

Simply Better Hearing

Northside Audiology 2/1-3 Havilah Street Chatswood NSW 2067 Tel: +61 2 9419 6999

www.northsideaudiology.com.au

PATIENT INFORMATION SHEET

Hearing Impairment: Practical Suggestions for Family & Friends

There are a number of factors that can significantly influence the communicating ability of the hearing impaired.

Listed here are some do's and don'ts.

DO:

- Wait until the hearing impaired person can see you before speaking. It is helpful to touch the person to get his or her attention.
- Position yourself 1 metre from the person when speaking.
- Speak at a normal rate.
- Reduce background or competing noise.
- Clue the person into any changes in the conversation topic.

DON'T:

- Speak from another room or while walking away.
- Speak directly into the person's ear. (This distorts the message and hides visual clues.)
- Shout. (This may distort the message.)
- Chew, ear or cover your mouth with your hands while speaking.
- Repeat the statement if it is not understood.(Better to rephrase the statement; use different words.)

Attention.

Relatives of the hard of hearing have been heard to say, "Oh he hears when he wants to hear." Sometimes a person is able to hear and understand without apparent difficulty. However, his "good hearing" is often the result of an ideal listening situation in which he was communicating at a short distance, with an articulate speaker, in the absence of noise. Attempts to communicate in noise or with poor articulation or from another hearing handicapped expend an enormous amount of energy in an effort to sift out the important clues of speech. Their attention to the task of hearing requires concentration.

Modulated Voice.

A very loud voice that is further amplified by a hearing aid becomes distressing and sometimes painful to the hearing aid user. If a person seems to hear but no understand, shouting will not help matters. It also is wise to remember not to drop the loudness of your voice at the end of a sentence.

Enunciation.

One must speak with care while at the same time not

exaggerating the words. Overdoing one's enunciation also leads to distorted speech. Remember that the listener will not understand all the sounds even when they are properly articulated. Faulty enunciation will further reduce his understanding.

Rate.

Rapid speech is very difficult for the hard of hearing to understand. Spoken words last only a fraction of a moment. The brain must quickly identify each group of sounds in a word and assign a meaning. If groups of sounds (words) are run together or any single sound is distorted or omitted by fast speaking, then the listener's understanding is affected. Because spoken language is so transient, the listener has only a short time to identify each word. Frequently, the hard of hearing give the wrong answer to a question – not because they don't know the answer but because they have misinterpreted the question.

Speech Clues.

Poor speech discrimination (inability to understand words) is the major handicapping aspect of hearing impairment. Because the meanings of many words are lost or misinterpreted by the hard of hearing, the speaker can be helpful by offering as many clues as possible to establish the meaning of a conversation. By using several different words to express the same though, the hard-of-hearing listener is provided with additional clues as to the context of speech. For example, instead of saying, "Would you like to see the paper?" - you might say, "The Gazette; would you like to read the newspaper?" You will notice that the loss of some of the more important words is less critical when there are others to indicate the same idea. However, the misinterpretation of the single word, "paper" in the first sentence results in a complete breakdown of communicating that particular idea.

Hearing impairment is a complex handicap. The task of adjusting to one's handicap can be eased by remembering a few simple rules. Get the hard of hearing person's attention, enunciate clearly and speak loudly enough. Don't speak rapidly. Above all – be patient.

(Adapted from the Patient Discussion Booklet Series of the University of Utah Otolaryngology. Reprinted by Permission.)