

Reducing Hearing Instrument Returns with Consumer Education

Counseling tool reduces return rates by 46%

By Sergei Kochkin, PhD

In the U.S. market, the average return for credit for all hearing instruments is 18.6% while returns for some programmable products exceed 30%.¹ Clearly, returns for credit significantly impact the profitability of manufacturers and dispensers and significantly impact the retail price to the end-user.

Hearing instrument dispensers traditionally seem to have placed more emphasis on technological advantages in instrumentation than on consumer education. While a variety of articles over the years have suggested how consumer education should be an integral part of the dispensing process, recent studies have confirmed that consumer education results in increased wearer satisfaction and decreased returns of hearing instruments.^{2,3} While aural rehabilitation has been around for decades, it has not made its way into general dispensing practices. Pamplin and Dancer⁴ report that "...one of the oldest and perhaps most essential building blocks of rehabilitative audiology, that of counseling, has remained in an embryonic stage even though the need for effective counseling is well documented."

Probably the single most challenging

issue surrounding counseling, other than one's ability to offer it, is the time required to provide such service. In the

method and has clearly stated that one or two sessions with a dispenser is simply not enough to assure optimum customer satisfaction. This is because there are simply too many issues to cover in the time typically spent with the end-user. Essentially, the end-user is in need of a manual to cover the myriad of issues which could come up during his/her first year of hearing instrument usage. This manual could take the form of an interactive CD-ROM or an Internet databank, in which the individual asks the question, and the search engine delivers the answer to the end-user. Alternatively, it could simply take the form of a guided reading program utilizing a comprehensive book. In lectures^{6,7}, I have also recommended that dispensers consider hiring psychology and social work interns to run counseling sessions.

Knowles Electronics MarkeTrak research has demonstrated that the modal time spent counseling new users of hearing instruments is one-half hour (Fig. 1). However, to achieve higher levels of customer satisfaction, it is imperative that the dispenser spend more time in explaining the care of the

product, wearing schedules, expectations, coaching the user and family on use and acclimatization, as well as exploring feelings the individuals might have concerning their hearing loss. MarkeTrak data in Fig. 2 indicates that there is a strong relationship between amount of time spent with new users and customer satisfaction with the hearing instrument. If the dispensing professional spent little or no time counseling the new user, customer satisfaction can be expected to be only 15%, while if they spent two hours or

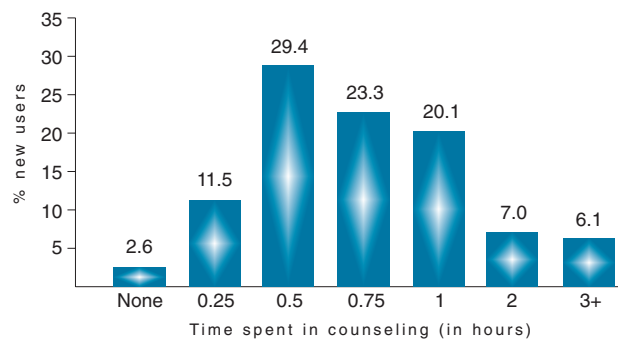


Fig. 1. Amount of time spent counseling new users of hearing instruments.

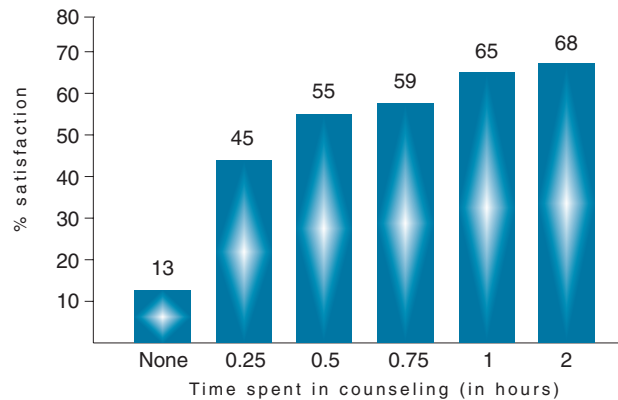


Fig. 2. Customer satisfaction as a function of time spent with new users.

same way that we wouldn't give a new car to a young teenager who had never driven and was without proper knowledge and training, it seems logical to provide counseling services as part of a dispensing practice since clients otherwise have no independent barometer against which to measure expectations and performance with amplification.

Because time is at a premium for the average dispenser, methods must be found to counsel the end user and their family. Abrahamson⁵ has suggested group aural rehabilitation as one such



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more one can achieve close to 70% satisfaction, independent of technology. By combining effective counseling—which includes consumer education—with advanced technology (e.g., programmable, multiple memory, multiple signal processing, multiple channel, multiple microphone), it is the author's opinion that customer satisfaction levels can consistently approach the 80-90% range. Without education and counseling, even the most sophisticated technology can fail.

In the absence of a formal multiple-session counseling program as described by Abrahamson, what would seem ideal is to offer a new hearing instrument wearer a self-help manual with guidance on how to use it. Hypothetically, it could assist in accomplishing the following objectives:

- ▶ Solving time constraint problems for both clients and practitioners;
- ▶ Bringing unreal expectations into alignment with true hearing instrument performance;
- ▶ Tailoring the educational counseling to the unique needs of the consumer;
- ▶ Achieving increased wearer satisfaction, and
- ▶ Thereby decreasing return rates.

To my knowledge, there are no published studies in this industry on the use of a proxy-counseling program using a book as the key tool in the educational process of consumers receiving hearing instruments. With the objectives in mind, a comprehensive consumer handbook⁸ on hearing loss and hearing aids was used in an experimental study to determine if a guided counseling education program could positively impact return rates of hearing instruments.

Method

One manufacturer of hearing instruments in the Midwest recruited 31 dispensing professionals to participate in a study in which new users were randomly assigned to an experimental group in which they received Richard Carmen's (ed.) *Consumer Handbook on Hearing Loss and Hearing Aids: A Bridge to Healing*, or to a control group in which they received their normal counseling and education. Dispensers were asked to carefully observe the new user and then

to prescribe three chapters to the new user to read with their family before the 30-day trial period was up. For instance, if the subject appeared to present themselves with emotions which might prevent adjustment such as denial, adverse reaction to spousal pressure, anger or frustration, then they were asked to read chapter 1. Certainly, the new user was not discouraged from reading more of the book if they wanted to.

Each hearing care professional was supplied with a form for recording the

hearing instruments compared to 8.8% receiving the book (treatment group). These differences are significant at the 95% confidence level (Chi Square=11.48, df=1, p<.05). Nine-out-of-ten (88%) subjects receiving the book reported reading the book. *Subjects who read the assigned chapters returned their hearing instrument only 3.8% of the time compared to a 47% return rate for subjects receiving the book but not reading it.*

Conclusions

This small study conducted at 31 individual dispensing sites demonstrates that a guided consumer education reading program had a dramatic impact on return rates—in fact a 46% reduction.

The data corroborates the strong relationship between counseling time spent with the new user and customer satisfaction in MarkeTrak, as well as the clinical observations of experienced audiologists.^{2,3} The use of a guided reading program as a proxy-counseling method utilizing a comprehensive hearing instrument manual would appear to hold promise in impacting return rates. It is hoped that other investigators

will replicate this study in other settings, including its use with different brands and styles of hearing instruments. ♦

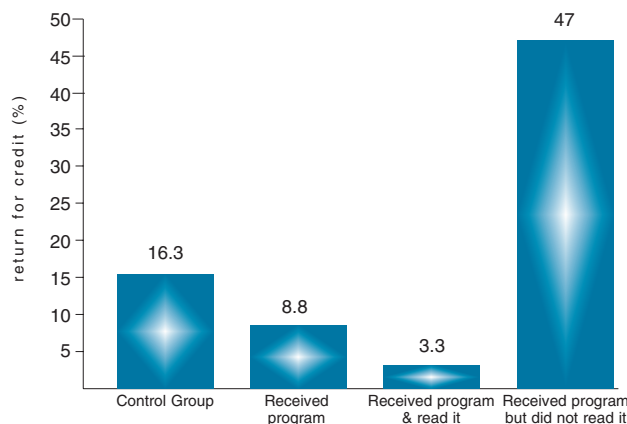


Fig. 3. Return for credit rates for subjects receiving the consumer education program versus those not receiving the program.

treatment (received book, received no book), name of the subject, age, gender, degree of hearing loss (dB HL) in better ear at 500, 1000 and 2000 Hz, whether the hearing instrument was returned for credit or purchased after the 30-day trial, and whether the subject read the prescribed chapters.

Results

Thirty-one dispensers participated in the study with an average of 9.3 subjects per dispenser for a total sample size of 289 subjects; 51% received the book while 49% did not. This study was confined only to subjects purchasing programmable hearing instruments. The average age of all subjects was 70; 54% were male. The average dB HL loss at 500, 1000 and 2000 Hz was 34, 41, and 54 respectively.

Return rates are shown in Fig. 3. For this study a purchase is defined as a subject purchasing at least one hearing instrument; thus, if an individual tried binaural hearing aids but returned one during the 30 day trial, they were still classified as a purchase. Slightly more than 16% of subjects not receiving the book (the control group) returned their

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