The consequences of hearing loss and tinnitus acquired in adulthood include reduced occupational, emotional, and social capabilities. Hearing problems can impair conversation; thus, significantly impacting everyday life, causing isolation, dependence, frustration, and communication disorders. Due to the increase of hearing problems within the population, the demand for hearing loss and tinnitus is a growing problem that has reported to improve the quality of life within those suffering from hearing problems.

INTRODUCTION

The exchange of information with others can be impaired in individuals who are hard-of-hearing or experience tinnitus. These difficulties can lead to a perceived reduction of the quality of life. As life expectancy increases and adults are living longer, an increasing number of individuals will be experiencing hearing loss and tinnitus during their 60s and 70s. Older adults may experience a growing number of older adults aged 70 to 85 years) account for the growing number of hearing problems among the population; yet more recently, a growth is occurring in a number of younger adults (30 to 54). When hearing problems are present, problems in communicative processes may occur, hindering global cognitive development, learning and interpersonal relationships; thus, hearing social development and the performance of the affected population (Papa et al., 2009). Understanding the psychosocial effects of hearing problems on the quality of life is of great importance.

Hearing problems are a common health concern within the United States. Communication difficulties for hearing impaired adults with acquired hearing loss and tinnitus, physical and cognitive function have been reported in 66% of adults with hearing problems (Bainbridge et al., 2014; Cruickshanks et al., 1998; Ries, 1994). Prevention strategies for hearing loss and tinnitus in the United States include: indirect costs due to loss of communication difficulties are also likely to grow. Hearing problems are commonly associated with self-reported physical functioning and may contribute to loss of independence (Bainbridge et al., 2014). As part of the Epidemiology of Hearing Loss Study, Dalton et al. investigated whether hearing-loss severity had an impact on impaired activities of daily living, such as: bathing, dressing, and eating. The cross-sectional analysis of adults aged 53-97 years demonstrated significant trends in the proportion of people experiencing functional difficulties with communication and activities of daily living. The purpose of this research is to investigate the impact of hearing problems on the hearing handicapped, communication difficulties, function in daily life, and health-related quality of life in the population of adults.

METHODS

Participants.

Overall, 71 participants, with hearing loss and/or tinnitus, volunteered and signed the Informed Consent Form to take part in an anonymous survey. Eligible adults with hearing loss and tinnitus, 18 years, were recruited for this survey from across the United States. The Exchange of Information with Others can be impaired in individuals who are hard-of-hearing or experience tinnitus. These difficulties can lead to a perceived reduction of the quality of life. As life expectancy increases and adults are living longer, an increasing number of individuals will be experiencing hearing loss and tinnitus during their 60s and 70s. Older adults may experience a growing number of older adults aged 70 to 85 years) account for the growing number of hearing problems among the population; yet more recently, a growth is occurring in a number of younger adults (30 to 54). When hearing problems are present, problems in communicative processes may occur, hindering global cognitive development, learning and interpersonal relationships; thus, hearing social development and the performance of the affected population (Papa et al., 2009). Understanding the psychosocial effects of hearing problems on the quality of life is of great importance.

As people move through the activities of daily living, at home, at work, and in social or business situations, basic auditory abilities take on functional significance. The ability of an individual to carry out auditory tasks in the real world is influenced not only by their hearing abilities but also by a multitude of situational factors; such as background noise, competing signals, room acoustics, and familiarity with the situation. Several themes emerged among those experiencing hearing problems at the emotional and social level, such as: work life, social life, adaptation, depression, and loss of hope in the future. Themes that emerged are discussed below by each open-ended question. Themes were shared by two question items, results are provided below.

RESULTS

To investigate convergent validity of the HHIA subscales with an existing and already validated instrument that measures the psychosocial domains of health-related quality of life, a restricted sample of 71 participants was found to be correlated at a significant level (SD = 53.53; total Cronbach alpha level = .95).

Table 1. Cronbach alpha levels by HHIA total score, social/situational subscale and emotional subscale.

<table>
<thead>
<tr>
<th>Section</th>
<th>Number of Items</th>
<th>Alpha (α)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social/situational</td>
<td>7</td>
<td>0.94</td>
</tr>
<tr>
<td>Emotional</td>
<td>6</td>
<td>0.91</td>
</tr>
</tbody>
</table>

Hearing Handicap Inventory for Adults (HHIA) is a 25-item questionnaire that is composed of a 12-item emotional subscale and a 12-item socio-situational subscale. Validity was assessed by using construct, convergent and discriminant methods. A Cronbach’s alpha coefficient near 0.90 confirmed a more than acceptable internal consistency.

Emotional and Social Scale. After thorough review of studies’ scales measuring impact of those experiencing hearing problems, an emotional and social scale was created for this study. Twenty-four items were measured on a five point scale ranging from 1 (no) to 5 (yes). Other items questioned the emotional and social quality of life. Cronbach alpha levels for the emotional scale (α = .90) and social scale (α = .91) were highly reliable.

Open-ended Items. To explore personal experiences with those experiencing hearing problems as adults, a series of open-ended questions were created for this study. Two open-ended questions were repeated to explore the impact of hearing loss on the quality of life: “Do you feel like your hearing problem has affected your overall quality of life? If so, in what ways?,” “Please make a list of all the difficulties which you have because of your hearing problem. Write down as many as you can think of.”

DISCUSSION

Findings demonstrate that the HHIA received a higher Cronbach alpha level and appears as a useful additional aid to ensure an optimal patient management as it allows an effective determination of auditory symptoms while investigating most areas of patient concern.

It is strongly suggested that audiological services should improve their diagnostic equipment with adequate psychometric questionnaires to routinely explore the psychosocial consequences of hearing loss and tinnitus.

Elisabeth is a 35-year-old woman who has been wearing hearing aids for 5 years, and was recruited for this survey from across the United States. She volunteered and signed the Informed Consent Form to take part in an anonymous survey. Elisabeth received hearing aids at the age of 30. Hearing problems, especially today when there’s a growing number of hearing problems among the population; yet more recently, a growth is occurring in a number of younger adults (30 to 54). When hearing problems are present, problems in communicative processes may occur, hindering global cognitive development, learning and interpersonal relationships; thus, hearing social development and the performance of the affected population (Papa et al., 2009). Understanding the psychosocial effects of hearing problems on the quality of life is of great importance.

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