

Linguistics Research Seminar Series 2008

Monday, April 28 at 11.00 am

Linguistics seminar Room - W5C221

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Patient – Professional Interaction in Clinical Settings in Audiology

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Abstract:

Audiologists identify themselves as allied health professionals, who, as members of a helping profession, aim to diagnose and rehabilitate those with hearing loss. Audiology patients may be people of all ages and all degrees of hearing loss. The typical audiology patient is one who identifies with those with normal hearing, and for whom the condition of hearing loss is both acquired and unwelcome.

Professional roles and practices differ between audiological diagnosis and rehabilitative audiology. Goffman's (1981) participant framework as applied to audiology suggests that participants (audiologists, patients, and sometimes their family members) adopt roles that enable the activities of audiological diagnosis, and rehabilitation planning to be achieved. For diagnostic audiology, participant roles include testee and tester respectively, whereas for rehabilitative audiology the roles include that of buyer and seller of hearing aids. When patients require hearing aids, the roles and practices of the audiologist shift from those associated with diagnostic to rehabilitative service delivery.

Appointments present uncertainties as to whether both diagnostic and rehabilitative practices will be required, and if so, whether the associated shift in audiologist activity and roles of all participants will be negotiated successfully by both parties. Shifts in role associated with the diagnostic to the rehabilitative are not always welcomed by both participating parties for a complexity of reasons. These reasons include the rejection of hearing aids based on cost and stigma (by patients) and professional discomfort with a commercial marketing and selling role (by audiologists). These shifts in role may be mutually discomfiting if they require doing or saying things that are believed to conflict with the perceived self identities of participants. Unwelcome shifts in role that are not resolved in and through interaction may contribute to less than optimal outcomes for patients.

Many studies in the audiology literature report poor compliance with hearing aid use in spite of technological advances (Garstecki, 1994; Kochkin, 2005). To date, the interactional patterns between audiologists and patients are reported in the published literature only to identify conversational strategies adopted to overcome communication difficulties posed by the hearing loss (Pichora-Fuller, Johnson, & Roodenburg, 1998). An unpublished linguistic ethnographic study completed in the department for coursework purposes (Johansen, 1996) suggested identifiable patterns of footing changes linked to role changes occurred in a single audiology appointment that was selected for analysis.

The present PhD study has, as a particular practical objective, the goal of informing and shaping audiological practice within the Audiology clinic at Macquarie University. Combining an ethnographic and interactional sociolinguistic approach informed by Goffman's explanation of self presentation, as displayed through his constructs of *framing* and *footing* (Goffman, 1959, 1963, 1967, 1981). The methodology (as outlined by Rampton et al., 2004) allows for the creating of distance between the researcher and the situation being investigated, in particular when the situation is well known to the researcher. Describing, interpreting and explaining interactional patterns in clinical settings in relation to role shifts within audiological appointments is achieved in this study through the use of conversational analysis (Heritage & Maynard, 2006; Hutchby & Woofitt, 1998) and critical discourse analysis (Fairclough, 2001). A related objective is to inform the audiology profession of how discourse-based qualitative methodologies, grounded in the study of interaction, can serve to guide best practice in clinical interaction.

References

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