

# Sat Cung 失聰- Hearing Loss

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## Exploring the Needs of Hard of Hearing Chinese Older People

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15 participants took part in two focus group interviews: 10 participants in group one to explore their concept of hearing loss; 5 participants with hearing loss in group two to explore their needs and support. Two group interviews were conducted in Cantonese at Wai Yin Sheung Lok Centre with assistance of Radio Sheung Lok presenters recording and editing the interviews. Participants were informed and consented that recording materials would be used for broadcasting at All FM Sheung Lok Radio Show. The findings show that participants held strong opinions of traditional Chinese values and beliefs thus they were confused by the term “Sat Cung” (hearing loss in Chinese). Information and support was not available for Chinese older people especially for the hard of hearing elderly. It is crucial for service provider work closely with Chinese specialist organizations to tackle social isolation and loneliness among older people due to hearing loss. Findings from this research were drawn from a small sample, and so serve to identify and highlight issues using qualitative research within the Chinese community. Further research to be carried out using multi-methods, including qualitative techniques, in a large representative sample is recommended

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## **Title: Exploring the Needs of Hard of Hearing Chinese Older People**

### **1: Introduction**

Ambition for Ageing (AFA) is a programme for Greater Manchester which tries to improve local communities for people over 50. Research has shown that people with hearing impairment is one of the underrepresented groups in some AFA areas compared with the local population. One of the objectives of the Equalities Board of the AFA is to increase understanding of how marginalisation and inequality shape social isolation among older people. For this reason, this research project attempts to explore the needs of hard of hearing Chinese older people within their community.

### **2: Background Information for the research**

#### **2.1 Hearing loss and deafness**

According to the World Health Organisation, a person who is not able to hear sound below 25 dB is said to have hearing loss. 'Hard of hearing' refers to people with hearing loss ranging from mild to severe, and 'deaf' people refers to profound hearing loss, which implies very little or no hearing. (WHO, 2018).

Mild hearing loss is a condition when people with their better ear can hear the quietest sound between 25 and 40 dB, but they have some difficulties keeping up with conversations especially with a noisy background; moderate hearing loss is when people with their better ear can hear the quietest sounds between 40 and 70 dB, but they need a hearing aid to keep up with conversations; severe hearing loss is when people with their better ear can hear the quietest sounds between 70 and 95 dB, but they benefit from powerful hearing aids, and rely heavily on lip-reading; profound hearing loss is when the most quietest sounds heard are from 95dB onwards, and they rely on lip-reading and/ or sign language (DeafHear, 2018).

#### **2.2: Chinese people in Manchester**

The 2011 census recorded 430,000 ethnic-Chinese in Britain. 6,721 people born in China were living in Manchester in 2011 (1.3% of the city's population). These figures underestimate the Chinese population as there were considerable barriers to registering for the 2011 Census return; these include language barriers and a cultural suspicion of officials and authority. The vast majority of Cantonese speaking Chinese settled in England between 1960 and 1980s, and many of them worked long hours in takeaways or the restaurant business. Despite living in the UK for over 40 years, evidence has shown that the language barrier was singled out as the major difficulty that Chinese older people encounter in daily life and hence face barriers to accessing health and social care services. (UCLAN, 2007).

#### **2.3 Chinese values and beliefs**

It should be noted that Chinese people value older people with all their wisdom gained from life experience, so they should be respected and not taught by younger generation. It is also a Chinese tradition that children are obliged to look after their parents, and shame for Chinese families if children of the elderly fail to fulfil this obligation. Research shows that Chinese older people have a great expectation and rely heavily on their family's support, especially their children (UCLAN, 2007), and if there is a lack of support from them, senior members of the family will feel loss of face as this represents their social position and prestige (Hsiao, Klimidis, Minas, and Tan, 2006)

## **2:4 Concept of hearing loss**

In the Chinese Dictionary, the term 失聰(Sat Cung – in Cantonese; Shīcōng – in Mandarin) means hearing loss (Note 1). As this research was conducted in Cantonese, “Sat Cung” is used in this report. The term 失聰“Sat Cung” was found in the document of submission on “Review of Disability Allowance” to the Legislative Council Welfare Panel of Hong Kong, The Hong Kong Society of the Deaf used this term to describe the level of hearing loss (Note 2). The word “Sat 失” means loss; and the word “Cung 聰” means clever, so to combine these two words may mislead and has a false assumption of people with hearing loss. In this aspect, this research project was focused on

1: exploring the notion of hearing loss among Chinese people and the difficulties that Chinese older people encounter when they experience hearing loss; also

2: through media - broadcasting the research findings on a radio programme to raise awareness of hearing loss, and how to gain access to appropriate services and support.

## **3: Research Process**

### **3.1: Recruiting and training Radio Sheung Lok presenters**

In order to achieve the aims of this project, 7 Radio Sheung Lok presenters were recruited. A half day hearing loss awareness training workshop was held at Sheung Lok Centre on 18<sup>th</sup> November 2017. The workshop was led by Denise Megson, a nurse Lecturer in Health and Society at Salford University. The purpose of this workshop was to deliver the professional perspective of hearing loss to Radio Sheung Lok presenters, thus information and knowledge gained from this workshop would be of benefit facilitating focus group interviews. The workshop was delivered in English and did not mention the Chinese term “Sat Cung”.

### **3.2: Focus group interviews**

In order to gain insight into older people’s lived-experience, a focus group interview method was used in this research. Since the researcher was also a hard of hearing person, two focus group interviews were supported by Radio Sheung Lok presenters. The interviews were carried out at Sheung Lok Centre on 5<sup>th</sup> December and 12<sup>th</sup> December 2017.

Both focus group participants were recruited from service users of Sheung Lok Centre. Participants without hearing problems were selected to join the first focus group interview, and hearing aid users were selected to take part in the second focus group interview. Both group interviews were conducted in Cantonese.

## **4: Ethical Considerations**

Both interviews used audio recording, and all participants were informed the purpose of the research. All personal details were removed during data transcription so identification cannot be made and data was anonymised before analysis. Participants were also informed that some of the audio recording material would be used for broadcasting on the Radio Sheung Lok programme, and assured all personal details were removed during data analysis so identification cannot be made in the written report or extracted from audio recording for broadcasting. They have the right to withdraw their participation at any time without giving any reason. All participants agreed to take part in this research project and agreed that the audio recording materials could be used for broadcasting.

## 5: Data Analysis

Among the 7 Radio Sheung Lok presenters involved in this research project, none of them have research experience, and they did not receive any research training from this research project. They were asked to transcribe the interviews into Chinese only for supporting the researcher when she found difficulty in listening to the audio recordings, and used it for checking the accuracy of the data transcribed by the researcher. The two interviews were transcribed directly into English by the researcher.

Colour coding and thematic analysis was used for data analysis (Braun and Clarke, 2006) to identify themes from participants' experiences, their perceptions, attitudes and behaviour towards hearing loss.

As a Cantonese speaking researcher with hearing loss and a worker at Sheung Lok Centre, the researcher was aware of her status and accepted that participants came from different backgrounds and experiences. Therefore, during data analysis she was adamant in challenging her own biases and assumptions and to the best of her ability interpreting the finding.

## 6: Results

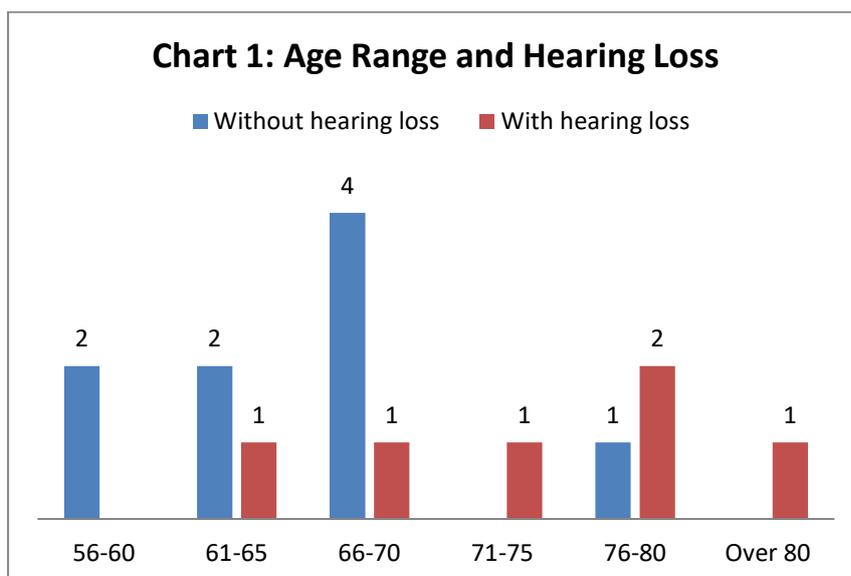
### 6.1 Participant profiles

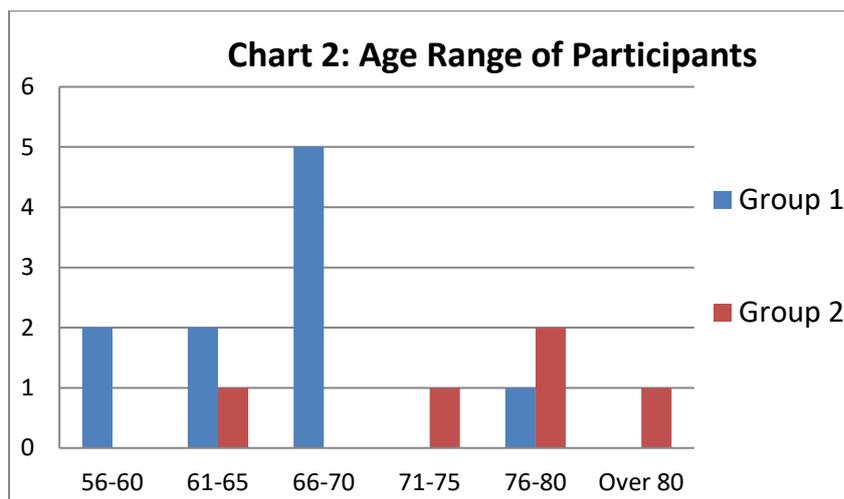
A total of 15 participants engaged in this research project, 6 participants with hearing loss and 9 participants without hearing problems (see Chart 1).

10 participants (5 males and 5 females) took part in the first focus group interview, their age range was between 56 and 77 years old (see Chart 2); Focus group one was for Chinese older people without hearing problems, however, during the process of interviewing, one participants was identified with a hearing loss.

5 Chinese people (3 males and 2 female) participated in the second focus group interview, all of them were hearing aid users. Their age range was between 64 and 83 years old (see Chart 2).

Due to the hearing problem of the researcher, 4 Radio Sheung Lok presenters attended to assist facilitating and recording the interviews. It was also difficult to exclude carers from the second focus group interview, with permission from participants, so 3 carers attended to observe the interviewing.





## 6.2: Concept of “Sat Cung” 失聰

Only 3 male participants (2 in group one and 1 in group two) considered the term “Sat Cung” as equivalent to hearing loss. The rest of the participants from both groups had mixed feelings and different opinions of this term. They thought that “Sat Cung” was related to hearing loss; but also implied people lost their hearing completely. Some considered “Sat Cung” was a combination of speech and hearing loss, so in this respect, “Sat Cung” people would not be able to “receive” communication from their surrounding environments, although they might not be “stupid” persons, but it might lead to a consequence of it being impossible to achieve their potential fully. Furthermore, due to their difficulties in communication with other people, “Sat Cung” people might also respond in inappropriate ways:

*“... cannot receive (message) from outside (environment), so therefore, these people cannot fully achieve their development” ( 61 year old female participant in Group one)*

*“... people can hear something, they are not ‘Sat Cung’; deaf is not ‘Sat Cung’, in Cantonese calls ‘deaf’ (Group one 56 year old male participant)*

*“Sat Cung” is a lack of “hearing and listening intelligence” and inability of speech. In other words, “Sat Chung” is deaf and dumb. (Group two 64 year old female Participant)*

*“The person is not stupid... If they go out, their appearance is same as everyone, if they don’t move their arms or legs, you won’t know this person is “Sat Cung”” (Group one 67 year old female participant)*

## 6.3: Cause of “Sat Cung” 失聰

Some participants thought that “Sat Cung” only applied to younger age people; they regarded older people with hearing loss as “degeneration” due to old age.

*“Sat Cung” is completely hearing loss, for older people, we don’t call “Sat Cung”, it is just degeneration...if it is due to your ears degeneration, you can’t hear, but you still can hear the sound, just cannot capture what people say, only noisy (A 66 years old female in Group one).*

Although individual participants held different views of “Sat Cung”, they had rich knowledge of causes of hearing loss from their personal experiences or observed from other people with hearing loss, such as congenital reasons; a perforated eardrum or gradual hearing loss caused by ageing or exposure to loud noises over many years.

*It was due to illness and as a result of a damage of the nerves that leads to “Sat Cung”. Yes some are due to congenital defect; some are developed in their later life. (A 67 year old female participants in Group one)*

*I know someone who was pregnant, she suffered from German measles, they are germs, these affected the foetus, and the baby will be born with it...if the pregnant mother has not got it (German measles), she will be affected and the baby will have a high risk of hearing loss (A 61 year old female participant in Group one)*

*“Sat Cung”, I remember about over ten years ago, my eardrum was broken, at that time, my doctor advice me to have a hearing aid” (A 67 year old male participant in Group one)*

*“... is it something loss, loss sense? If the eardrum is damaged then can’t hear. It is serious if the eardrum is burst, I have burst my both eardrums (83 year old male participant in Group two)*

#### **6.4: The impact of misconception of the term used**

Participants applied their own perception of “Sat Cung” to people with hearing loss. They indicated that people could have “loss of senses” from a sudden shock of traumatic experience or as a result of brain diseases or illness and its consequence of leading the person to “loss of senses”, and unable to respond or to engage in a “normal conversation”

*“Yeah, some are developed in their later life, may be having a serious illness, then they will lose their hearing. Or sometimes due to family... domestic violence. Because they suffer from domestic violence, they loss their speech, but they can hear, this also call “Sat Cung” right? Some can hear but they can’t speak; some can speak but they can’t hear”  
(A 67 year old female participant in Group one)*

*“People will get really irritated. I went to my friend’s house... It was really noisy and kept saying that the person live with him stealing his money... He won’t, never listen to anyone, apart from sleeping and eating, he only talks about the same problem over and over again”  
(A 66 year old female participant in Group one)*

*“It is not how to talk to them, it is because of their brain has changed, the illness has changed their brain, they could only remember...repeats talking things that happened in the past, they also think about bad things, they won’t think happy things”  
(A 66 year old male participant in Group one)*

Emotional problems are also associated with “Sat Cung”. Participants believed that younger age “Sat Cung” people would has been receiving a lot of support from specialists to treat their mental health problems. Only people with a sudden “Sat Cung”, in their mental health would be deeply affected. Although these people have emotional disturbance, they do not have a violent tendency,

*“...if onset in their early year of life, they will get use to it...special school to train them.... if find out earlier, then they will seek help from psychiatrist...people who can hear and talk normal... will affect their mental health ... I can talk, I can hear, all of sudden, I can't talk and I can't hear... then they will have emotional problem and needs to express their discomforted...They need to vent their emotion and will do something that other people don't understand...” (67 year old female participant in Group one)*

### **6.5: Gaining Access to services**

All participants expressed that the GP should be the first professional to contact with if they are concern about their hearing problems. Some participants experienced a long waiting time for a referral or to be seen by doctors or audiologists. Among 6 participants with hearing loss, 2 of them initially consulted private doctors or an audiologist to gain advice and obtained hearing aids to support their hearing problems.

### **6.6: Experience of Using Hearing Aids**

Participants who regarded themselves as “without” hearing loss thought that hearing aids were useful for hearing loss, because it was not only helping people to improve hearing, but also could improve their mental wellbeing;

*I: Will hearing aid help?*

*P1: Yeah it can help, at least better than can't hear. If people cannot hear, it just likes suddenly being isolated from the whole world ... you cannot pick up what they said, and you can't hear any noise, you will have a sense of loss (P1, a 61 year old female in Group one)*

In contrast, hearing aid users had different opinions, and from their experience using hearing aids neither solved their hearing problems nor improved hearing by using it. They complained that they did not feel comfortable and felt very sensitive to the magnified sounds. Sometimes they did not even feel safe because their hearing aid picked up sounds that they normally could not hear, for example they felt unsafe to cross a busy road with an unexpected loud noise generated by their hearing aids. They also fear the magnified sound from their hearing aid could further damage their hearing, although explained and advised by specialists that it was safe to use. As a result, participants left their hearing aids unused as long as they could manage to hear what people say and use alternative ways to rescue their hearing loss.

*“Yeah, if your eardrum has broken, it will repair itself... I went to see my GP, he told me that my eardrum was broken, I need a hearing aid, but I did not wear it. I only do exercise.”  
(A 67 year old male participant in Group one)*

*PD they gave me a hearing aid. When I put it on, it was so uncomfortable, it was utterly uncomfortable... Now I don't wear it, because I worry this will affect my other ear*

*I What makes you think that it will affect yours other ear?*

*PD When I wear it, even you talk softy, I feel the sound is very loud*

*(PD, a 64 year old female participant in Group two)*

## 6.7: Issues of hearing aid maintenance

6 participants obtained NHS hearing aids at the time of the interview. All of them were not aware of how long they should have a tune up or how to maintain their hearing aids in a good condition; none of them had received any information on hearing aid improvement. One participant stated that a loss of contact with the audiology department since the department had relocated and he did not know where to get his free batteries.

- I How long ago you have your hearing aid?*  
*PC Over ten years*  
*I Did you go for a check up?*  
*PC No*  
*I You have your hearing aid over ten years, have you changed one?*  
*PC No, no change*  
*I you never change for a new one, and never go for a check up*  
*PC No*  
*I Why didn't you go?*  
*PC I don't know where, how can I go? Where can I go to check?*  
*I Where do you get the batteries ?*  
*PC I buy them*  
*I You buy your own batteries? How much for a pack?*  
*PC £4 a pack*  
*I How long can it last?*  
*PC About two weeks*  
(PC, a 78 years old male participant in Group two)

## 6.8: Hearing loss and mental health

Participants without hearing problem thought that if people lose their hearing suddenly, they would be very frightened and had a sense of loss. However, if hearing loss was a gradual deterioration, then the person would get used to it eventually. They observed and showed sympathy for people with hearing impairment. They realised that people with hearing loss suffered from social isolation and are cut off from the outside world due to barriers of communication.

*"We are talking about deaf and dumb, deafness is due to old age, they are isolated, only stay in the house, only have a little corner among his friends" (A 66 year old male participant in Group one)*

*"I can talk, I can hear, all of sudden, I can't talk I can't hear, then the person will have emotional problems, he /she needs to express his /her discomfort...has to vent their emotion... will do something that people won't understand...also the person has mental health problems" (A 67 year old female in Group one)*

*"When people getting older will become more suspicious, yeah they will do, and their ability of self protection is strong and is not easy to accept, and not easy coming out "social" meeting new friends, no they won't. They will gradually isolate themselves. This is what I think." (A 66 year old female in Group one)*

*“If people cannot hear... it just like suddenly being isolated from the whole world when you can't hear. If people say anything, you cannot pick up what they said, and you can't hear any noise, you will have a sense of loss” (61 year old female participant in Group one)*

Participants with hearing loss expressed that naturally, they felt distress when they could not hear and especially when joining in conversation with other people. From their viewpoint, it was not just about being embarrassed or upset in that particular moment, but the whole situation which had accumulated over years. They could only “see” that people were talking, but felt unable to join the conversation, especially in a group setting, that made them feel like a “dumb” person, “sitting still and remaining quiet”. Gradually they doubted their ability and had less confidence to deal with their daily life activities; avoiding both contact and conversation with other people would be inevitable.

*PB: Of course it upsets me when I can't hear what people say (laugh)*

*Background noise to support PB said*

*PB You can't be happy if you can't hear*

*PA You will withdraw yourself from other people, isolate yourself... You don't know what people say. You can see their mouth is moving, but don't know what they talking about*

*(PA, a 70 year old female participant and PB, an 83 yearold male participant both in Group two)*

*“It's really awful being deaf, dumb and crippled” (laugh)*

*(PD, a 64 years old participant in Group two)*

## **6.9: Traditional family values and well-being of older people with hearing loss**

As Chart 1 and Chart 2 show, participants that stated that they did not have hearing problem tend to be in the younger group older people. Also as mentioned in 6.4, participants thought that if “Sat Cung” develops in younger age, they would normally receive training and learn how to adapt to their new social environment; but for the older aged people, participants believed that it would be more difficult for them to learn new things and to adjust any change.

It should be noted that “older people” in Chinese language often refers to senior members of the family, thus, “older people” should be respected and not to be taught by the younger generation. Participants in this research addressed this issue from their personal experience and felt that some older age “seniors” had strong views about the elderly way of life, which was difficult to change. The conception of “Sat Cung” and observation of other illnesses attached to older people, for participants created a perspective of a negative image of older people with hearing loss, from which they felt that caring for older people with hearing problems would generate enormous additional stress for the carers.

*P2 The person need to be taught (to adapt to the environment) and support*

*L What about older people, how to teach them?*

*P2 (Laugh) older people are difficult to be taught*

*All talk at once...(pick up from background talking) Are older people difficult?...yeah, very difficult...*

*P1 There are different types of older people*

P7 *There are many types of older people, some are easy persons, listening to you; but some of them, no matter how hard you persuade them, they won't listen*

*From Background: Old and stubborn*

*All laugh*

(P1 a 61 year old female participant; P2, a 67 year old female participant and P7, a 64 year old male participant in Group one)

*"He never listens to anyone, apart from sleeping and eating, he only talks about the same problem over and over again"*

(67 year old female participant in Group one)

Among the 6 hearing loss participants, 3 of them are living on their own, and 3 are living with their old age partners. 4 of them totally relied on their children supporting them to gain access to services, especially for batteries exchange from the ENT department in the hospital. Without this support from their family, they would have to find their own way to solve their problems as mentioned in 6.7.

L *What happens if you finish your batteries*

PB *Change it*

L *Anyone taking you there...*

PB *Yeah, my daughter will take me.*

L *What if everyone is busy*

PB *Everyone busy, no reason for busy*

*Laughter in background*

PB *No reason for busy, must have a day not busy*

(PB, a 83 years old male participant in Group two)

*"Em, I wait quite a long time, at least ... over a year. After a year waiting, I told my son to trace it up for me."*

(A 64 year old female participant in Group two)

### **6.10: Improving communication**

All participants in this research had not heard of any organisations that could give them advice or support for their hearing loss. Apart from using hearing aids, participants were not aware of any other equipment, for example a telephone for hard of hearing persons that could help them to hear better. Some participants from group one thought that sign language could help them to improve communication with people with hearing loss; but others thought that sign language was mainly for profound hearing loss children and it was only taught in schools because it was not easy to learn. However, some participants suggested that using basic sign language, which would be easier to learn, could benefit older people and overcome language barriers.

Some participants in group one assumed use of sign language is similar to body language. They believed that using body language would involve both personal and cultural understanding of each person, and for this reason, trust was essential, especially for reducing isolation and loneliness in older people.

*"I don't think sign language can help, perhaps body language will do. If we have more contact, more understand each other...even he can't hear, he can feel and understand what you trying*

*to do... Sign language is only for knowing or not knowing, and different from whether or not he can hear or not"*

(A 56 year male participant in Group one)

*Would it be better you if you establish a good relationship?...it will be a little bit of help if he thinks that you are his friend... things will be sorted out easily*

( 64 year old male participant in Group one)

However, for those who have hearing impairment, participants demonstrated how to improve communication from their own experience and in a more practical ways, for example, they communicated with other people in writing; told people to speak up or placed themselves in a position where it's easier to pick up conversation.

*"... if people can hear a little bit, they don't need to learn sign language, unless they want to learn ... If you can read...give you a piece of paper to write it down"*

(A 64 year old female participants in Group two)

*PB People rang me from Hong Kong, I told them "I can't hear, speak up louder"*

*PA Speak up louder, I can't hear*

*PB Yeah, that's right*

*PA I told them to speak loud a bit*

*PB Yeah, speak louder, I can't hear*

(PA, a 70 year old female participant; PB, an 83 years old male participant in Group two)

## **7: Discussion**

The term "Sat Cung" has been shown to have a notion that is significantly misleading; participants were influenced by the literal meaning of these Chinese characters. They applied its meaning to observe people with hearing loss or related it to their real life experience. Only 3 out of the 15 participants thought that "Sat Cung" stands for hearing loss itself; for most of the participants, it conceived images of people with profound deafness and associated brain related illness, thus leading to a perception of a person who has lost his or her intellectual ability. However, they believed that "Sat Cung" should not be applied to older people, and they used "degeneration" to describe older people who lost their intellectual ability and regarded that as part of a normal aging process and this perspective retained some sense of respect for their senior status.

Hearing loss participants were also aware of their hearing impairment as a long term condition, thus they found their own ways to adapt to the adverse hearing environment and to develop their own coping skills: for example, to ignore dialogues that they could not hear, or withdraw from certain activities if they anticipated embarrassment would be caused by their hearing problems. However these coping skills may reduce their confidence in engaging with social activities, thus increasing the risk of isolation and loneliness, and will a consequent adverse impact on their mental health.

It is significant for both focus groups that younger age participants held a strong sense of responsibility and obligation to look after senior members of their family; also the older age participants expected that they would be cared by their children. Participants with hearing loss in this research totally relied on their children's support in order to gain access to hearing loss services, especially those who speak little English. The findings shows that without family support, they will be particularly vulnerable and helpless in their hearing loss problems; they not only feel powerless, but also are too embarrassed to discuss their situation with other people.

Participants in this research had not heard of any specific organisations that could support people with hearing loss problems. The GP was the only professional that they could seek help from. In this respect, it is no surprise that apart from using hearing aids, they were not aware of any other equipment that could improve their hearing (Action On Hearing Loss, 2018a) and of any advice /tips to improve communication (Action On Hearing Loss, 2018b).

## **8: Limitations of the research**

There were a number of process limitations identified in this research. The sample size is relatively small. Participants were recruited only from the Sheung Lok Centre, therefore, only Wai Yin Society members were included in this research project. None were recruited from the wider community at large. In addition, some participants expected to come to the focus group to gain information by just listening to other people's experiences; they tended to be quiet, and not contribute as much to the discussion. Also the presence of carers in focus group two may have hindered hearing loss participants from opening up to talk about their experiences, and express freely and in-depth to some of their more sensitive issues.

## **9: Recommendations**

### **9.1 Hearing loss awareness**

#### **9.1.1 Awareness of cultural sensitivity**

To raise hearing loss awareness is not about providing information on the signs and symptoms from the medical perspective of hearing loss, but also one needs to match an understanding of the lay concept (Sat Cung) and their understanding of hearing loss, for example, noise interference sounds picked up from the hearing aid will not further damage their hearing.

#### **9.1.2 Action on hearing loss**

Raise awareness that action should be taken if people are concerned with their hearing. Accessible hearing tests, such as on-line hearing tests are now available in the Chinese language; and information should be provided on how to gain access to services if they are concerned about their hearing.

#### **9.1.3 Improve communication – Simple sign language**

Deaf awareness sessions should be delivered for different community groups; by doing so, we can also improve understanding of communication by people with hearing loss. Simple sign language may also help to overcome language barriers.

### **9.2 Reduce isolation and loneliness and its impact on mental health**

#### **9.2.1 Support Group**

A small support group should be established for Chinese people who share the same language and cultural background; this allows group members to establish a rapport relationship, share information and be more aware of their struggles, and to find ways to maintain their well-being, for example Cantonese or Mandarin speaking support groups are led by empathic staff and volunteers within the Chinese community.

### **9.2.2 Befriending scheme and using digital technology**

Train volunteers to develop their skills using digital audio/video and information communication technology. Volunteers could make regular visits to the hard to reach group of elderly who have hearing loss and assist them using social media to make contact with other people.

### **9.2.3 Establish a counselling service**

As mentioned in 2.2, the majority of Chinese older people in Manchester speak Cantonese, so a service provider could work with Chinese organisations to establish a Cantonese speaking counselling service.

## **9.3 Organisational support promoting independence**

### **9.3.1 One to one support**

Provide one to one support tailored to individuals' needs, for example to accompany to ENT Department or assist with exchange of batteries.

### **9.3.2 Competent and empathic staff**

It is important for Chinese people to feel that their hearing loss is accepted by others in their surrounding environment, and any support services are delivered in a manner that service users feel safe in using those services; therefore, It is crucial for staff to have sufficient training to work with people with hearing loss.

## **9.4 Service providers working closely with Chinese community organisations**

There is a gap between service providers and service users as mentioned in 9.2.3; this can be filled by collaboration and continued funding for specialist health and social care agencies for Chinese communities.

## **9.5 Funding further research**

Further research is needed to evaluate what change can be made from the recommendations above. Using multi-methods, and a larger, representative sample should be obtained on a wider scale from other Chinese organisations.

## **10: Dissemination**

This report is written in both English and Chinese and can be found on the Wai Yin website. Results of this research will also be broadcast on 2<sup>nd</sup> March and 16<sup>th</sup> March 2018 at Radio Sheng Lok All FM 96.9. The broadcasted programmes can also be found on Mixcloud Radio Sheung Lok. Through the media, as Radio Sheung Lok slogan states: "together we send our kindness through the air to connect with our community members", we hope this research can challenge decades of Chinese older people who have hearing loss problems and a traditional attitude of "sit still and remain quiet" to attain a better quality of life.

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Note 1: [shī cōng] meaning

<http://www.chinesewords.org/dict/80806-908.html>

Note 2: The Hong Kong Society for the Deaf (2016)

香港聾人福利促進會 聾人會員委員會 (Chinese version) <https://www.legco.gov.hk/yr15-16/chinese/panels/ws/papers/ws20160503cb2-1379-14-c.pdf>

