

# Stakeholder perspectives on current CI practice can inform clinical guidelines in support of an international standard of care: Findings from a qualitative study

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## Aims

Standards of care (SOC) provide agreed-upon benchmarks upon which clinical treatment should be recommended based on best available evidence. Unilateral cochlear implantation (CI) is considered to be the international standard of care for treatment of severe-profound bilateral sensorineural hearing loss (SNHL) in adults.(1) Achieving SOC requires the development, dissemination, and adoption of clinical best practice guidelines, a set of evidence-based recommendations intended to optimise care. Qualitative research provides useful data for clinical guideline development through exploration of current practice and where treatment recommendations may be challenging.

A qualitative study conducted in Australia and the United Kingdom (UK) explored stakeholder's experiences of their local CI care pathway, identified perceived barriers to and facilitators of CI, and uncovered attitudinal and behavioural responses to CI.(2,3) Study findings will be presented from an implementation perspective, offering insights mined from first-hand accounts into best practice including the dissemination and adoption of clinical practice guidelines.

## Methods

The study utilised a multi-method qualitative design. Semi-structured focus groups and/or interviews were conducted with adults (aged > 50 years) with post-lingual severe or greater SNHL who used either hearing aids (HAs) or CIs and healthcare professionals (HA audiologists, CI audiologists and GPs) in Australia. To provide a comparative sample from a different health care system, 11 HA audiologists working in the UK's National Health Service (NHS) participated in either a focus group or semi-structured interview. Participants completed a demographic questionnaire and were invited to complete a paper-based follow-up survey, administered to ensure data saturation. Thematic analysis was used and data were analysed iteratively and concurrently with data collection using a group, consensus-based approach to ensure the rigour and trustworthiness of findings.

## Results

A total of 143 data capture events were collected from 55 participants (26 patients, 29 HCPs). Six key themes emerged: 1) barriers and facilitators to CI utilisation, 2) patient perspectives on the burden of hearing loss, 3) impact of CIs and quality of life, 4) HCP perspectives on professional practice, information sharing and shared care, 5) patient perspectives on HCP support, information provision and care, and 6) patients' aspirations for the future. Themes were largely consistent across the Australian and UK-based HCP groups. Limited awareness and knowledge of CI, complex referral processes, and communication amongst HCPs were identified challenges whereas patients' desire for improved communication and social participation and HCP knowledge and confidence were suggested to be facilitators of CI utilisation. HA users' and CI recipients' aspirations for their hearing health included improved hearing ability and having access to future technological developments.

## Conclusions

The present study is the first to present a synthesis of multiple stakeholder perspectives on CI clinical practice and CI utilisation across two different healthcare systems. It provides a valuable repository of data to support the development and implementation of evidence-based practice guidance to support an international standard of care for adults with bilateral severe-profound SNHL. Importantly, insights from service user accounts will be critical, in an era of person-centred care, to the development of clinical guidelines that promote an ethos of shared care, enable greater access to CIs, and promote a better quality of life for adults living with hearing loss. (550 words)

## References

1. Pisoni DB, Kronenberger WG, Harris MS, Moberly AC. Three challenges for future research on cochlear implants. *World J Otorhinolaryngol - Head Neck Surg.* 2017;3(4):240–54. 0
2. Rapport F, Bierbaum M, McMahon C, Boisvert I, Lau A, Braithwaite J, et al. Qualitative, multimethod study of behavioural and attitudinal responses to cochlear implantation from the patient and healthcare professional perspective in Australia and the UK: Study protocol. *BMJ Open.* 2018;8(5):1–10.
3. Bierbaum M, McMahon CM, Hughes S, Boisvert I, Lau AYS, Braithwaite J, et al. Barriers and Facilitators to Cochlear Implant Uptake in Australia and the United Kingdom. *Ear Hear.* 2019;1.