

Finnish Perspective on the Last 20 Years of the Nordic Audiological Society

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Collaboration and influences

Nordic countries have much in common, one of the most distinctive features of their commonality being health care grounded in certain types of economic and social policies: the Nordic welfare model financed by tax revenues. The structure of audiological care has also been rather similar in Nordic countries. In Finland, hearing care was organized in the 1970s, with its main parts consisting of hearing centres at five university hospitals and hearing units at regional hospitals. This model was adopted from Denmark and Sweden. Additionally, during the years of the NUD (Nordic Staff Training Centre) in Dronningslund, the Danish experience in working with deafblind people has also been an inspiring source of knowledge for many Finnish professionals.

Different professional groups working in the field of audiology are also fairly similar in Nordic countries, although in Denmark, there has been a stronger provision of educational and rehabilitative audiology than perhaps elsewhere, and in Finland, there are too few representatives of technical staff (particularly civil engineers) working with persons with impaired hearing.

The development of the education of the different professionals working in the field of audiology has been one of the main interests and tasks of NAS since its conception. Education has been supported by both the NAS congresses held regularly for almost 60 years, by books published, and, particularly, by publishing scientific journals. The most recent journal, *International Journal of Audiology (IJA)*, is widely available in Finnish secondary and tertiary care hospitals, as it is included in many large scientific journal packages that the university libraries and hospitals subscribe

to. It is important that NAS has a scientifically merited representative in the IJA board, and NAS can, in collaboration with two other societies in the background of the journal, influence the direction towards which the journal is developed. High-quality journals support different professionals within the audiologic field in learning and adopting evidence-based practices.

During the early years of cochlear implantation, it was also possible to obtain information on NAS congresses on the practices and outcomes of implantation in Nordic countries. Since this form of care was new at that time, all information was more than welcome. Because some Finnish patients, mostly children, were operated on in Sweden, for Finns, it was important to be aware of the new developments there.

In the NAS congresses, it has been possible to be in contact with professionals, representatives of patient organizations and hearing instrument manufacturers from other Nordic countries. In the discussions held in NAS congresses, education of hearing care professionals has been a frequent topic. For Finns, the development of the education of audiometricians (audionom in Swedish and audiograf in Norwegian) has been a long-term goal. Sadly and frustratingly, no success has been reached despite frequent attempts (Audionomikoulutuksen kehittäminen -työryhmä, 2013) to negotiate with the Ministry of Education and Culture and Ministry of Social Affairs and Health to have a longer, upgraded and regularly run educational programme for audiometricians at the University of Applied Sciences and to have the profession regulated (that is, to have it as a protected title). In Finland, the basic education required for audiometricians is the education of a nurse, which, according to a survey made in hospitals, does not provide the best possible foundation for a deep understanding of hearing instrument technology (Audionomikoulutuksen kehittäminen -työryhmä, 2013).

Another benefit of having contacts between the Nordic countries in hearing health care is to learn from practices and policy changes in other countries. Information from Sweden, for instance, has been valuable for Finland when developing the hearing aid provision model in a situation

in which the personnel resources of the public sector are no longer sufficient to serve the rapidly increasing number of patients in need of audiological care.

Professional associations and patient organizations in Finland have received valuable back-up from NAS when informing about the ever-increasing needs of audiological care and when lobbying authorities and policy makers to invest more resources in the field. Domestic actors are often not enough in that work, and NAS as a large network is in many cases much stronger. It was therefore very insightful that in 2019, NAS sent out for its member associations and organizations a statement to be delivered via their networks to authorities and policy makers. This statement heavily relied on scientific evidence on the beneficial outcomes of hearing care.

The home ground of Finns

E-Health is strong in Finland, with many clinical practices have already been established. Particularly in sparsely populated areas, distances for many patients are often long to the nearest hospital, providing specialized care. In addition to physical examination performed via remote access, health information can also effectively be disseminated using the Internet. In The Health Village, <https://www.terveyskyla.fi/> (also in Swedish: <https://www.terveyskyla.fi/sv>) The House of Hearing will also appear in the future, with all the information accessible 24/7 for everyone needing it. Additionally, artificial intelligence solutions for health care are currently being developed in collaboration between technology enterprises and hospitals.

The other side of the coin is that medical audiology has limited personnel resources, and possibly because of that, hearing health care concentrates relatively much on technical hearing rehabilitation (provision of hearing aids, for example); much more resources would urgently be needed for adults' rehabilitation in the areas of communication, auditory training, counselling and psychosocial support. NAS, with its congresses, has

spread information from other Nordic countries and their services on hearing tactics (useful communication strategies), for example.

Language issues

The historical roots of Finnish education and practice in medicine are in Central Europe. Up to World War II, clinical medicine strongly leaned on the Central European research tradition, and Finnish medical doctors were often at least partly trained in German-speaking countries (Saxén, 2000). Nordic, especially Swedish, contacts in medicine were important for Finns, particularly in the late 1940s and early 1950s, together with North American influences starting to grow strongly in the 1950s.

The same strong roots and a long-standing tradition to study in Central Europe applies even for teachers, and Central European Phoniatics formed the foundation of the early days of speech and language therapy in Finland. However, in the field of pedagogics related to children with impaired hearing, contacts of especially Finland and Sweden have existed since the 19th century. In the early 1960s, immediately after the founding of NAS, all Nordic countries were enthusiastic about the possibility of attending NAS congresses/courses and using the printed materials of the congresses as audiological literature to develop the practices of the multi-professional field and as teaching materials in the education of new professionals (Ingberg, 2002).

In different functions of the Nordic Audiological Society, representatives of practically all Nordic countries except Finland can use their native language. Of them, Swedish, Danish and Norwegian populations are usually mutually understandable. With its population of only approximately 5% of the inhabitants speaking Finland-Swedish as their native language, Finland is much different from other Nordic countries. Today, speakers of languages other than Finnish or Swedish constitute more than 7% of the population, so they already outnumber the Swedish-speaking part of the population of Finland. Additionally, the number of students taking the Swedish test as the second national language in the Matriculation Examination of upper secondary school clearly dropped after the

decision to no longer have Swedish as the compulsory part of it. This will, in the future, diminish the share of the Finnish-speaking population to study and master Swedish at a more advanced level. Finns study many foreign languages, with school English being the strongest language; it is the most popular language subject from the early school years.

All factors mentioned above cause rather large challenges for Finns to participate in, for example, NAS congresses and annual general meetings, and consequently, the number of Finns has indeed usually been rather modest in NAS meetings. For instance, out of the approximately 500 participants of the NAS congress in 2008, only approximately 30 participants (6%) were from Finland. As an exception, English has been the language of two NAS congresses, one concentrating on paediatric audiology (organized in Copenhagen in 2000 with the theme “Communication 2000”) and one on the elderly (The 1st International Congress on Geriatric/Gerontologic Audiology organized in Stockholm in 2004 with the theme of “Hearing in the Elderly”).

Since the meeting held in Turku, Finland, in 1986, NAS tried to encourage, at least for some time, the participation of Finns by starting to offer simultaneous interpretation of presentations in NAS congresses into Finnish (Ingberg & Jauhiainen, 2000). In recent years, at least part of the presentations in NAS congresses held in Nordic languages have usually been translated into English. This practice of NAS has aimed to help the international keynote or invited speakers to follow the programme of the congresses, but Finns have also benefitted from it. In the next NAS congress in Odense, Denmark, for example, although the conference language is primarily Scandinavian, in addition to presentations in Danish, Swedish and Norwegian, abstracts and presentations in English are accepted, and simultaneous translation of presentations into English is available.

When NAS congresses and seminars related to NAS annual general meetings have been organized in Finland, English has been used as the working language for a relatively long time now. This is in line with the

practice of all Nordic medical societies in Otorhinolaryngology, which today have English as the working language in their meetings.

Future studies will show whether the ever-expanding use of English in science, culture and everyday life in Western societies will also have more influence on the language(s) used in meetings organized by NAS.

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