

Hearing Matters: Behavioral and Emotional Impact of Hearing Loss

Hearing plays a vital role in how we communicate, connect with others, and feel included. When a resident struggles with hearing, it can significantly impact their ability to engage in conversations, respond to their environment, and enjoy everyday life.

Untreated hearing loss often leads to emotional and behavioral changes. Residents may withdraw, seem depressed, paranoid, or even act aggressively – not out of intention, but as a response to the confusion and frustration caused by hearing difficulties.

By recognizing hearing loss as a possible underlying cause, staff can respond with empathy, avoid misinterpreting behaviors, and help improve residents' overall quality of life.



Common Signs of Hearing Loss

Frequently asks for repetition
("What?" or "Huh?")

Often appears confused or
misunderstands conversations

Becomes frustrated or
noticeably agitated

Complain that others are
mumbling

Turns the TV/radio volume up
to a louder decibel

Talks louder than usual

Participates less in
conversations

Avoids group activities

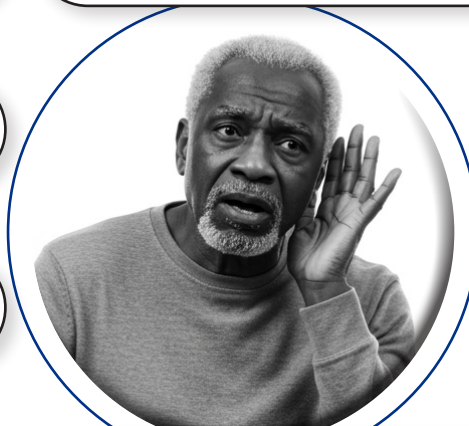
Seems paranoid or overly
sensitive

Does not respond when
spoken to

Experiences balance problems

Dizziness

Reports tinnitus (ringing in the
ears)



Impact of Hearing Loss

Overlooked hearing loss can affect mental health, social connections, emotional wellbeing, and cognitive function.

Mental



Anxiety



Depression



Stress



Mental fatigue



Low self-esteem



Shame



Confusion



Irritability



Paranoia



Mistrust

Social



Isolation



Communication breakdowns



Strained relationships



Withdrawal from others



Lack of/slow responses

Emotional



Anger



Frustration



Embarrassment



Overreactions



Aggressive reactions when overwhelmed or startled

Cognitive



Cognitive decline



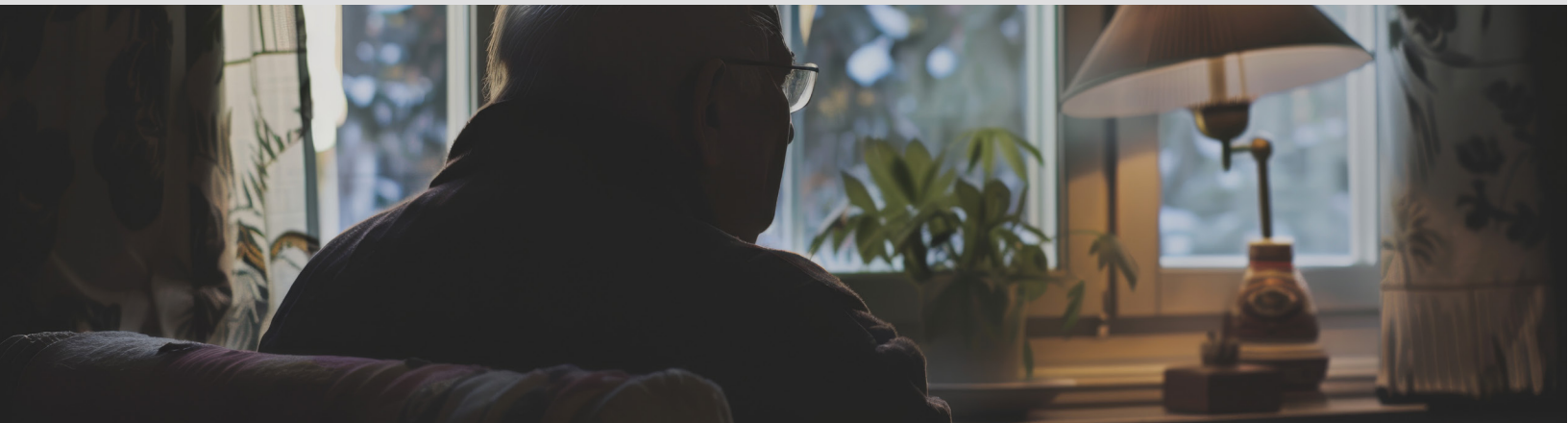
Decreased brain stimulation due to reduced hearing input



Increased risk of dementia or psychosis



Poor focus and impaired decision-making



Staff Response Tips

- ☐ **Approach every interaction with compassion and empathy** — How you say something matters just as much as what you say.
- ☐ **Approach from the front** — Never touch or approach a resident from behind.
- ☐ **Face the resident** and speak clearly at a natural pace.
- ☐ **Be patient** — Repeat requests or questions calmly, as needed.
- ☐ **Reduce background noise** (e.g., turn off TVs or close doors when possible).
- ☐ **Check hearing aids** — Ensure hearing aids are clean, charged, and properly worn.
- ☐ **Ask. Do not assume** — Check in with residents about their hearing.
- ☐ **Don't assume a resident's behavior is resistance** — Confusion, withdrawal, or aggression may actually be signs of hearing loss.
- ☐ **Use visual cues and gestures** to support understanding.
- ☐ **Maintain a pleasant and friendly facial expression** — Your facial expressions may help residents feel safe and calm.

Facility Action Steps

- ☐ **Include hearing screenings** as part of the resident intake process and routine health checks to avoid misdiagnosis.
- ☐ **Document hearing loss** and all related accommodations clearly in the resident's care plan.
- ☐ **Know each resident's hearing number** — This number indicates the softest level of speech they can hear and helps guide communication strategies. Support residents in completing the hearing number self-assessment.
- ☐ **Support residents by offering appropriate accommodations**, such as captioning, sign language interpreters, assistive listening devices, or other tools based on their individual needs.
- ☐ **Refer residents** with suspected hearing loss to an [audiologist](#) or other qualified hearing care professional for further assessment.
- ☐ **Train staff** to recognize signs of hearing loss and behavior changes that may be related, such as withdrawal, confusion, depression, or frustration.

Reference:

National Council on Aging. Can Hearing Loss Affect Mental Health in Older Adults?