



## Vanderbilt Bill Wilkerson Center

# Measuring listening-related fatigue in children

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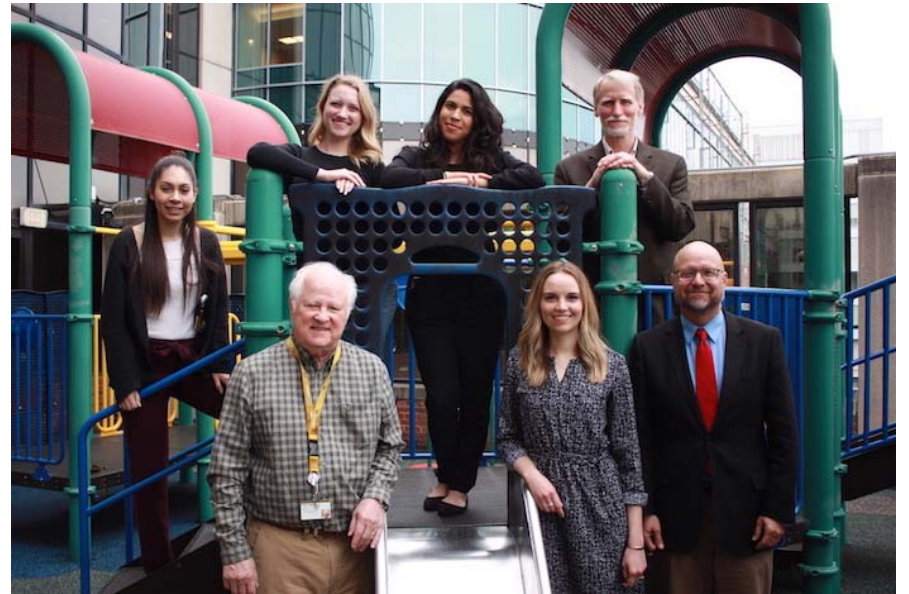


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# Acknowledgements

## ■ Lab Members and Collaborators

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- Stephen Camarata
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# Disclosures

- All authors are employed by Vanderbilt University (VU) and Vanderbilt University Medical Center (VUMC)
- Financial Disclosures- this work has been supported by federal and industry grant mechanisms
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- Nonfinancial Disclosures
  - None

# What is listening-related fatigue?



- **Subjective fatigue** is an ongoing “state”, a mood or feeling of tiredness, exhaustion or lack of energy, a reduced desire or motivation to continue a task
  - Quantified using surveys and questionnaires
  - **Listening-related fatigue** is simply a type of subjective fatigue resulting from the continued application of *effort* during listening tasks.
    - Pichora-Fuller et al., 2016

See Hornsby, Naylor & Bess, 2016 for review



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# Quantifying Fatigue Subjectively

- Some pediatric fatigue scales exist:
- Pediatric Quality of Life- Multidimensional Fatigue Scale
  - PedsQL-MFS; Varni, et al. 2002
- Childhood Fatigue Scale
  - CFS; Hockenberry et al. 2003
- Fatigue Scale-Adolescent
  - Hinds et al. 2007
- But none are specific to hearing loss or focus on listening-related fatigue



# Development of The Vanderbilt Fatigue Scale for Children with Hearing Loss (VFS-CHL)

- Phase I- Defining the issues
  - Literature review, focus groups and interviews
- Phase II- Creation of initial item pool
- Phase III- Initial data collection
  - item analysis, item reduction and preliminary data collection and scale assessment
- Phase IV- Additional validation and preliminary data analyses



# Phase I: Defining the Issues

- Literature review provided background theory & relevant constructs
- Focus groups & interviews
  - CHL (N=23)
  - Parents of CHL (N=17)
  - Teachers/School service providers (N=28)
- Focus groups lasted ~60 minutes
- Interviews lasted ~10-45 minutes based on the child's age and interest

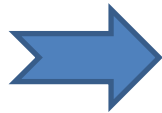
## Example Prompts from our Moderator's Guide

- How often do you feel physically or emotionally tired due to difficulty listening?
- Is fatigue from listening a problem for your student?
- How many different kinds of listening situations cause you (your student) to feel physically or emotionally tired?
- What coping strategies do you (or your student) use to recover from fatigue?



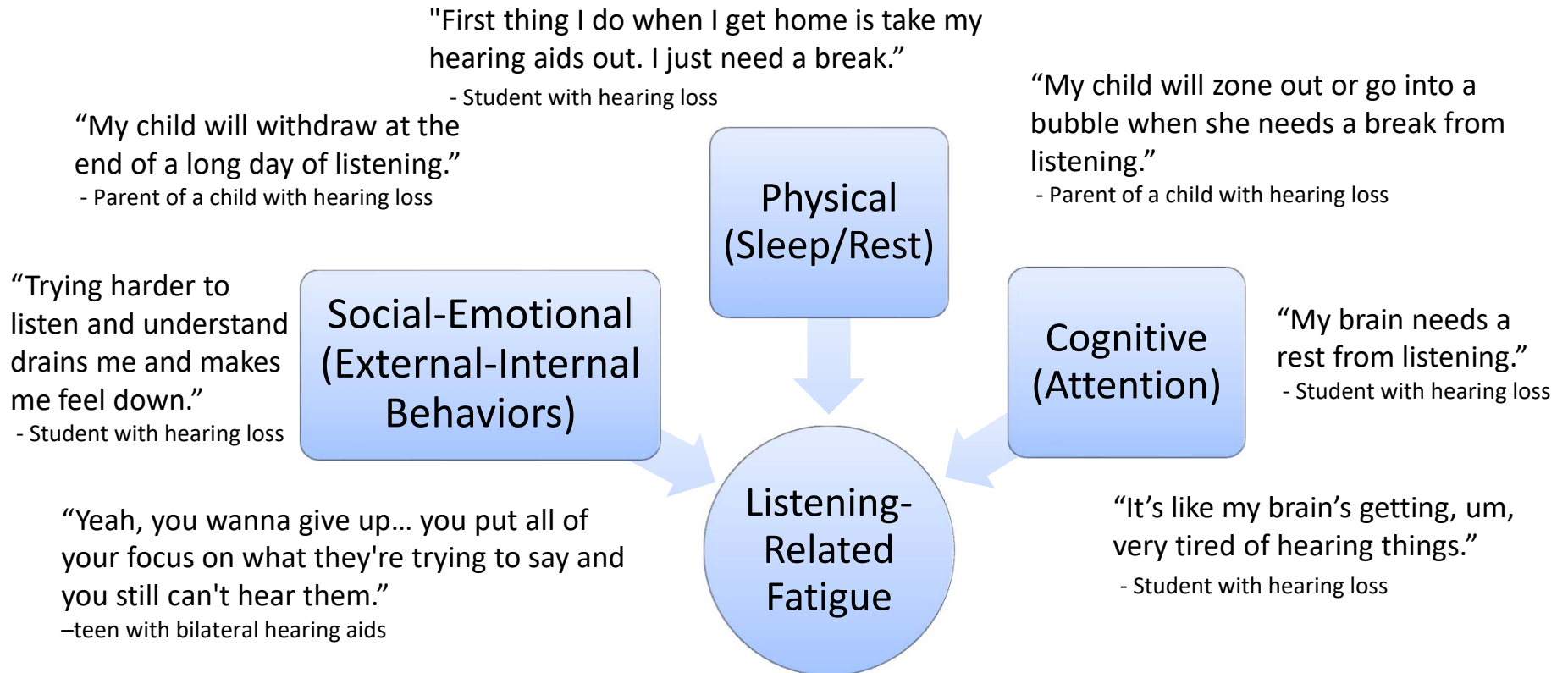
# Talking to kids about fatigue is not straight forward....

- Moderator: “So... 'fatigue', what do you think of when you hear that word?”
- Child: “I never heard that word, so, like, fatigue
  - sounds like phantom,
  - so maybe a squid?”





# Phase 1: Defining the issues



## Development of The Vanderbilt Fatigue Scale for Children with Hearing Loss (VFS-CHL)

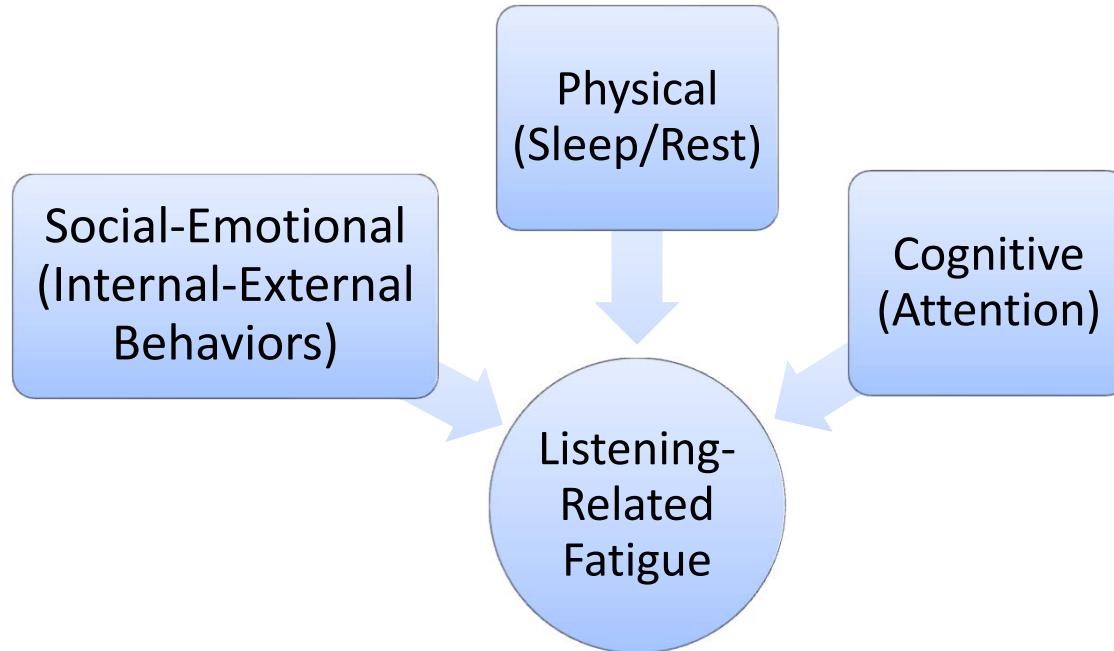
- Phase I- Defining the issues
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- Phase II- Creation of initial item pool

# Phase II: Item Development

## Range of Listening-Related Fatigue

MILD

SEVERE



# Phase II: Construct Map

| Fatigue Severity | Domain: Cognitive (Attention)   |
|------------------|---|
| <b>Severe</b>    | <p><b><u>Behaviors:</u></b> becomes unfocused, <i>unwilling/unable to maintain effort and attention</i> when completing even routine mental activities; <b>decides</b> to disengage- <b>Shuts down, gives up</b><br/>-observed in a <u>wide range</u> of listening situations</p> |
| <b>Moderate</b>  | <p><b><u>Behaviors:</u></b> must apply <i>substantial mental effort</i> to overcome difficulties remaining attentive. May involuntarily <b>tune/zone out</b>. May need prompting.<br/>-observed in <u>moderately challenging</u> listening situations</p>                         |
| <b>Mild</b>      | <p><b><u>Behaviors:</u></b> <b>Some difficulty</b> following fast-paced conversation and remaining attentive.<br/>-observed <u>ONLY</u> in very challenging situations</p>  |

# Phase II: Item List Development

- ~550 items created (range: 157-212/group)
  - Reduced to **60 items/group** via expert panel review

|              | Cognitive | Physical  | Social/Emotional | Total     |
|--------------|-----------|-----------|------------------|-----------|
| Severe       | 8         | 8         | 8                | 24        |
| Moderate     | 7         | 7         | 7                | 21        |
| Mild         | 5         | 5         | 5                | 15        |
| <b>Total</b> | <b>20</b> | <b>20</b> | <b>20</b>        | <b>60</b> |

- Cognitive Interviews (N=23)
  - 9 Children; 7 Parents; 7 Teachers

# Sample items from the VFS-CHL

- | Never                 | Rarely                | Sometimes             | Often                 | Almost Always         |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- My brain gets tired after listening all day
    - Item from the Child scale
  - Listening takes a lot of effort for my child
    - Item from the Parent scale
  - The student seems to get worn out from listening all day at school
    - Item from the Teacher scale

# Development of The Vanderbilt Fatigue Scale for Children with Hearing Loss (VFS-CHL)

- Phase I- Defining the issues
  - Literature review, focus groups and interviews
- Phase II- Creation of initial item pool
- **Phase III- Preliminary data collection**
  - item analysis, item reduction and initial evaluation of scale characteristics



# Phase III: Preliminary Data Collection

- Data collected online and paper/pencil from **>900** respondents
  - ~75-80% with HL
- N=393 parents
  - 296 CHL
  - 94 without HL
  - 3 unknown
- N=214 children
  - 160 CHL
  - 51 without HL
  - 3 unknown
- N=304 teachers
  - 243 CHL
  - 61 without HL



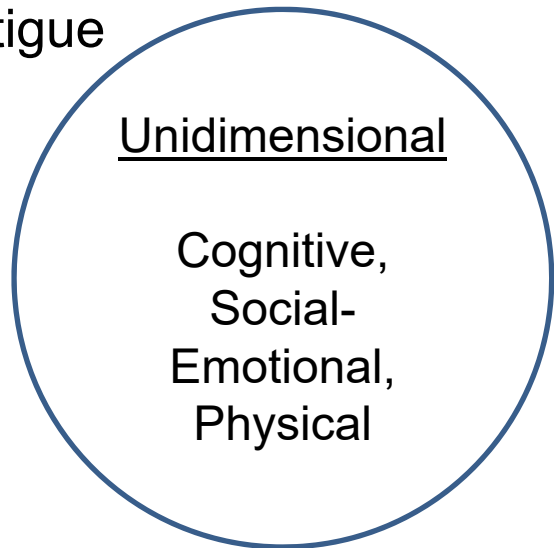
# Phase III: Initial Item Assessment

- Analyzed data to identify & select high quality items for the final scale-
  - Quantitative: Item Response Theory- IRT
    - Want high information items across a range of severities
    - Items with appropriate threshold order and good separation between response thresholds (good discrimination)
    - Items that were stable across age and gender groups
      - Used differential item functioning (DIF) to examine item stability
        - » Across age (7-12 vs 13-18 y.o.) & gender
  - Qualitative: Expert review
    - Removed redundant items via expert review



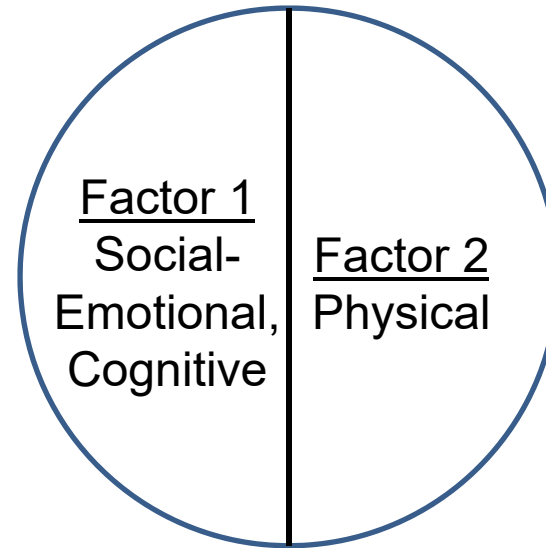
# Phase III: Initial Item Assessment

- **Child & Teacher EFA** suggests unidimensional model of listening-related fatigue



Listening-Related Fatigue

- **Parent EFA** suggests a 2-factor model of listening-related fatigue



Listening-Related Fatigue

# Phase III: Item Reduction

- Final versions selected for validation:
  - Parent scale- 12 items, 2 factors
    - 7 cognitive/social-emotional items
    - 5 physical items
  - Child scale- 10 items
  - Teacher scale- 8 items



# Development of The Vanderbilt Fatigue Scale for Children with Hearing Loss (VFS-CHL)

- Phase I- Defining the issues
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- **Phase IV- Additional validation and preliminary data analyses**



# Phase IV: VFS-CHL Validation

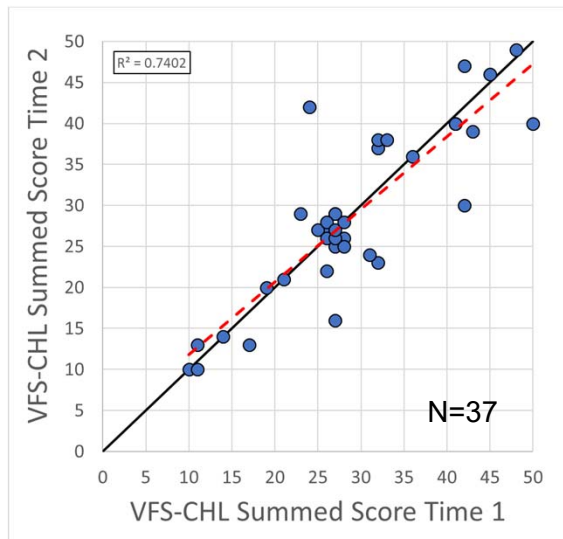
- Data collection and analyses are ongoing
  - N= 840 respondents (376 Parents; 128 Children; 336 Teachers)
- Initial analyses suggest the scales are valid and provide a reliable estimate of listening-related fatigue
  - Test-retest reliability
  - Concurrent validity
  - Construct Validity



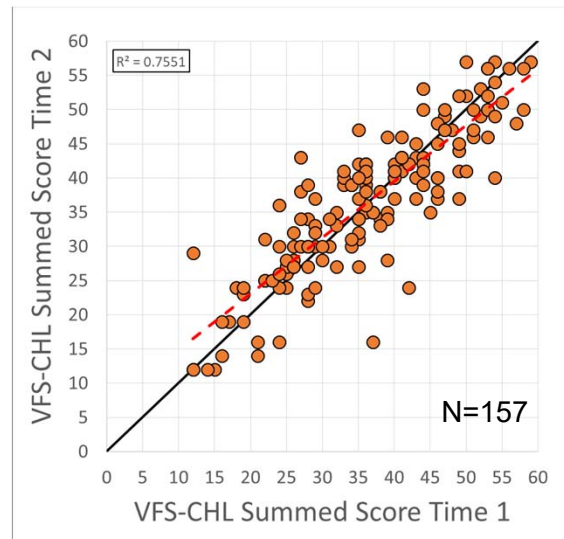
# VFS-CHL: Test-retest reliability

- Strong correlations and absolute agreement bw test-retest VFS scores
  - Spearman's rho ranged from .70 -.86

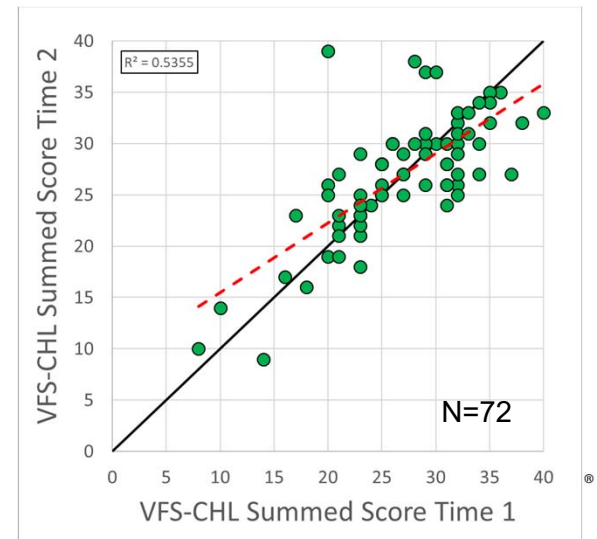
Child



Parent



Teacher



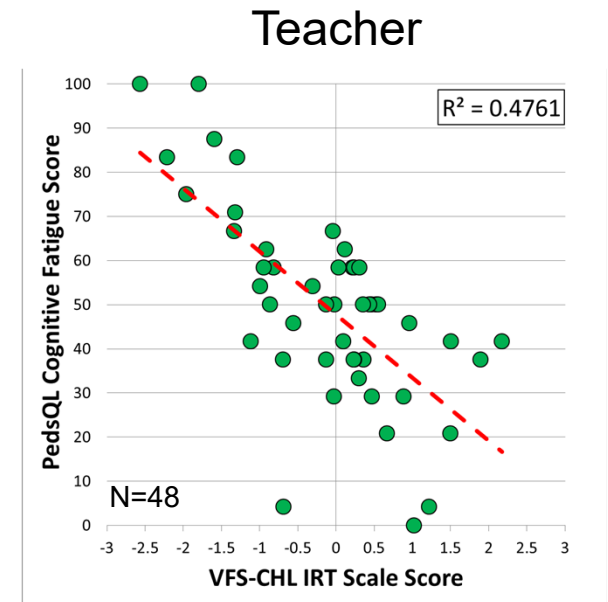
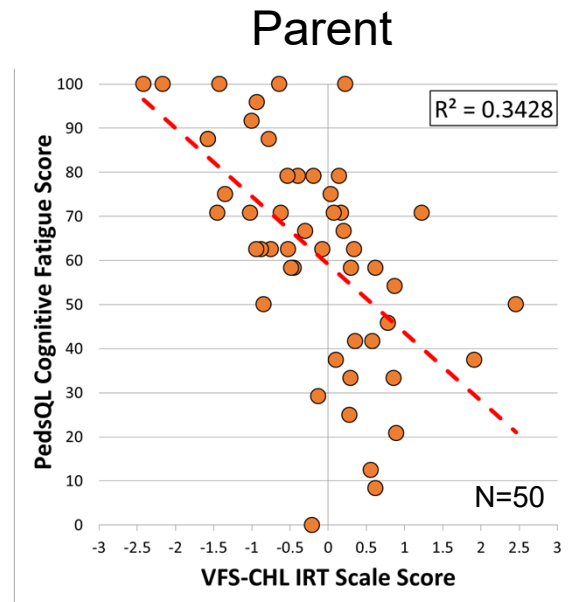
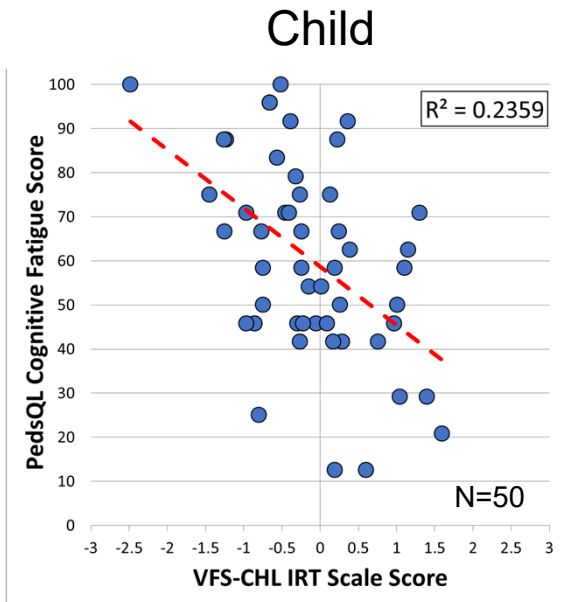
# VFS-CHL: Concurrent Validity

- Examined associations bw VFS's and generic fatigue (PedsQL-MFS) and depression (Child Depression Inventory- CDI) measures
- Analysis of additional ~150 participants (50/group- children, parents, teachers) reporting on CHL only
- Across respondent groups, VFS scores show
  - weak/moderate associations with various PedsQL scales
    - r values ranged from -0.22 to -0.74
  - and with various CDI results
    - r values ranged from 0.24-0.64



# VFS-CHL: Associations w/ PedsQL

- VFS scores show weak to moderate negative correlations with generic fatigue (PedsQL) measures (lower value= more fatigue)
  - Data for cognitive fatigue shown

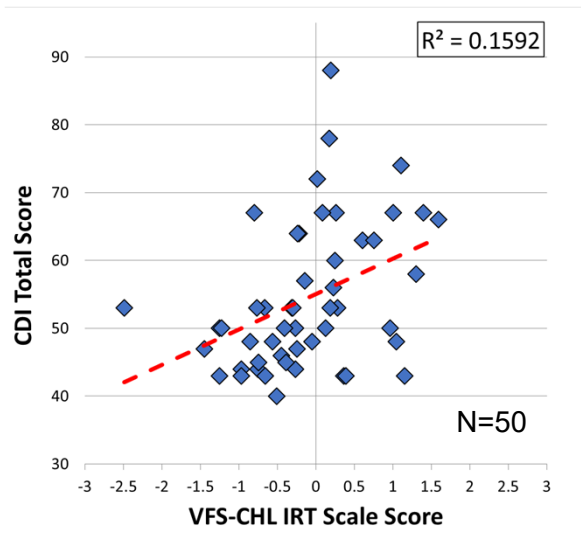




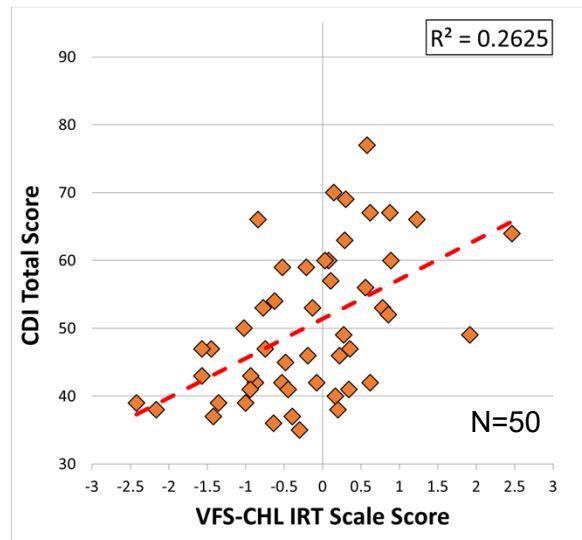
# VFS-CHL: Associations w/CDI

- VFS scores also show weak to moderate positive correlations with a depression scale (CDI)
  - Data for CDI Total score shown

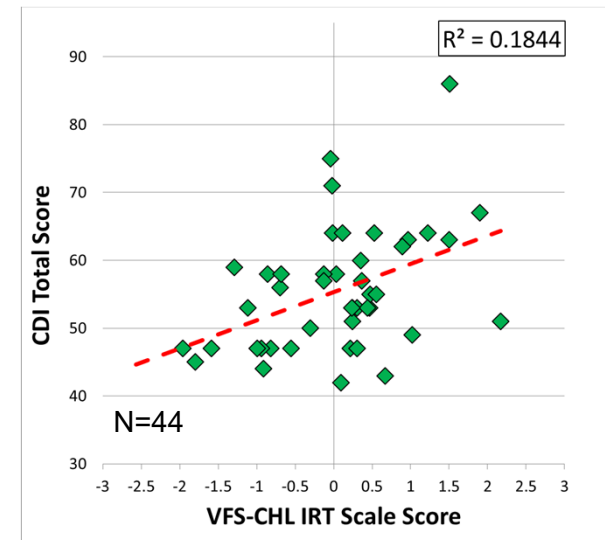
Child



Parent



Teacher

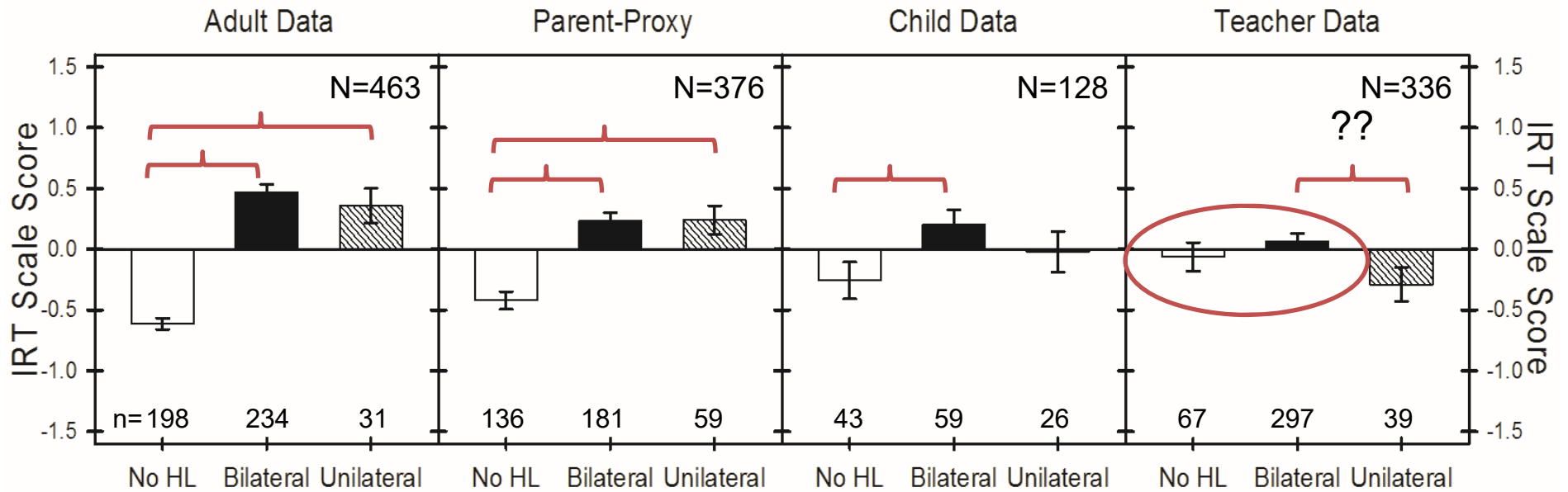


# VFS-CHL: Construct Validity

- Construct validity is based, in part, on stakeholder input during the test development process
- In addition, our scale appears to sensitive to effects of hearing loss on listening-related fatigue, at least in adults
  - But sensitivity to hearing loss in children may (or may not) vary among respondent scales



# VFS-AHL/CHL and self-reported HL



⌈ = significant differences

Error bars = 1 standard error

# VFS-CHL and additional disabilities

- Disabilities *other than HL* may also increase listening-

related fatigue

- This can confound our results
  - i.e., Ratio of children with/without disabilities may vary across samples

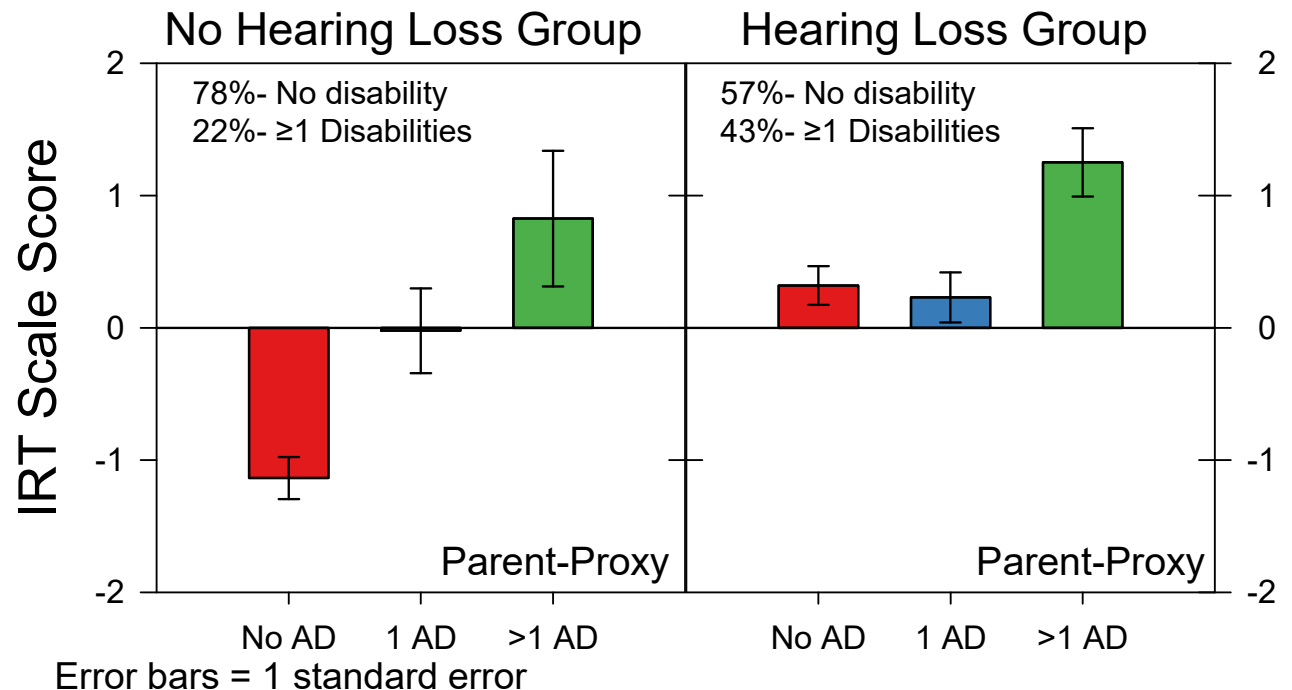
|                                     | Child      |             | Parent-Proxy |             | Teacher-Proxy |             |
|-------------------------------------|------------|-------------|--------------|-------------|---------------|-------------|
|                                     | CNHL       | CHL         | CNHL         | CHL         | CNHL          | CHL         |
| <b>Cognitive Disability</b>         | 13%<br>(2) | 16%<br>(10) | 11%<br>(5)   | 20%<br>(34) | 32%<br>(23)   | 25%<br>(36) |
| <b>Visual Impairment</b>            | 7%<br>(1)  | 5%<br>(3)   | 7%<br>(3)    | 4%<br>(7)   | 1%<br>(1)     | 6%<br>(9)   |
| <b>Behavioral/Emotional Problem</b> | 40%<br>(6) | 36%<br>(22) | 47%<br>(21)  | 29%<br>(51) | 29%<br>(21)   | 16%<br>(23) |
| <b>Physical Disability</b>          | 20%<br>(3) | 5%<br>(3)   | 9%<br>(4)    | 5%<br>(8)   | 0%<br>(0)     | 9%<br>(13)  |
| <b>Speech-Language Impairment</b>   | 0%<br>(0)  | 13%<br>(8)  | 9%<br>(4)    | 19%<br>(33) | 33%<br>(24)   | 27%<br>(38) |
| <b>Genetic/Chromosomal Syndrome</b> | 7%<br>(1)  | 8%<br>(5)   | 7%<br>(3)    | 7%<br>(12)  | 4%<br>(3)     | 6%<br>(8)   |
| <b>Other</b>                        | 13%<br>(2) | 16%<br>(10) | 11%<br>(5)   | 16%<br>(28) | 1%<br>(1)     | 11%<br>(16) |
| <b>TOTAL</b>                        | <b>15</b>  | <b>61</b>   | <b>45</b>    | <b>173</b>  | <b>73</b>     | <b>143</b>  |

# VFS-CHL and additional disabilities

- Disabilities *other than HL* may also increase listening-related fatigue

- This can confound our results

- i.e., Ratio of children with/without disabilities may vary across samples

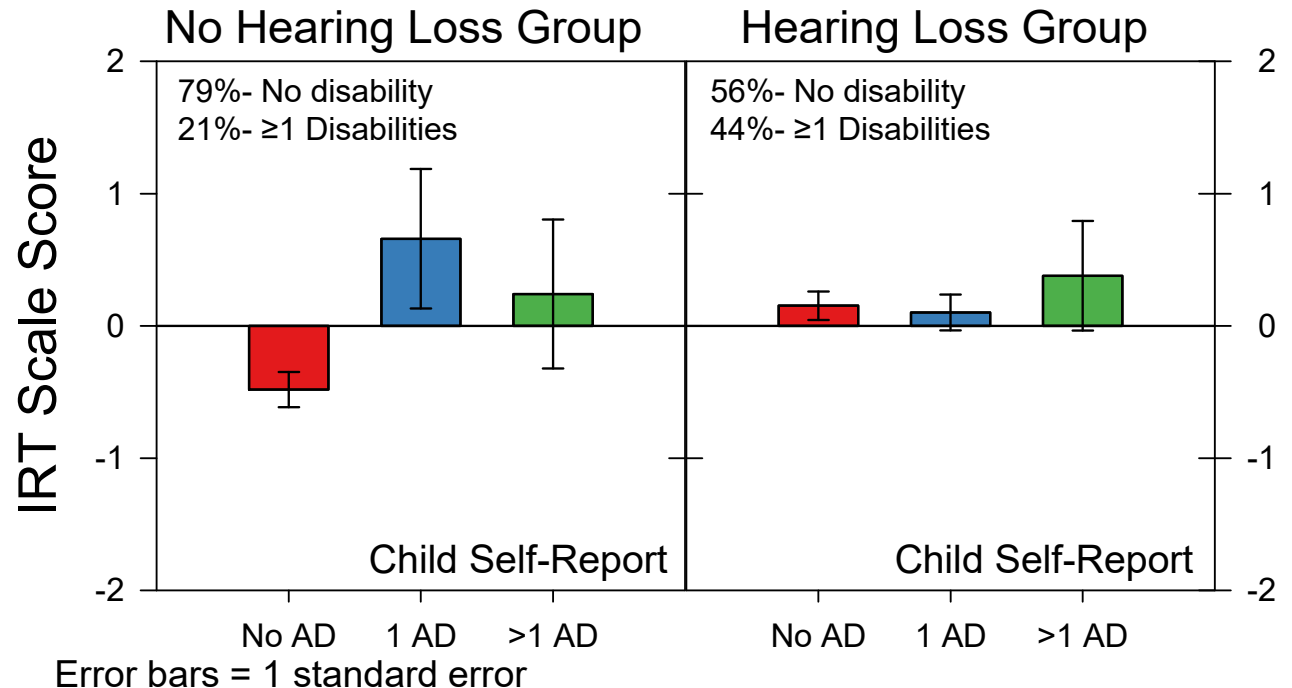


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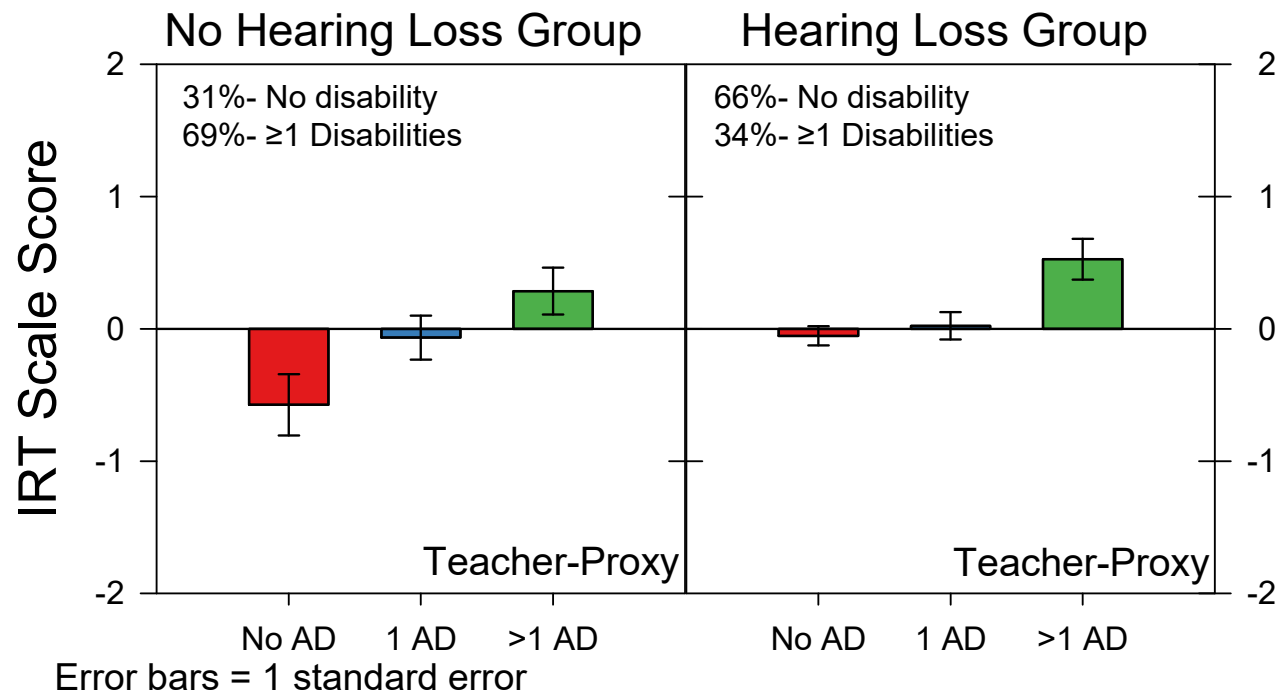


# VFS-CHL and additional disabilities

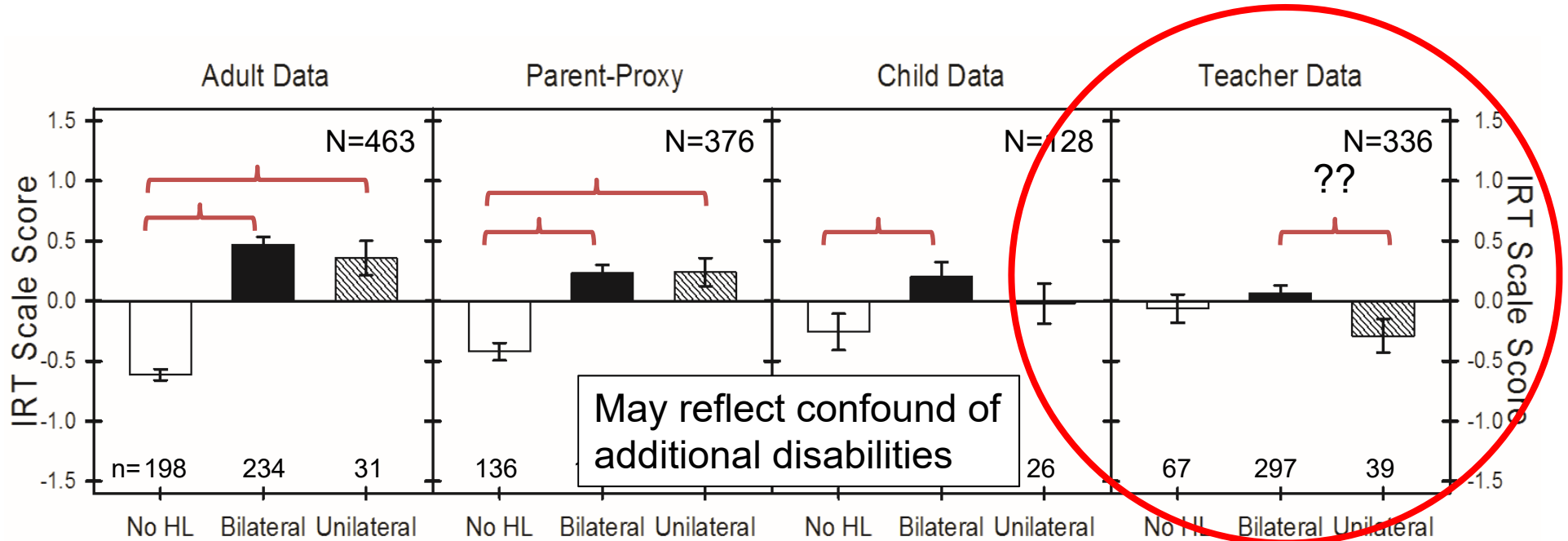
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# VFS-AHL/CHL and self-reported HL



⌈ = significant differences

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# Conclusions

- The VFS-CHL is an ecologically valid measure of listening-related fatigue in children based on child self-report or parent/teacher proxy report
  - All scales provide valid and reliable measure of listening-related fatigue for CHL
    - Presence of additional disabilities increases risk for fatigue





# Thanks for Listening!

## Questions?

For more information  
check out our lab  
websites:

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/listeninglearninglab/](https://my.vanderbilt.edu/listeninglearninglab/)

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