Sound Check

CLINICAL BULLETIN #6

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Getting the Patient's Point of View with Solodar's One Question (SOQ)

For this edition of the Clinical Bulletin, we go back more than 15 years to an article published in 2009. In a retrospective study of over 800 adults, aged 18-95 years, the authors examined the relationship between the patient's self-rating of hearing ability, and their subsequent decision to purchase hearing aids. They used one question, shown below, to examine this relationship. Since this one-question approach doesn't have a name and the data collection was from the offices of Atlanta audiologist Dr. Helena Solodar, we'll call the scale "Solodar's One Question" or the SOQ.

Here is what they did: At the initial office visit for a hearing aid evaluation, during the in-take interview, the audiologist asked each patient this question:

"On a scale from 1-10, 1 being the worst and 10 being the best, how would you rate your overall hearing ability?"

The answer to this question was then compared with whether the patient acquired hearing aids. As many might predict, those who rated their hearing very poorly (e.g., #1, #2 or #3), were very likely to obtain hearing aids—92% or more of the time they decided to acquire hearing aids. In contrast, only a relatively small percent of those who stated that they had relatively good hearing (ratings of #7 to #10) purchased hearing aids—about 20% of the patients with this self-rating acquired hearing aids.


“On a scale from 1-10, 1 being the worst and 10 being the best, how would you rate your overall hearing ability?”

Perhaps the most interesting finding of this study is the large difference between individuals with self-ratings in the middle of the scale. Roughly two-thirds of the 800 patients had a self-rating between 4 and 7, with the group equally divided between a self-rating of 4 or 5 and a self-rating of 6 or 7. Those with a self-rating of either 4 or 5 acquired hearing aids 80% of the time, while those with a self-rating of 6 or 7 — just one or two points higher — acquired hearing aids about 50% of the time.

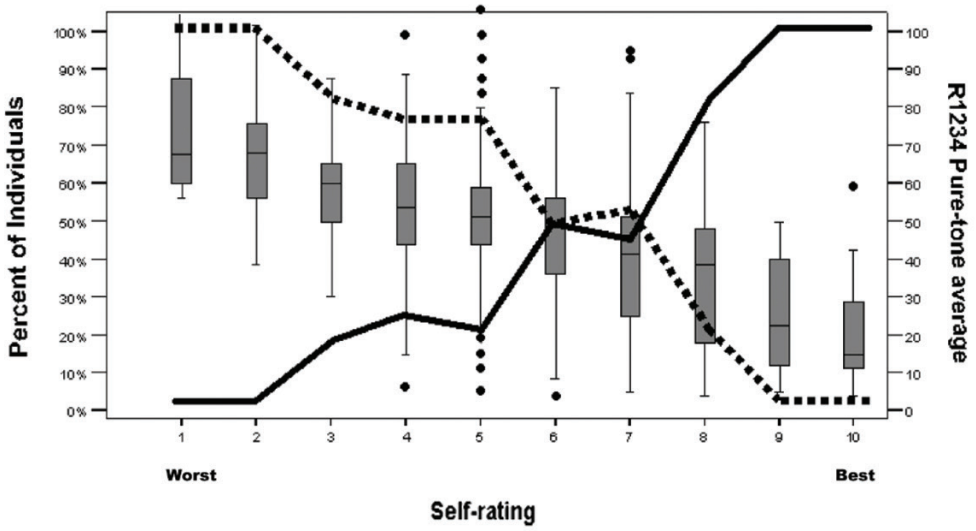

Figure. Dotted line = percentage of patients acquiring hearing aids. Solid line = percentage of patients not acquiring hearing aids. Note that the dotted and solid lines are a mirror image of each other. The box plots represent the range of 4-frequency pure-tone average and correspond to the right y-axis ordinate label. The black dots represent individuals with pure tone averages that fall outside the box plot range.

The findings of this study remind us that an individual's perception of a problem often trumps the magnitude of the problem as measured by an objective test. As this data illustrates, there a many help-seeking individuals with high pure tone averages and self-ratings more akin to near-normal hearing who are not ready to acquire hearing aids. On the other hand, the opposite also occurs: A self-rating that indicates a severely handicapping condition, say a self-rating of 3 or 4, with a near-normal audiogram, who are open to trying hearing aids. Either way, the value of asking this one-question should be evident.

Moving the Middle with a Follow- Up Question

Given that about two-thirds of help-seekers are likely to self-rate their hearing ability between a 4 and 7, it's wise to have a plan for how you might address these middling ratings. Here is a follow-up question, audiologists can ask:

"Why did you rate it (their self-rating number) and not a (chose a number closer to 10)?"

This open-ended question is likely to provide greater insight into the patient's point of view. After all, the more people who are ready to acquire hearing aids, the more successful our businesses will be.

As you can tell, the SOQ provides useful information and is extremely easy to add to your clinical repertoire. This one question simply could be added to one of the other scales like the RHHI (see Clinical Bulletin #5) or the PEW (See Clinical Bulletin #1).

Reference:

Palmer, C. V., Solodar, H. S., Hurley, W. R., Byrne, D. C., & Williams, K. O. (2009). Self-perception of hearing ability as a strong predictor of hearing aid purchase. *Journal of the American Academy of Audiology*, 20(6), 341–347. https://doi.org/10.3766/jaaa.20.6.2 ■