating. Through

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adjustment counseling post-hearing evaluation, most participants stressed the importance of clarifying expectations of hearing aid use:

> Before we can even go ahead with intervention, [adjustment support] starts already at a post assessment where the information that is provided to them must be thorough. That sets the goals for realistic expectations when treating a patient, especially hearing aid users…I ask them what their expectations are and what scenarios they've heard of. And then we go through myth bursting, where they talk about. (A1)

To manage expectations, A5 explained that "because they think that hearing aids fix everything and they're going to have normal hearing, we have to make sure that they understand that this is an assistive device and it is not going to make everything 100%." Another participant acknowledged that they would explain some of the limitations of the hearing aids:

> You still have to explain to patients that even though the hearing aids are bringing the hearing levels up and they are able to hear more, if a person speaks too fast, they are still not going to understand, and that's not because the hearing aids are not effective, it's because the brain changes in a way that there has to be additional modifications. (A9)

Addressing the Emotional Aspects

Participants revealed that, in their adjustment support counseling, they also address the emotional aspects that tend to arise in geriatric patients. They approach providing this emotion-based support by listening to the patient and identifying what is causing this emotional difficulty. Participants recognized the need to be empathetic and understanding toward patients' feelings and emotions, particularly when gathering case history information, as reported by A4: "Sometimes when we have to be empathetic and understanding towards their feelings and emotions and when they break down during case history."

A4 further emphasized the importance of acknowledging and validating the geriatric patients' emotions while also providing a way forward through interventions and follow-up appointments, as expressed in the following response:

> So the way forward that we can provide is to make sure to try and see if after we have fitted you or implemented the intervention, will that help? And will you still present with the same feelings on the next appointment after we have fitted? So, it's more of sympathizing with them, acknowledging how they feel, and then trying to provide them with the best intervention possible.

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Limitations to the Adjustment Support Counseling Provided by Audiologists

Participants reported there being limitations to the adjustment support counseling they could provide as audiologists. Many of the participants reported not providing in-depth emotion-related counseling, as they felt inadequately trained or equipped for that. Rather, in counseling, they opted to focus on educational information:

> When it comes to counseling, I think there are limitations because we are not psychologists, and we don't have a qualification or even a certificate in counseling. So, with our counseling itself, it is quite limited as to what we can do, [and the counseling] would not go in-depth into the emotional part of it but counseling on the audio part. So, on the diagnosis, more informational counseling when it comes to being specific with the diagnosis and providing options that are available. (A15)

Some participants reported time constraints as being their limitation in providing adjustment support counseling. Specifically, these participants are those who work in government settings, and they reported having limited time with geriatric patients and, therefore, not being able to provide much adjustment counseling:

> In the sense that we sort of touch on [counseling] but given that I work in the state, there is not a lot of time for aural rehabilitation or repeat follow-ups. But I do provide it, I use it with information counseling and communication strategies, as well as when I counsel for hearing aid expectations. Due to the time constraints, I do not have any formal or I do not administer any formal or objective kind of scales. A lot of it is just from patient to patient. (A10)

In recognizing their shortfall when it comes to adjustment support counseling, the participants adopted a multidisciplinary approach to supporting geriatric patients by referring them to psychologists for in-depth counseling: "Because in most cases when we do counsel a patient and we know that we've actually reached the end of our scope because we do more information and adjustment counseling to the hearing aid user, we refer to the psychologist" (A6) and "we must work with the counsellor or psychologist" (A15).

Discussion

Counseling forms an integral part of service delivery in healthcare and greatly influences patient satisfaction. The current study allowed the researchers to extensively gauge the experiences of audiologists when the latter provided counseling to the geriatric population. Specifically, we aimed to investigate the approaches employed by audiologists when providing information and adjustment support counseling to the geriatric population experiencing hearing loss. Considering that no previous research has investigated these aspects of audiology counseling practices with this particular demographic, especially in the South African context, this study

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represents a new contribution to the field of audiology, as well as a novel contribution to the area of audiology. It has been stated numerous times that there is a paucity of research conducted on counseling in the audiology profession and even less in the South African audiology field and context. Therefore, the results of this research uncovered not only how audiologists practicing in South Africa view counseling but also how they approach it regularly. It must be emphasized that the data presented in this study reflects current practices, identifies gaps in professional training, and highlights the unique challenges faced by audiologists in South Africa when counseling the geriatric population. We propose that the findings, which we discuss in detail in the subsequent section, lay a foundation for advancing the theoretical and practical understanding of audiology counseling. The approaches used in informational counseling were well articulated in theme 1 under subthemes 1 to 4, while adjustment support counseling approaches were articulated in theme 2 under subthemes 1 to 5.

The study findings revealed several trends in how audiologists provide educational/informational counseling. Specifically, it was found that audiologists tend to provide informational counseling to patients before the audiological testing. The participants stated that they do this so that geriatric patients can know what to expect and understand what the different assessments are looking for. They also emphasized the importance of providing this information in layman's terms and avoiding complex medical jargon to ensure that geriatric patients understand. This particular practice helped ensure effective communication prior to audiological testing and underscores an essential alignment with patient-centered care approaches, which Watermeyer et al. (2019) argue are necessary to enhance information giving during consultations with patients. This is noteworthy as previous studies have found that audiologists' communication with patients tends to be too complex in nature and technically focused (Grenness et al. 2015). The study findings also suggest that audiologists provide informational counseling post-audiological testing. This involved explaining the assessment results to the patients and presenting the intervention options available to them. Participants indicated that they gave the patients detailed information on their hearing loss, its degree, and its severity while making use of the audiogram. Previous research reports similar practices (Chaintré et al. 2023; Bennett et al. 2020; Makhoba and Joseph 2016; Meibos et al. 2019) in that informational counseling includes audiologists teaching and imparting knowledge related to hearing loss to the patient. As a result, our findings are no different but rather confirm and contextualize audiology counseling practices in the South African setting and extend the current body of knowledge on audiology counseling. This extension of knowledge specifically relates to the resources used when providing education/information to the patients post-audiological assessment.

The findings indicate that audiologists typically make use of resources in their information counseling, which includes the audiogram with the patient's results, the structure/diagram of the ear, the speech banana diagram, demo hearing aids, pamphlet handouts, and online reading materials about hearing loss to literate patients. Additionally, participants mentioned involving

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family members and caregivers when providing information counseling. The study findings suggest that participants adopt a family-centered approach when interacting with geriatric patients, for various reasons. The reasons listed are as follows: family members and caregivers assist in overcoming possible language barriers, assist in employing communication strategies in the patient's daily life, and help the patient adjust and retain the information provided by audiologists, especially in patients presenting with cognitive decline. Dupuis et al. (2019) agree, as in their study, that the audiologists emphasized the importance of involving significant others when providing counseling, highlighting the increased value of this in patients experiencing cognitive decline. They further noted that a family-centered approach has been internationally recognized as a key factor in the provision of quality healthcare services. As a result of these findings, we recommend that audiologists follow a sequential process in the provision of information counseling. This process involves providing information on the assessments to be conducted prior to their commencement and during, to involve the patients as much as possible. This is followed by explaining the results using the different resources available, such as the structure/diagram of the ear, the audiogram, the speech banana, and demo hearing aids, if available.

Our study findings also recognized patterns in the way audiologists approached adjustment counseling. First, participants noted the importance of addressing and prioritizing the patients' primary concerns and making counseling support patient specific and relevant, thus aligning it with the core tenets of a patient-centered approach to ensure patient satisfaction and improved outcomes (Watermeyer et al. 2019). This is important as some studies have found that when the patients' concerns are not being validated or addressed, they often leave the appointment having not chosen a hearing aid or not showing a positive reaction to the suggested hearing aid (Ekberg et al. 2014; Grenness et al. 2015). The participants further stated providing adjustment counseling through having various follow-up sessions with patients. In their description, they noted that they provide adjustment support by scheduling any follow-up sessions as required to determine how patients are coping with their hearing loss and the intervention provided. These sessions allow patients to address any concerns they may have and facilitate ongoing adjustments to meet their needs. This iterative approach to care reflects audiologists' commitment to continuous quality improvement and patient empowerment. This study also found that participants stress the importance of setting realistic expectations for patients via adjustment counseling. Participants mostly addressed this in relation to hearing aid use and benefit as they state that patients tend to have expectations that exceed what hearing aids can achieve. Comparably, Stuvert et al. (2022) found that 61.1% of the audiologists believed in giving patients realistic expectations. It may be argued that setting realistic expectations, as found in the current study, not only helps mitigate potential dissatisfaction but also contributes to an improved relationship between the audiologists and their patients, which is essential for long-term support and adherence to interventions.

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Our study found that participants also addressed emotional aspects when providing adjustment counseling. This is commendable, as studies have shown that audiologists tend to focus more on technical aspects rather than on emotional aspects when providing counseling (Stuvert et al. 2022). The most common skills participants listed when providing emotional support were empathy, active listening, and acknowledging the patients' emotions. We propose that these skills are useful in facilitating difficult or emotional conversations with patients with hearing loss. The skills are also useful for building relationships with clients, as audiologists can gain an in-depth understanding of what the patients are experiencing as a result of the hearing loss, ultimately enabling audiologists to address the broader psychosocial impacts of hearing loss. As such, Kulzer and Beck (2018) also argue that the most critical counseling skills in audiology services include those skills we have identified in the current study, and nonverbal communication and silence.

Participants further mentioned the use of support groups to help patients cope. However, participants also mentioned the many limitations they faced in providing adjustment support counseling. The most prominent limitation audiologists stated was feeling unequipped to provide in-depth emotional counseling, as they were inadequately trained. The study conducted by Makhoba and Joseph (2016) concurs that the reason behind audiologists' lack of provision in terms of psychosocial adjustment counseling was poor undergraduate training. Similarly, the review study conducted by Meibos et al. (2017) revealed that audiologists feel unprepared to provide counseling and reported that the training they did receive in counseling was insufficient, especially in relation to adjustment counseling and the exploration of patient emotions. As a result of audiologists feeling unequipped and inadequately trained to support patients' emotional well-being, the patients may feel less supported and experience feelings such as depression, frustration, and embarrassment with the hearing loss. This may affect their engagement with hearing rehabilitation and increase the potentiality of non-compliance.

Providing adjustment support counseling that is effective is further challenged by time constraints in a session, as some patients may require extensive audiology counseling. This proves to be difficult in facilities where there are a lot of patients, as most participants who listed this limitation work in government settings. Participants reported adopting a multidisciplinary approach by making referrals to psychology and social work when they felt out of their depth with providing emotional support. Similar to previous studies (Bhojraj and Peter 2022; Makhoba and Joseph 2016), we suggest that audiologists' reluctance to provide adjustment counseling may be related to their confidence in providing information counseling, lack of training on methods for providing adjustment support counseling, and, in some instances, time constraints, which are often caused by busy work settings. We contend that a lack of adjustment support for geriatric patients may lead to substantial deterioration in their quality of life and service outcomes. Therefore, like Khumalo (2024) and Kulzer and Beck (2018), this study recommends that more undergraduate training be

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provided for audiology students on counseling skills, with adequate attention given to emotion-based counseling. Moreover, effective adjustment and information counseling throughout training and practice could be ensured by the development of competency-based frameworks for audiology counseling. Furthermore, for those audiologists who are already qualified and practicing, there should be more training programs or CPD training programs centered on the counseling provision. This study was limited to audiologists; therefore, future research should also look into exploring patients' experiences with receiving audiology counseling. This would potentially inform best practices, as it would reconcile counseling provided by audiologists with counseling required by geriatric patients.

Conclusion

This study explored the perspectives and experiences of audiologists in providing counseling to the geriatric population experiencing hearing loss. From the study findings, it is concluded that counseling is an important aspect of their service delivery to improve geriatric patients' understanding of the audiological assessment process, hearing loss diagnoses, assistive device options, and quality of life. Although audiologists advocate for adjustment counseling and try to provide the best counseling to their geriatric patients, this study identified key limitations, including inadequate training and systemic barriers such as time constraints in busy health care settings. These challenges contribute to low confidence and low competency in delivering comprehensive information and adjustment support counseling. There is a great need for more undergraduate training and CPD training programs to mitigate the inadequacy audiologists perceive in their counseling competency. With the lack of research into counseling in audiology, this study was able to delve into this often overlooked but equally important aspect of patient care. The insights presented in this study reflect current practices within the South African context while underscoring the alignment of audiology adjustment and information counseling with the broader patient-centered care approaches.

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Informed Consent

The authors obtained informed consent from all participants.

Conflict of Interest

The authors declare that there is no conflict of interest.

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