

Original article

Perspectives and experiences of audiologists in India towards counselling

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ABSTRACT

Background: Counselling is very important components of service delivery in clinical work and counselling related skills are crucial. The purpose of the present study was to explore of perspectives and experiences of audiologists in India towards counselling.

Methods: Cross sectional online study among audiologists in India. The study was carried out in two phases. The first phase involved developing and validating a questionnaire to explore the perspectives and experiences of audiologists towards counselling. In phase two, 36-item questionnaire was used for data collection. Statistical analysis was carried out using SPSS software version 21 to determine descriptive statistics and the internal consistency of the questionnaire using Cronbach's Alpha.

Results: A total of 126 audiologists completed the survey, 61.1% females and 38.9% males. The audiologists were from a wide range of age and experience as well as work settings. The findings suggest that the audiologists considered counselling as an important and inevitable component in the audiologic rehabilitation process. Overall, the audiologists exhibited positive perceptions towards the importance of counselling. Most audiologists expressed the need for a greater emphasis on counselling in curriculum of graduate programs.

Conclusion: This study is the first of its kind to explore the experiences and perspectives of audiologists in India towards counselling. Overall, the findings helped in broadening the understanding about the perceptions and experiences of audiologists in India towards counselling.

1. Introduction

In the field of audiology, counselling plays a very important role in assisting clients and their families to understand, accept, and adjust to the effects of ear-related disorders.^{1,2} Audiologists aim to make it easier for people with auditory, vestibular, and other ear-related disorders to better communicate and connect with the rest of the world by dealing with its prevention, identification, and management. Audiologists are also involved in counselling and educating patients and family members on various aspects with respect to hearing and balance management.³ Counselling includes any assistance through interactive manner to clients and their family members to deal with emotions and life-situation that could pose a challenge. Counselling assists them to handle the situation and help improve their overall quality of life.^{4,5}

Counselling in audiology encompasses two main areas: informational counselling and personal adjustment counselling.⁴ Informational counselling is the process of explaining and discussing the nature of the disorder, assessment findings, treatment plan for the disorder, prognosis, and resources. Personal adjustment counselling refers to

addressing emotions, feeling, beliefs, thoughts experienced and expressed by the client and the family members. Counselling in audiology involves evaluation procedures, diagnosis, addressing problems secondary to hearing loss, psychosocial and behavioural adjustments, coping mechanisms and support groups.^{1,2} Counselling is thus a very important components of service delivery in clinical work and counselling related skills are crucial in all clinical encounters.⁶

Studies have been carried out in audiologists to explore their perspectives and experiences towards counselling.⁷⁻⁹ Meibos et al.⁷ identified 18 articles based on counselling hearing technology users. Across the included studies, the audiologists reported of facing difficulty while dealing with adjustment and emotional issues as well as modified their counselling to adapt to the client being counselled.

The healthcare provider and client relationship are enhanced through several mechanisms such as better understanding, communication, support, empathy, and client-centred counselling. Counselling forms the basis for establishing a sound healthcare provider and patient relationship and is an important component of service delivery in audiology as well. To the best of our knowledge, no study has yet

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explored the perspectives and experiences of audiologists practicing in India towards counselling. Thus, the purpose of the present study is to get an overview of the views and ideas of audiologists practicing in India regarding counselling by exploring their perspectives and experiences in counselling.

2. Method

The perspectives and experiences of audiologists practicing in India towards counselling were explored using a cross-sectional questionnaire-based online survey. The study was carried out after the Institutional Ethical Committee approval. The study was carried out in two phases.

2.1. Phase one

The first phase involved developing and validating a questionnaire to explore the perspectives and experiences of audiologists towards counselling. Items pertaining to the aim of the study were identified and collated from previous literature^{8,10,11} and expert opinion to form a questionnaire. This questionnaire was provided to five audiologists with over ten years of work experience for content validation. The content validation was done for each item using a four-point rating scale, from 0, denoting not relevant, to 3, denoting relevant.¹² Only those items that were rated as quite relevant and relevant were retained in the final questionnaire. Scale Content Validity Index (S-CVI) was calculated to establish the content validity.¹³ A S-CVI score obtained was found to be 0.90 which indicated that the developed questionnaire had an excellent content validity.¹³ The questionnaire was developed and administered in the English language.

The final 36-item questionnaire consisted of questions related to demographic details, perceptions about counselling among audiologists, importance of various components in counselling, and experiences of audiologists towards counselling. The final questionnaire is available upon request from the authors.

2.2. Phase two

The second phase included data collection and analysis. Contact details of the audiologists were obtained from the Rehabilitation Council of India and the Indian Speech and Hearing Association websites. Audiologists with more than one year of work experience and practicing in India were only included in the study.

The validated questionnaire developed in phase one was converted into a Google Form. The Google Form started with a brief introduction to the study, followed by a consent form and then, the questionnaire. Only those audiologists who consented to participate in the study could access the questionnaire. The participation was voluntary and anonymous. Each participant took approximately 12–15 min to complete the questionnaire. The responses were directly saved on Google Drive and accessible only to the investigators.

2.2.1. Statistical analysis

The response rate and demographic information were summarized using descriptive statistics. Internal consistency of the items was confirmed using Cronbach's Alpha coefficient which is a function of the total number of items in a test and average inter-correlation between them. All analysis was done using SPSS software version 21.

3. Results

The content validity index of 0.90 and Cronbach's alpha coefficient value of 0.63 for the questionnaire were obtained. One-hundred and twenty-six audiologists consented to participate in the study. The audiologists were between 21 and 79 years of age, with a mean age of 31.9 (± 10.7) years. These audiologists had an average of 8.08 (± 9.70) years

of professional experience, ranging from 1 to 50 years. Females made up 61.1% of participants and males made up the remaining 38.9%. 61.1% of the 126 participants had a master's degree, 26.2% had bachelor's degree, and 12.7% had a doctorate. 58.7% worked in clinical settings, 48.4% in hospital settings, and 38.9% worked in academic settings while 2.4% worked for non-profit organizations. The average time taken by the audiologists while counselling each client was 16–20 min (34.1%), 11–15 min (33.3%), more than 30 min (24.6%), 5–10 min (7.9%).

The questionnaire included 15 items on perceptions of audiologists towards counselling to be rated using a five-point rating scale of strongly disagree, disagree, neutral, agree, and strongly agree. Table 1 is a summary of the audiologists' responses.

3.1. Perceptions towards counselling

As noted in Table 1, more than 80% audiologists strongly agreed to being comfortable to providing counselling, considered counselling to be an important aspect, gave importance to the role played by audiologist in counselling, gave importance to listening to the family of the client, and considered interpersonal communication skills to be important. Most audiologists (over 65%) strongly disagreed to negative statements such as clients not being encouraged to ask questions and effective counselling having no role in prognosis. Most audiologists responded agree or strongly agree for items such as non-verbal modes of communication being as important as verbal communication in counselling, understanding temperament and empathy as an important aspect of counselling, being fully attentive emotionally and mentally, as well as need for more emphasis on counselling skills in curriculum of graduate programs. Scattered responses were noted for items such as having pre-decided judgements in counselling and having unrealistic expectations during counselling.

In the next subsection of the questionnaire, the importance given by audiologists to different components during counselling were to be rated using a five-point rating scale of not important, slightly important, moderately important, very important and extremely important. Most of the audiologists rated very important or extremely important for most of the items. The responses of the audiologists were as shown in Table 2.

3.2. Importance of different components in counselling

When asked about their primary sources of knowledge about counselling, 82.5% audiologists mentioned discussions with colleagues and friends, 71.4% graduate coursework, 66.7% from seminars/workshops/conferences while 57.9% reported journals or books. The audiologists were next asked to denote the topics commonly covered in a typical counselling session. The most frequently included topic is the different options for intervention (93.7%), followed by an explanation of the provisional diagnosis (92.1%). Their responses have been depicted in Fig. 1.

3.3. Topics covered in a counselling session

The next question was regarding the areas of audiology that audiologists found the most difficult to counsel as depicted in Fig. 2. Counselling on other implantable devices was reported to be difficult for 42.1% of audiologists, and counselling on hyperacusis was difficult for 40.5%. Explaining the provisional diagnosis (5.6%) and counselling regarding hearing aids (6.3%) were found to be relatively easier.

3.4. Areas in audiology in which the audiologists faced difficulty

The audiologists were asked how often they included certain components in counselling using a five-point rating scale of never, rarely, sometimes, frequently and always. The distribution of their responses is shown in Table 3.

Table 1
Perceptions towards counselling.

Responses	Frequency n (%)				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel comfortable providing counselling services to my clients/family members.	0	0	2 (1.6)	21 (16.7)	103 (81.7)
I think counselling is an important aspect while treating clients.	0	0	1 (0.8)	3 (2.4)	122 (96.8)
I believe that my role as an audiologist involves counselling patients with hearing disorders.	0	0	1 (0.8)	12 (9.5)	113 (89.7)
Listening to the client or their family member is an important aspect in counselling.	0	0	1 (0.8)	13 (10.3)	112 (88.9)
I have my own pre-decided judgements while counselling my client/their family.	24 (19.2)	24 (19.2)	38 (30.4)	28 (22.4)	11 (8.8)
Good interpersonal communication skills are important while counselling.	0	0	2 (1.6)	21 (16.7)	103 (81.7)
Non-verbal modes of communication are as important as verbal mode of communication during counselling.	3 (2.4)	3 (2.4)	22 (17.5)	46 (36.5)	52 (41.3)
I feel clients should not be encouraged to ask questions during counselling.	83 (65.9)	18 (14.3)	8 (6.3)	9 (7.1)	8 (6.3)
Effective counselling has no role in the client's prognosis.	85 (67.5)	16 (12.7)	12 (9.5)	5 (4.0)	8 (6.3)
Understanding the clients/family members temperament is an important aspect in counselling.	5 (4.0)	3 (2.4)	7 (5.6)	41 (32.5)	70 (55.6)
I am confident in my counselling skills.	0	1 (0.8)	5 (4.0)	39 (31.0)	81 (64.3)
Unrealistic expectations can be included during counselling.	48 (38.1)	13 (10.3)	16 (12.7)	21 (16.7)	28 (22.2)
I should be fully attentive emotionally and mentally during counselling.	1 (0.8)	1 (0.8)	5 (4.0)	35 (27.8)	84 (66.7)
Empathy while counselling is an important aspect of professional practice.	0	2 (1.6)	16 (12.7)	36 (28.6)	72 (57.1)
More emphasis is needed on counselling skills in the curriculum of graduate programs	2 (1.6)	1 (0.8)	9 (7.1)	40 (31.7)	74 (58.7)

3.5. Frequency of different components related to counselling

As seen in Table 3, 42.1% sometimes ask their client/family to rate or describe their emotional status while 32.5% responded never or rarely. 33.3% frequently asked the client to express their condition and 41.3% frequently asked their client to restate or repeat the points. 65.1% always asked their clients to family members to ask doubts/questions. More than 50% frequently or always referred their clients to other professionals.

The final question was an open-ended question where the audiologists were asked to list the professionals to whom they refer their clients. Most of the referrals were to the ENT/Otolaryngologist (65.1%), psychologist (53.2%), neurologist/neurosurgeon (31.7%), pediatrician (26.2%) or speech-language pathologist (25.4%).

4. Discussion

Counselling forms the basis for establishing a sound healthcare provider and patient relationship and is an important component of service delivery in the field of audiology as well. Counselling helps in building the foundation of a strong healthcare provider-client relationship. To our knowledge, no study has explored the perspectives and experiences of audiologists working in India towards counselling. The audiologists who participated in the present study, were in the age range of 21–79 years, with a mean age of 31.9 years (± 10.7) and years of experience from 1 to 50 years. About 60% were females while remaining males. The audiologist reported of working in diverse setting with many audiologists working in more than one setting. Majority of the audiologists had a master's degree followed by bachelor's degree and doctorate. Further, when asked about the time required for each counselling session, almost equal percentage of audiologists in the present study needed 11–15 min or 16–20 min. However, this duration might be variable depending upon the type of clients being counselled.

Counselling is also considered as one of the many essential roles of an audiologist that affect the client's prognosis.² In the present study, more than 80% audiologists responded as strongly agree to 'being comfortable to providing counselling', 'counselling to be an important aspect', 'audiologists play an importance in counselling', 'it is important to listen to the family of the client', and 'interpersonal communication skills are important'. Further, 81.7% of the participants in this study reported being at ease and confident in providing counselling services. Munoz et al.¹⁰ have reported a high level of confidence in supervisors of audiology graduate training programs while teaching counselling skills to students. Future research is needed to better understand factors affecting the varying confidence levels in audiologists while teaching counselling skills and practicing counselling skills.

Good interpersonal communication skills were considered to be important by 81.7% of the audiologists in the present study. Beck and Kulzer¹⁴ have emphasized on the importance of active listening, non-verbal communication, silence, and empathy as the four most critical counselling micro-skills for audiologists. 80.2% of the audiologists believed that encouraging the clients to ask questions during counselling is important and 55.6% believed that understanding the temperament of the client and the family members is important, while 61.1% believed that giving realistic expectations to the clients is important. The audiologist-client relationship has been shown to influence treatment effectiveness and to aid clients in better adjusting to their condition by improving the transmission and retrieval of important psychosocial and clinical information, facilitating client involvement in decision-making, engaging in open discussions about the benefits, risks, and barriers to adherence, and building rapport and trust, as well as offering clients support and encouragement.¹⁵

Studies have revealed that during counselling sessions, audiologists tend to focus on technical content rather than emotional concerns.¹⁶ However, in the present study, showing emotional attention, mental attention, and empathy towards the client have been accepted to be

Table 2
Importance of different components in counselling.

During counselling, it is important to	Frequency (n%)				
	Not important	Slightly important	Moderately important	Very important	Extremely important
Explain technical terms in simple language	3 (2.4)	4 (3.2)	12 (9.5)	38 (30.2)	69 (54.8)
Know expectations of the client/family	3 (2.4)	3 (2.4)	6 (4.8)	42 (33.3)	72 (57.1)
Understand the level of acceptance towards the condition	3 (2.4)	1 (0.8)	8 (6.3)	47 (37.3)	67 (53.2)
Respect the sociocultural diversity of the patient/family	4 (3.2)	4 (3.2)	8 (6.3)	45 (35.7)	65 (51.6)
Involve family members	3 (2.4)	5 (4.0)	5 (4.0)	40 (31.7)	73 (57.9)
Restate the clients/family's expression in your own words	2 (1.6)	11 (8.7)	20 (15.9)	46 (36.5)	47 (37.3)
Have a holistic approach	4 (3.2)	2 (1.6)	5 (4.0)	30 (23.8)	85 (67.5)

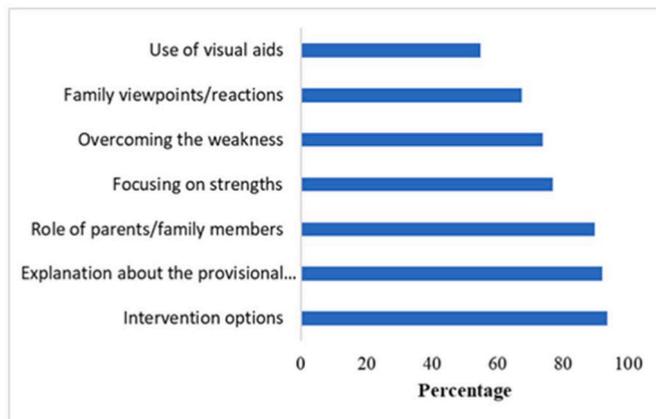


Fig. 1. Topics covered in counselling session.

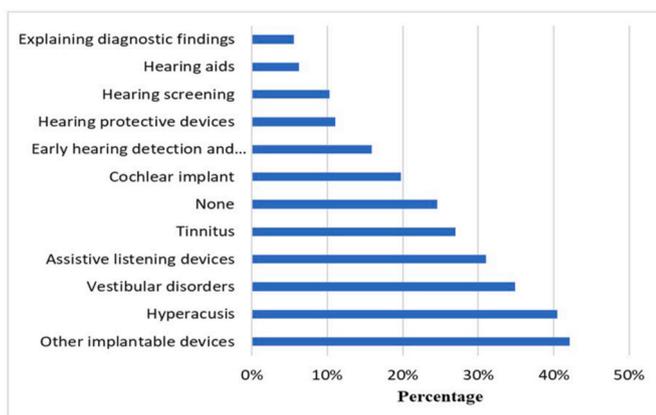


Fig. 2. Areas in audiology in which audiologists felt difficulty.

important by most of the participants. Gibson¹⁷ has considered non-judgmentalism as one of the core conditions for client-centred counselling and based on the current study, 68.8% of audiologists agree that they do not have their own pre-decided judgments while counselling.

As per previous studies, audiologists tend to focus more on the technical aspects and clients find it difficult to understand the information provided due to the presence of technical jargon.^{7,18} Results from the present study showed that 85% of the audiologists consider it important to explain technical terms to the clients and their families in a simple language while 90.4% find it important to understand the expectations of the clients and their families and their level of acceptance of the condition to enhance the audiologist-client relationship. Considering the family's beliefs, socio-cultural diversities and involving the family at each step of the decision-making process is important.¹⁹ Respecting the client's sociocultural diversity during counselling has

Table 3
Frequency of different components related to counselling.

During counselling, how often do you <	Frequency n (%)				
	Never	Rarely	Sometimes	Frequently	Always
Ask your client/ client's family to rate or describe their emotional status	16 (12.7)	25 (19.8)	53 (42.1)	24 (19.0)	8 (6.3)
Ask your client/ client's family to express what they feel about the condition	4 (3.2)	16 (12.7)	30 (23.8)	42 (33.3)	34 (27.0)
Ask your client/ client's family to restate/repeat the points you have mentioned, to get a better understanding	0	7 (5.6)	19 (15.1)	52 (41.3)	48 (38.1)
Ask your client/ client's family to ask doubts/questions if any	0	3 (2.4)	16 (12.7)	25 (19.8)	82 (65.1)
Refer your clients/ client's family members to other professionals	2 (1.6)	9 (7.1)	45 (35.7)	59 (46.8)	11 (8.7)

also been rated as very important by 87.3% of the participants while 89.6% also reported that involving family members in different aspects of the treatment procedure is important. In order to avoid misunderstandings between the clients and the audiologists, restating the client's or family's expression in the audiologist's own words has reported to be effective.⁸ Similarly, in the present study, 91.3% of the audiologists considered rephrasing the client's or family's expression in their own words as important. A holistic approach to counselling is the most effective which enables the audiologist to better understand and assist the client in different aspects of his/her well-being.⁸ 91.3% of the participants of this study also have the same opinion that having a holistic approach in counselling is important to make it effective.

The main sources of knowledge for the audiologists regarding counselling were discussions with colleagues and friends and graduate coursework. Other sources reported in previous literature are seminars, workshops, conferences, journals, and books. Studies in the US have reported of the lack of a dedicate course on counselling skills in audiology,¹⁵ similarly in India also there is no dedicated course or subject on counselling. Although studies have emphasized on the need for more dedicated courses on counselling this still remains a grey area.¹¹

In the present study, the most frequently included topic in counselling was discussion on options for management and explanation of the diagnosis. Frequently included topic in counselling sessions includes information about the disorder, family reactions, addressing strengths and weaknesses, role of family, use of visual aids, providing home-based training, planning on health or educational requirements beyond therapy, and participating in support groups.^{7,8} Counselling on implantable

devices and hyperacusis were the areas that audiologists in India found to be most difficult to counsel. The topics that are found to be relatively easier were provisional diagnosis of hearing impairment and management using hearing aids, which is not surprising as these are the most common practices of an audiologist.

Very few audiologists always (6.3%) asked the clients to rate or describe their emotional state while 27% always asked clients how they feel about their condition. 38.1% always asked them to repeat the points that they have mentioned and 65.1% always encouraged clients to ask doubts. Clients are often unable to express their emotions and feelings freely, and this the onus is on the audiologists to make them comfortable and ensure they feel understood.^{3,6}

A team approach helps in suitable and holistic management of hearing and vestibular disorders. More than half of the participants of the study (55.5%) reported referring clients to other professionals if needed. According to the American Speech-Language-Hearing Association,³ the team must include at least a family member, a speech-language pathologist, occupational therapist, physical therapist, special education teacher, direct care staff, employer, psychologist, and a social worker. Based on the results of this study, the professionals to whom clients are referred the most by audiologists are ENT specialists/Otolaryngologists/surgeons, and psychologists.

5. Conclusion

This study is the first of its kind to explore the experiences and perspectives of audiologists in India towards counselling. The findings suggest that the audiologists considered counselling as an important and inevitable component in the audiologic rehabilitation process. Overall, the audiologists exhibited positive perceptions towards the importance of counselling. Although the audiologists felt confident with their counselling skills, most audiologists expressed the need for a greater emphasis on counselling in curriculum of graduate programs. The study helps in identifying the important components of counselling in audiology as well as need for a holistic approach. Among the components, the most commonly used component included was intervention options and explanation of the provisional diagnosis. Overall, the findings helped in broadening the understanding about the perceptions and experiences of audiologists in India towards counselling.

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Declaration of competing interest

The authors do not have any conflicts of interest to declare.

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