

# Impact of Hearing Loss on Quality of Life among Hearing Impaired Geriatric Population

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**Abstract:** Hearing is the most commonly sensory defect in the elderly population it directly cause a severe effect on the quality of life of the patient. Especially in the elderly, damage to hearing effect the exchange of information, thoughts thus significantly influences everyday life, causing frustration, and anxiety, isolation, as well as communication difficulties. Difficulties in hearing may cause social and health problem. Damage to hearing with age (presbycusis) is raising problem that may results in the deviation in the social, emotional, physical problems and has a significant impact on the quality of life of every aging person. Increment of presbycusis cannot be healed; therefore valuable management of this problem not only needs early identification and reestablishment, but it also include an assessment of quality of life.

**Objective:** To assess the impact of hearing loss on quality of life of the patients with regards to emotional and social problems that they face.

**Patients and methods:** In the present study the sample comprised of 60 hearing impaired elderly participants (40 males and 20 females), age range 60 - 75years, having moderately severe to profound hearing loss. All participants belong to low socioeconomic group. Among 60 participants, 45 illiterate and 15 have primary education. All the participants were dependent on their family income. The average family income was Rs.4000-9000 monthly. All Hindi speaking participants were taken for the present research for better communication.

**Results:** The data were analyzed under four domains physical, social/personal, environmental and psychological. Physical health domain were evaluated through seven indicators including pain, dependence on medical aids, energy, mobility, sleep and rest, activities of daily living, and work capacity more than 70% participants show positive preferred to any kind of physical activity, which means that most of the person have sufficient amount of energy for daily work.

**Conclusions:** Hearing loss is associated with important adverse effects on the quality of life of elderly persons. Hearing impairment is the sensory impairment which creates a difficulty in the life of people. From the present study it is concluded that hearing loss effect psychological and environmental domain like due to lack of money, lack of access to health services which is degrading the management of hearing impaired people for this we need to conduct counselling programmes and create awareness about the schemes provided by the government so that they can afford the suitable hearing aid and other benefit and can able to cope up with their problem and accept their problem and did not feel anxiety and depression due to hearing loss. The present study can be continued with more participants

**Index Terms:** Quality of life, Hearing loss, Counselling.

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## 1. INTRODUCTION

Hearing impairment is a serious problem among elderly people which is very common these days. It is the third most chronic condition among elderly population. Hearing loss is associated with old age, and it is likely to become more of an issue with changing population demographics in the developed world.

Age-related hearing loss (ARHL), known as presbycusis, is characterized by progressive deterioration of auditory sensitivity, loss of the auditory sensory cells and central processing functions associated with the aging process. The signs

of presbycusis include reduced audibility of high frequencies; reduced speech understanding, specifically in noise and reverberant environments; interference with the perception of rapid changes in speech; and impaired sound source localization (Frisina, 2009).

According to WHO statements, quality of life defined as an individual's perception of their position in life in the context of the culture and values systems in which they live and in relation to their goals, expectations, standards and concerns. In addition, quality of life is described as a wellness resulting from a combination of physical, functional, emotional and social factors (Nejatiet.al. 2008)

The term "QoL" is used to evaluate the general well-being of hearing impaired elderly people. Considerable agreement exists regarding the idea that the evaluation of QoL is multidimensional: physical well-being, material well-being, social well-being, and emotional well-being. It has now been reported by several authors that hearing loss is an increasingly important public health problem that has been linked to reduced QoL, as it can impair the exchange of information, significantly impacting daily life, especially for elderly people. QoL measures do not focus on any particular disorder or treatment, but rather on the self-perceived overall health status of the individual. (YaserKhaje-Bishaket.al., 2014)

Hearing impairment in geriatric population basically cause emotional reactions, such as loneliness, isolation, dependence, frustration, depression, anxiety, anger, embarrassment, frustration, and guilt, behavioral reactions, such as bluffing, withdrawing, blaming, and demanding cognitive reactions, such as confusion, difficulty focusing, distracting thoughts, decreased self-esteem, and communication disorders. All these results in poor quality of life in terms of physical, personal, environmental and psychological aspects of life.

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There are no. of patients with hearing impairment in India caused by inadequate knowledge on health care who was practically limited knowledge about age related hearing loss. They strive to understand their problems and its implication. As a result struggle to cope up with their own problem. Since there is a lack of Indian research in this regard, hence, this study is to focus on the quality of life in hearing impaired elderly around Delhi/NCR.

### **Objective**

The aim of the study is to assess the effects of hearing impairment on the physical, social /personal and psychological aspects of the life of geriatric population.

## **2. METHOD**

In the present study the sample comprised of 60 hearing impaired elderly participants (40 males and 20females), age range 60 - 75years, having moderately severe to profound hearing loss. All participants belong to low socioeconomic group. Among 60 participants, 45 illiterate and 15 have primary education. All the participants were dependent on their family income. The average family income was Rs.4000-9000 monthly. All Hindi speaking participants were taken for the present research for better communication.

Tools: A standard scale (WHOQOL-BREF) was used for collecting the data containing 26 no's questions. Questionnaire was divided into 4 domains having 5 rating scale. (WHOQOL-BREF) include physical, environment, social/personal and psychological domain.

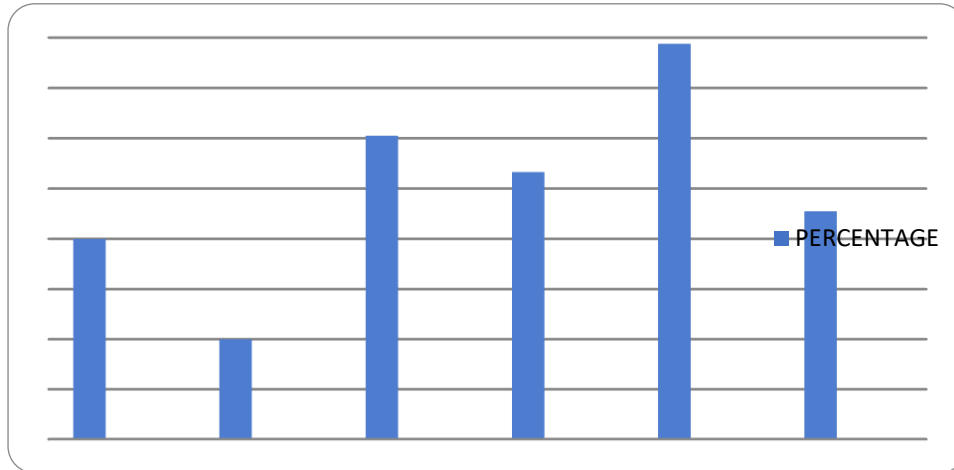
The WHOQOL-100 quality of life assessment was developed by the WHOQOL Group with fifteen international field centres, simultaneously, in an attempt to develop a quality of life assessment that would be applicable cross-culturally. The development of the WHOQOL-100, has been detailed elsewhere (i.e. Orley&Kuyken, 1994; Szabo, 1996; WHOQOL Group 1994a, 1994b, 1995)..

Procedure: The purpose of the scale was explained and verbal consent was taken. Only those participants were taken in this study who had given positive consent to participate. The scale was given to the sons and daughters of the elderly patients who came for checkups at AYJNISHD, NRC. The questionnaire was explained at first and was asked to filled by the participants. The questions were translated in Hindi as and when needed. 100 handouts were distributed to the participant which was explained to them. Out of 80, 60 handouts were received completely, 20 were filled incompletely, and 60 handouts were selected for the analysis.

### 3. RESULT AND DISCUSSION

The data were analyzed under four domains physical, social/personal, environmental and psychological. Physical health domain were evaluated through seven indicators including pain, dependence on medical aids, energy, mobility, sleep and rest, activities of daily living, and work capacity more than 70% participants show positive preferred to any kind of physical activity, which means that most of the person have sufficient amount of energy for daily work.

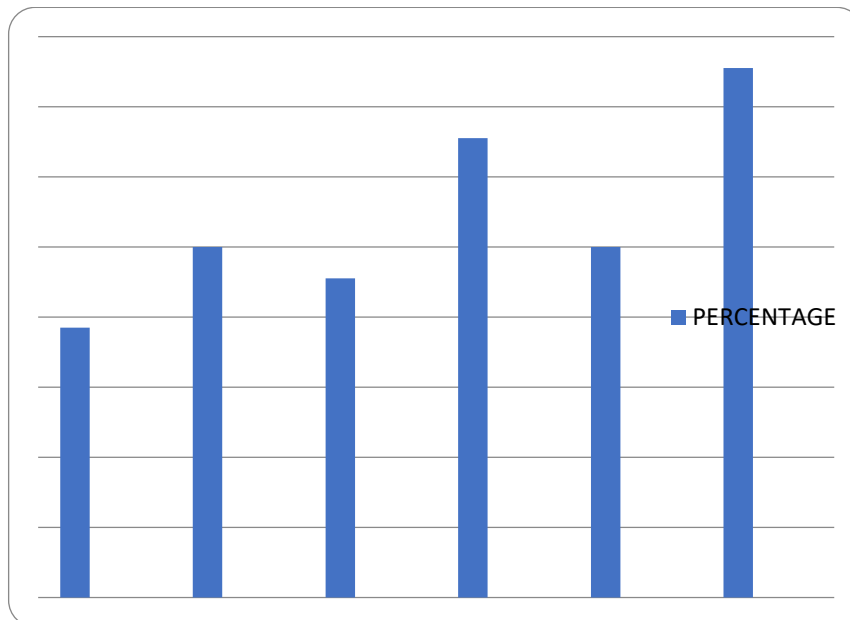
#### Physical health domain



**Figure 1: Shows the percentage of per question in physical healthy domain**

They did not required any medical treatment to function in daily life, and 30% participants having other physical problem they required medical treatment to function in their daily life but in psychological domain that 49.2% participants feel anxiety depression due to their hearing loss due to this they cannot able to enjoy their life and not able to concentrate properly.

#### Psychological domain



**Figure 2: Shows the percentage of per question in psychological domain**

In social /personal domain only 53.5% results were positive which means that they can get a moderate amount support with their friends ,quiet satisfied with their personal relationship with their wife rather than their children's. In environmental domain 45.4% participants shows that they did not get enough amount of money to meet their needs. The

results in psychological and environmental domain that participants are not satisfied with their living condition, not satisfied with their access to health services due to this it impact on their daily life which create difficulty to follow their routine. Elderly people have higher probability of suffering from multiple health disorders due to experience reduced physical and mental functions. Loneliness, impaired sexual activity and chronic metabolic disorders are some of causes can result in emotional disturbances. These problems can decrease life quality of elderly. Vahdaninia et al. (2004) manifested that among 396 elderly in Tehran city with aged 60 year and above, there was a positive difference between having diseases and low score of quality of life. Habibi et al. (2008) confirm the quality of life among elderly people was better in those who stated their health status in good level than others who stated their health status in the same of other elderly or in not acceptable level. Kumar & Majumdar (2014) manifested that QOL was significantly low among those with no schooling, nuclear family, not receiving pension, not with partner, having musculoskeletal disorder and low vision.

#### Environmental domain

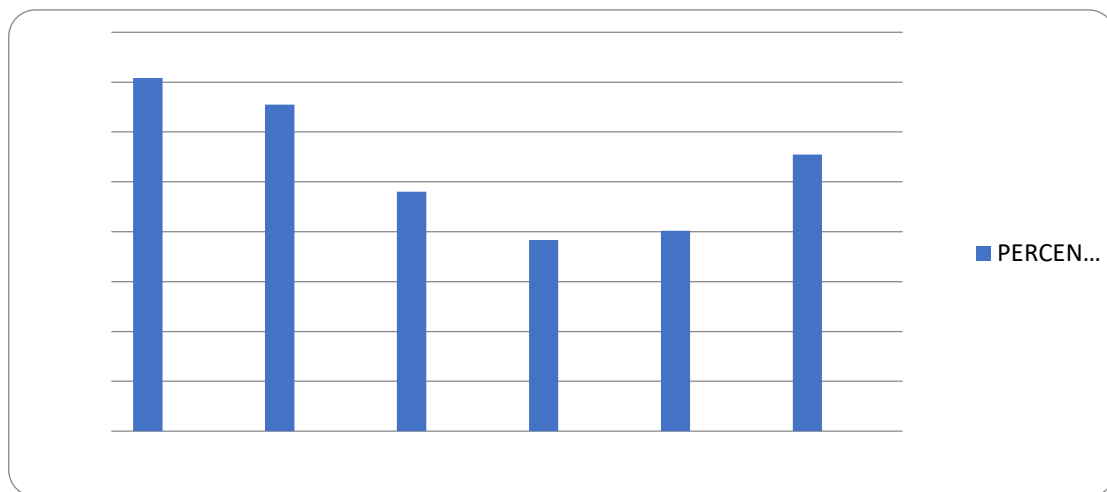


Figure 4: Shows the percentage of per question in environment domain

#### 4. CONCLUSION AND LIMITATION

Hearing loss is associated with important adverse effects on the quality of life of elderly persons. Hearing impairment is the sensory impairment which creates a difficulty in the life of people. From the present study it is concluded that hearing loss effect psychological and environmental domain like due to lack of money, lack of access to health services which is degrading the management of hearing impaired people for this we need to conduct counseling programmes and create awareness about the schemes provided by the government so that they can afford the suitable hearing aid and other benefit and can able to cope up with their problem and accept their problem and did not feel anxiety and depression due to hearing loss. The present study can be continued with more participants.

#### REFERENCES

- [1] Datta PP, Gangopadhyay N, Sengupta B. Association of psychological morbidity with socio-demographic characteristics among elderly: a cross-sectional study from Eastern Indian. *Int J Med Public Health*. 2013; 3:94–99.
- [2] Farzian pour F, Arab M, Hosseini SM, Pirozi B, Shadi H. Quality of life of the elderly residents in Marivan. *Evaluation of quality of life of the elderly population covered by healthcare centers of Marivan and the influencing demographic and background factors in 2010*. *Iran Red Crescent Med J*. 2012; 14(11):695–96.
- [3] MalekAfzali H, BaradaranEftekhari M, Hejazi F, Khojasteh T, Noot RH, Falahat K. et al. The effectiveness of educational intervention in the health promotion in elderly people. *Iran J Public Health*. 2010; 39 (2):18–23.
- [4] Lutz W, Sanderson W, Scherbov S. The coming acceleration of global population ageing. *Nature*. 2008; 451(7179):716–19.
- [5] Bornardz J. *Family studies: an introduction*. 1st ed. London: Routledge; 1997.

- [6] 6.Kun LG. Telehealth and the global health network in the 21st centuryFrom home care to public health informatics. *Comput Methods Programs Biomed.* 2001; 64(3):155–67.
- [7] Farzianpour F, Hosseini Sh, Rostami M, PordanjaniSh B, Hosseini SM. Quality of life of the elderly residents. *Am J Applied Sci.* 2012; 9 (1):71–74.
- [8] Nejati V, Shirinbayan P, Akbari A, Foroughan M, Taheri P, Sheikhvatan M. Quality of life in elderly people in Kashan, Iran. *Middle East J Age Ageing.* 2008; 5 (2):21–25.
- [9] Ware JE Jr, Sherbourne CD. The MOS-36 item short-form health survey (SF-36) *Med Care.* 1992; 30 (6):473–83.
- [10] Mellor D, Russo S, McCabe MP, Davison TE, George K. Depression training program for caregivers of elderly care recipients: implementation and qualitative evaluation. *J GerontolNurs .* 2008; 34 (9):8–17.