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Research Summary

The Benefits of Addressing Sound Preference in the Clinical Workflow

BACKGROUND

Preference is ubiquitous across domains, influencing how we interact with our environment in many areas. One relevant area is audiology where preference may influence how easy it is for a user to acclimatize to hearing aids and whether hearing aids are worn or left in the drawer (Fischer & Engelund, 2026). While a given set of hearing aids may be personalized through fine-tuning of gain and features, their fundamental sound design and processing architecture are stable. Since sound design influences preference (Balling et al., 2026; Marmel et al., 2026), it is an important aspect to consider in hearing aid prescription.

Addressing sound preference during hearing aid appointments may improve the clinical conversation and empower and engage hearing aid wearers, contributing to better outcomes.

For hearing care professionals, this makes it relevant to:

- Offer hearing aids with different sound designs.
- Address sound preference and the client's personal response to sound.
- Use client responses as data, swapping sound design or doing fine-tunings as necessary.

This pilot study investigates the effects of systematically addressing client sound preference in the clinical workflow.

METHOD

Participants

Twenty hearing care professionals.

Setting

Hearing clinics selling hearing aids with distinctly different sound designs.

Duration

Three-month study period compared to standard clinical best practice.

Approach

Explaining to clients how sound preference may matter to their hearing aid experience and acclimatization, and that swapping to a different sound design may be an option if acclimatization and wear is difficult.

Outcomes

Questionnaire responses and qualitative experiences.

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RESULTS

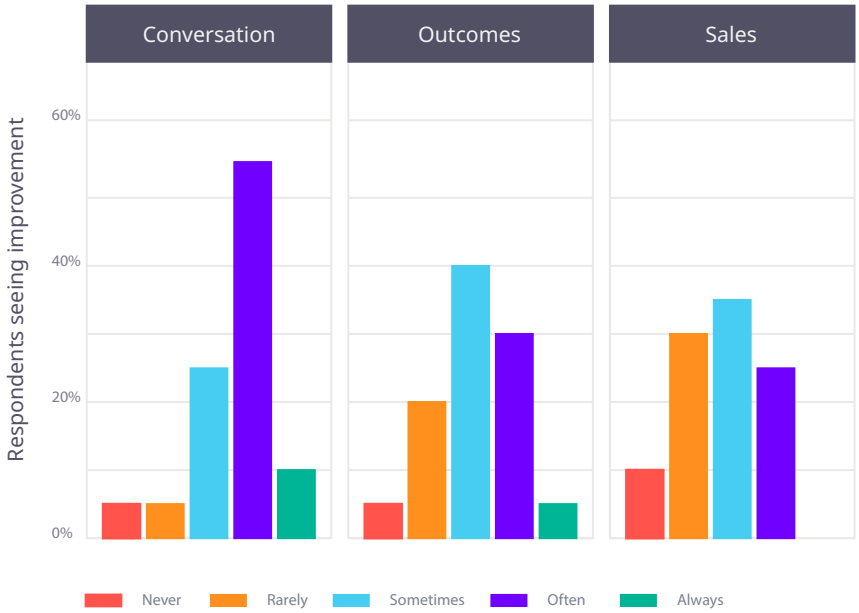

Figure: Responses of 20 HCPs to questions on whether they experienced improvements to clinical conversations, client outcomes, and sales/returns when working with the Sound Preference Approach. Replies of Sometimes, Often and Always are grouped together as respondents who experience improvements in the relevant areas.

90%

report that the Sound Preference Approach supports their clinical conversations

75%

report better outcomes when discussing Sound Preference at the initial appointment.

60%

reported an increase in sales and and fewer returns when using the Sound Preference Approach.

Summary of qualitative experiences

- Exploring sound preference with the patient supports selection of the right sound design from the beginning.
- Addressing sound preference supports a patient-centered approach.
- Though many problems can be solved with fine-tuning, switching to an alternative sound design may be more effective than a drawn-out fine-tuning process.
- Sound preference conversation may draw out clients who are less open to talking about themselves.
- Emphasizing subjective experiences improves trust and flexibility.

CLINICAL OPPORTUNITIES

Providing a choice of sound design and working intentionally with sound preference in the clinical workflow makes for improved clinical conversations, better patient outcomes, and increased trust and flexibility.

References:

Balling, L.W., Jensen, N.S., Nielsen, M., Best, S., Lelic, D., Marmel, F. & Engelund, G. (2026). Sound preference as a measurable dimension in hearing aid fitting: Evidence from comparisons of time-domain and frequency-domain processing. *WSA White Paper.*

Fischer, R.-L. & Engelund, G. (2026). Sound That Feels Like You: The Sound Preference Framework for Personalized Hearing Part 1. *WSA White Paper.*

Marmel, F., Balling, L.W. & Rønne, F. (2026). Comparing time-domain and frequency-domain processing: Preference across platforms. *WSA White Paper.*