

Abstract

Introduction. Assumptions about acclimatization, or getting used to hearing aids, are widely regarded to affect information, advice and clinical decisions in audiological rehabilitation. Meanwhile, evidence concerning auditory acclimatization is mixed. The terminology for getting used to hearing aids is ambiguous. There are no standardized recommendations, tools or guidelines for working with acclimatization. How do Swedish audiologists handle this situation? Previous research on this topic is largely scarce. **Aim.** The aim of the study is to investigate Swedish audiologists' associations regarding acclimatization and their clinical practices when working with new hearing aid users getting used to hearing aids. **Method.** A questionnaire was created based on a literature review and the authors' clinical experiences. The questionnaire was distributed digitally to hearing clinics in Sweden and posted in two Facebook groups for Swedish audiologists. **Results.** The survey was answered by 207 audiologists. Informing new hearing aid users about acclimatization is common. A majority inform users that the brain requires time to adjust to the sound ($n = 205$), that a specific time period is needed to become accustomed to the hearing aids ($n = 197$), and that the hearing aids should be worn for a certain amount of time each day ($n = 177$). However, varying information and recommendations regarding time and usage are given. Most respondents prefer to advise regular use of hearing aids to facilitate acclimatization before considering reprogramming the aids when users express dissatisfaction with the sound ($n = 151$, $n = 114$). Opinions regarding required daily hearing aid use before reprogramming the aids vary. The associations regarding acclimatization also varied. The most common was that over time, the user's own voice is perceived as less echoing, booming, and hollow ($n = 178$). No studies were found to support this claim. Relatively few respondents associated acclimatization with neural changes ($n = 52$, $n = 75$). Collaborative planning of hearing aid usage is uncommon ($n = 24$), as is the use of working materials ($n = 19$). Few reported having received guidelines for working with acclimatization from their workplace ($n = 22$). Some respondents expressed a desire for more tools and resources ($n = 65$). **Conclusion.** New hearing aid users receive varied information and recommendations. The opportunity for getting one's hearing aids reprogrammed also varies. When clinical decisions and information provided rely on assumptions of acclimatization, there is a risk that audiologic practices may not be grounded in scientific evidence. Communication about acclimatization can be made more transparent, nuanced, and concrete. There is a need for guidelines and working materials regarding acclimatization. This study highlights the relationship between acclimatization, collaborative decision-making, and patient-centered care.

Keywords

Audiological rehabilitation, auditory acclimatization, aural rehabilitation tools, evidence-based care, getting used to hearing aids, hearing aids, new hearing aid users, recommendations for hearing aid use, shared decision making, survey