

Ask the expert...

Barbra Timmer on social-emotional well-being

Over recent years, research has shed more light on the correlation between hearing loss and overall well-being. One well-explored aspect is the role of hearing loss as a risk factor for social isolation¹, which in turn can negatively affect social-emotional well-being. Barbra Timmer, Senior Lecturer in Audiology at the University of Queensland and Senior Scientist at Sonova, focuses a lot of her research on social-emotional well-being. She has shared with us her insights on the topic and into her recently published recommendations for implementation into clinical practice to boost patients' social-emotional well-being.

What does social-emotional well-being mean?

Emotional well-being includes positive emotions such as happiness and feeling content, but it also includes aspects such as confidence, engagement and affection. Social well-being refers to how we interact with others, and it includes having a sense of purpose in life and experiencing positive relationships and connections to others.

How is this relevant for hearing care?

The way we socialize and communicate is very strongly linked to our ability to hear. Hearing loss not only impairs our hearing ability, but it can also compromise our ability to communicate, how we interact and connect with others. People with hearing loss often start to avoid or even withdraw from social situations. Reasons include feeling embarrassed or frustrated when mishearing things or feeling exhausted due to the additional listening effort. And this withdrawal can negatively impact both our social and emotional well-being.²

Does this mean that social-emotional well-being should be given much more consideration in daily practice?

Yes, definitely. And it seems even more important when looking at studies that have shown that social connectedness is related not only to quality of life, but also to length of life.³

I personally think that it is amazing to see what a vital role we as hearing care professionals can play in the social and emotional well-being of our clients.

Definition of well-being by the WHO:

Already in the mid-1940s, the World Health Organization described health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".* While hearing loss and its associated communication challenges can impact these core dimensions of well-being, growing evidence has recently shown that hearing intervention can provide benefits in the same three domains.²



And has this led you to develop clinical recommendations on this topic?⁴

Yes, with our publication, my co-authors and myself aimed to create a guideline for hearing care professionals how they might incorporate the social-emotional well-being of their clients into their clinical practice. With our five easy-to-follow recommendations and tools for implementing these, we wanted to enable hearing care professionals to identify social-emotional well-being and to incorporate it into needs and goals.

Do you have a tip for a quick win for starters?

This is a tough question, but I would say, it is the concept of including family members. We know that family members play an important role and they are often a motivation for those

with hearing loss to seek help. When we invite a family member to every first client appointment, we can incorporate their input and observations on how the hearing loss is impacting the family, a very important element of social-emotional well-being. Involving family members is one aspect of a plan we developed to further integrate social and emotional well-being in clinical practice.

Social-emotional well-being and adult hearing loss: A 5-step-plan

1. Identifying the client's social-emotional well-being
2. Including family members in audiological rehabilitation
3. Incorporating social-emotional needs and goals in an individualized management plan
4. Relating the identified needs and goals to recommendations including hearing devices and communication training
5. Leveraging counseling skills and techniques to explore and monitor the client's social-emotional well-being



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¹ Bott, A., & Saunders, G. (2021). A scoping review of studies investigating hearing loss, social isolation and/or loneliness in adults. *International journal of audiology*, 60(sup2), 30–46. <https://doi.org/10.1080/14992027.2021.1915506> ² Vercammen, C., Ferguson, M., Kramer, S.E., Meis, M., Singh, G., Timmer, B., Gagné, J.-P., Goy, H., Hickson, L., Holube, I., Launer, S., Lemke, U., Naylor, G., Picou, E., Scherpiet, S., Weinstein, B., & Pelosi, A. (2020). Well-Hearing is Well-Being: A Phonak Position Statement. *Hearing Review*, 27, 18–22. ³ Choi, J. S., Adams, M. E., Crimmins, E. M., Lin, F. R., & Ailshire, J. A. (2024). Association between hearing aid use and mortality in adults with hearing loss in the USA: a mortality follow-up study of a cross-sectional cohort. *The Lancet Healthy Longevity*, 5(1), e66–e75. ⁴ Timmer, B. H. B., Bennett, R. J., Montano, J., Hickson, L., Weinstein, B., Wild, J., ... Dyre, L. (2023). Social-emotional well-being and adult hearing loss: clinical recommendations. *International Journal of Audiology*, 1–12. <https://doi.org/10.1080/14992027.2023.2190864> * World Health Organization (WHO). Constitution of the World Health Organization. Geneva, Switzerland; 1948.