Understanding Attitudes to Hearing Services

Consumer Perception Survey Analysis

Extended Report with Verbatim Analysis

Prepared for The Audiology Place

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Combined Analysis of 425 Survey Respondents

Executive Summary

This report presents findings from two complementary surveys examining Australian attitudes toward hearing services, hearing aids, and the providers who deliver them. The research captures perspectives from 425 respondents across all states and territories, with ages ranging from 18 to 89.

Key Statistics at a Glance

- 53.8% trust audiologists COMPLETELY, with 88.7% trusting them at least somewhat
- Only 9.7% trust large retail chains completely; 38.2% are neutral or actively distrust them
- 56.4% cite cost as the primary barrier to hearing aid adoption
- 61.5% were UNAWARE that manufacturers can own hearing clinics
- 47.7% did NOTHING about their hearing health in the past 12 months
- Only 14.1% would seek help IMMEDIATELY if they noticed hearing changes
- 52% of under-30s worry hearing aids would make them feel old; only 16% of 70+ share this concern

The data reveals a consumer landscape marked by both opportunity and challenge. Audiologists command the highest level of trust among information sources, yet most people still go through their GP as the first point of contact. Cost remains the overwhelming barrier to hearing aid adoption. Younger Australians carry a heavier stigma burden, with over half of those under 30 worrying that hearing aids would make them feel old.

1. What Australians Really Say: Verbatim Analysis

Beyond the numbers, the open-ended responses reveal the emotional landscape of how Australians think about hearing aids. These verbatim comments provide language patterns that mirror how real people talk about hearing care.

1.1 Dominant Themes in Word Associations

When asked what words come to mind when thinking about hearing aids, 424 respondents provided open-text answers. The themes cluster into distinct categories:

Theme	Mentions	% of Responses
Positive/Helpful	114	26.9%
Age/Stigma (old, elderly)	92	21.7%
Cost concerns	51	12.0%
Appearance/Visibility	43	10.1%
Technology/Modern	28	6.6%

The Age Stigma Pattern

The most striking finding is the frequency with which age-related words appear. Respondents across ALL age groups associate hearing aids with being old, not just older respondents reflecting on their own situation. Sample verbatims:

> *"Elderly. Visible. Expensive."*
>
> *"Old people"*
>
> *"Helpful but makes you feel old"*
>
> *"They help people but are for old people"*
>
> *"Necessary, but ageing"*

This pairing of acknowledgment and stigma appears repeatedly: people KNOW hearing aids work, but they don't want to NEED them.

Cost as Emotional Resentment

Cost concerns go beyond simple affordability. The language reveals frustration and distrust:

> *"Total overpriced rip-off"*
>
> *"Cheap products sold for massive profit"*

> *"They said I needed hearing aids for $5,000 - I did not believe them"*

> *"Feels like a money-making process"*

This suggests cost is not just a financial barrier but a trust barrier. People feel they are being taken advantage of.

1.2 Free Hearing Test Perceptions

When explaining their feelings about free hearing tests from retail chains, responses split between appreciation and suspicion:

Positive mentions: 31.5% - words like good, helpful, accessible, convenient

Sales pressure mentions: 14.1% - words like sales, sell, pressure, pushy, profit

Sceptical mentions: 6.4% - words like unsure, depends, not sure, wary

The negative verbatims reveal deep scepticism about motivations:

> *"Trying to sell me something"*

> *"Come in, sucker"*

> *"Not sure if they are audiologists or salespeople"*

> *"Retail chains just want to make money"*

> *"Feels like a sales funnel, not healthcare"*

This is powerful language. People appreciate the accessibility of free tests but question whether the advice they receive is trustworthy.

2. State-by-State Comparison

Geographic analysis reveals meaningful variations in attitudes across Australian states. While sample sizes limit conclusions for smaller states, the major population centres show distinct patterns.

Metric	NSW	VIC	QLD	WA	SA
Sample size	110	100	80	40	25
HA Perception	60.1	66.5	64.5	61.8	62.4
Free Test Perc.	71.3	74.2	66.7	62.5	70.9
Aud. Trust	4.44	4.51	4.33	4.47	4.50
Retail Trust	3.53	3.65	3.40	3.14	3.65
Cost Barrier	64.5%	48.0%	53.8%	67.5%	60.0%

2.1 Key State Differences

Victoria stands out positively: the highest perception of hearing aids (66.5), the highest perception of free tests (74.2), and notably lower cost-barrier concerns (48% vs 64.5% in NSW). Victorians appear more comfortable with hearing care overall.

Western Australia shows scepticism: the lowest trust in retail chains (3.14 vs 3.65 in VIC), the lowest perception of free tests (62.5%), and the greatest concerns about cost barriers (67.5%). WA consumers may require more trust-building than other states.

NSW has the highest cost sensitivity: 64.5% cite cost as a barrier, possibly reflecting Sydney's high cost of living, creating general price sensitivity.

Queensland sits in the middle ground: lower trust in audiologists (4.33) and retail chains (3.40) than in other states. QLD consumers appear generally more sceptical of all hearing care providers.

3. Those With Hearing Loss vs Those Without

Comparing respondents by self-reported hearing quality reveals how lived experience shapes attitudes. We split respondents into three groups based on their self-rated hearing (0-100 scale):

- Good hearing (75+): 229 respondents
- Moderate hearing (50-74): 101 respondents
- Poor hearing (under 50): 60 respondents

Metric	Good Hearing	Poor Hearing
Hearing aid perception (0-100)	65.5	55.7
Audiologist trust (1-5)	4.49	4.25
Cost barrier	52.4%	53.3%
Appearance barrier	26.6%	40.0%
Would see GP first	70.3%	53.3%
Would see an Audiologist first	26.6%	46.7%
Nothing would stop me	24.0%	18.3%

3.1 The Counterintuitive Finding

Those with poor hearing actually view hearing aids LESS positively (55.7) than those with good hearing (65.5). This seems backward until you consider the psychology: people facing the reality of needing hearing aids may be processing grief, denial, or frustration about their situation.

Appearance anxiety is higher: 40% of poor-hearing respondents cite appearance concerns vs 26.6% of good-hearing respondents. Those who actually need hearing aids worry more about how they will look wearing them.

Direct access to audiologists increases: 46.7% of poor-hearing respondents would go to an audiologist first, compared to just 26.6% of good-hearing respondents. Experience teaches people to skip the GP.

Confidence drops: Only 18.3% of poor-hearing respondents say nothing would stop them, vs 24% of good-hearing respondents. Facing reality makes people more uncertain, not less.

4. Age Group Deep Dive

Age shapes attitudes toward every aspect of hearing care. The differences are not gradual; they represent fundamentally different relationships with hearing health.

4.1 The Stigma Gradient

Age	Appearance	Feel Old	Cost	Nothing Stops
Under 30	38%	52%	55%	12%
31-40	38%	33%	60%	14%
41-50	30%	30%	66%	10%
51-60	30%	28%	54%	25%
61-70	19%	18%	47%	33%
70+	20%	16%	58%	31%

The fear of old age halves with age: 52% of under-30s worry about feeling old. By 70+, only 16% share this concern. You cannot feel old if you already are.

Appearance concerns follow the same pattern: 38% of under-30s cite appearance vs 19-20% of over-60s. The visibility burden falls heaviest on the young.

Cost peaks at 41-50: The sandwich generation, balancing mortgages, children, and ageing parents, shows the highest cost sensitivity at 66%.

Acceptance builds slowly: Only 12% of under-30s say nothing would stop them. By 61-70, this rises to 33%. Age brings acceptance.

4.2 Trust and Information Sources by Age

Age	Audiologist Trust	AI Trust	Retail Trust
Under 30	4.56	2.70	3.54
31-40	4.55	2.88	3.43
41-50	4.57	2.87	3.59
51-60	4.36	2.67	3.48
61-70	4.39	2.29	3.51
70+	4.33	2.02	3.42

Audiologist trust stays remarkably stable across ages (4.33-4.57). AI trust drops dramatically with age (2.70 for under-30s vs 2.02 for 70+). Retail trust shows minimal age variation.

4.3 Awareness of Industry Structure

Knowledge that hearing clinics can be manufacturer-owned varies by age, but not in the expected direction:

- Under 30: 33% aware
- 31-40: 19% aware (lowest)
- 41-50: 18% aware
- 51-60: 22% aware
- 61-70: 24% aware
- 70+: 17% aware

The 31-50 demographic, prime years for career and family focus, shows the lowest awareness of industry structure. They may be the most vulnerable to making uninformed provider choices.

5. Tinnitus: The Silent Driver

Tinnitus experience correlates strongly with engagement in hearing services. We split respondents by their self-reported tinnitus severity (0-100 scale):

Metric	No/Minimal Tinnitus	Significant Tinnitus
Sample size	164	108
Hearing aid perception	62.8	67.0
Audiologist trust	4.46	4.36
Seen an audiologist (past year)	10.4%	25.9%
No hearing services used	62.2%	25.9%

5.1 Tinnitus Drives Action

The most striking finding: 62.2% of those without tinnitus did nothing about hearing services in the past year, compared to just 25.9% of those with significant tinnitus. Tinnitus forces engagement.

Those with tinnitus also view hearing aids more positively (67.0 vs 62.8). Living with a hearing condition appears to normalise the idea of intervention.

Audiologist visits more than double: 25.9% of significant tinnitus sufferers saw an audiologist in the past year, compared to just 10.4% of those without tinnitus.

Strategic implication: Tinnitus is a powerful entry point for conversations about hearing health. Those experiencing it are already motivated to seek help.

6. The Delay Problem

One of the most concerning findings is how rarely Australians take immediate action on hearing concerns.

6.1 Time to Seek Help

- Immediately: 14.1%
- Within a few days: 26.9%
- Within a week: 19.7%
- Within a month: 15.9%
- Only if it came up with GP: 12.1%
- After a few months or more: 10.0%
- Would never mention it: 1.3%

Quotable finding: 23.3% of Australians would delay for months, only mention hearing concerns casually to a GP, or never mention them at all.

6.2 The Inaction Epidemic

When asked about hearing services used in the past 12 months:

- 47.7% did NOTHING at all
- Only 27.7% had a hearing test
- Only 14.9% saw an audiologist
- Only 10.0% even searched online

Quotable finding: Nearly half of Australians take no action on their hearing health in a given year, even though hearing loss is common and progressive.

7. Strategic Conclusions

7.1 The Core Insight

If this survey reveals one central truth, it is this: Australians do not fear hearing aids. They fear what hearing aids symbolise and how they are sold.

The technology works. People know it works. But the emotional barriers of stigma, cost, resentment, and sales pressure create a gap between knowledge and action.

7.2 Age-Specific Strategies

For under-40s: Lead with technology, discretion, and lifestyle integration. Address the feeling of old fear directly through representation. Show young, active people wearing modern hearing aids.

For 40-60s: Focus on value, transparency, and long-term cost-benefit. This group shows peak cost sensitivity and the lowest confidence. They need financial clarity and reassurance.

For over-60s: Lead with outcomes and quality of life. This group has shed most stigma concerns. They want to know that hearing aids will work, not that they will look good.

7.3 State-Specific Considerations

Victoria: Most receptive market. Higher baseline acceptance suggests less education needed and a more direct conversion opportunity.

Western Australia: Most sceptical market. Requires more trust-building, emphasises independence and clinical credentials over convenience.

NSW: Highest cost sensitivity. Pricing transparency and financing options may be particularly important.

7.4 The Independence Opportunity

The awareness gap around manufacturer ownership presents a clear opportunity for differentiation. Most Australians do not know this relationship exists. Those who do learn about it may value independence more highly.

The path forward: educate consumers about industry structure without attacking competitors. Let them draw their own conclusions about what independence means for their care.

8.0 Raw Data