

# Few studies consider hearing loss when assessing communication with physicians

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Doctors believe that communication with those under their care is important, but most studies of communication between physicians and older adults do not mention that hearing loss may affect this interaction. The findings come from a review published in the *Journal of the American Geriatrics Society*.

To investigate, a team led by Joshua Chodosh, MD, MSHS of New York University School of Medicine and Jan Blustein, MD, PhD of New York University's Wagner School of Public Service reviewed the published medical literature on doctor-patient communication, selecting research studies that involved [patients](#) aged 60 years and older.

Of the 67 papers included in the review, only 16 (23.9%) included any mention of hearing loss. In some cases (4 out of the 67), people with hearing loss were excluded from the study. Three of the studies reported on an association between hearing loss and quality of care. In only one study did the researchers offer those under care some kind of hearing assistance to see whether it would improve communication (That study found that offering hearing assistance improved patients' understanding).

"Hearing loss has long been neglected in the medical community," said Dr. Chodosh. "As a geriatrician, I see many patients who struggle to hear what I'm saying to them. That makes me less certain that they are getting what they need."

The findings suggest that research on communication between healthcare

professionals and [older adults](#) has largely overlooked a highly prevalent, important, and remediable influence on the quality of communication.

"Patients are often older people, for whom [hearing loss](#) is a daily issue. It's also an issue that's ripe for research: how can we attend to and improve hearing and understanding so that patients get the best quality care possible?" said Dr. Blustein. Co-author Barbara Weinstein, PhD, of City University of New York and New York University School of Medicine added that by adopting strategies to optimize communication between physicians and those under their care, the clinical encounter can be more productive with less effort required on the part of both parties.

In an accompanying editorial, Frank Lin, MD, PhD of the Johns Hopkins School of Medicine and Heather Whitson, MD, MHS of the Duke University School of Medicine noted that the review offers a major opportunity for practice improvement. "Common sense, low (or no) cost strategies can be employed to mitigate the negative impact of both [hearing](#) and vision loss in patient [communication](#)," they wrote. "And some accommodations (e.g., minimizing ambient noise, speaking face to face, creating patient education materials with large-print font) are so simple and potentially beneficial that they could be implemented universally."

**More information:** Jamie M. Cohen et al, Studies of Physician-Patient Communication with Older Patients: How Often is Hearing Loss Considered? A Systematic Literature Review, *Journal of the American Geriatrics Society* (2017). [DOI: 10.1111/jgs.14860](https://doi.org/10.1111/jgs.14860)

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