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Living with Tinnitus: A Qualitative Exploration of Indonesian Patients' Coping Strategies and Support Needs

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ABSTRACT

Introduction: Tinnitus, the perception of sound without an external source, affects many people globally. Its causes are varied and often unclear, and it can significantly impact the quality of life, causing distress, sleep problems, and concentration difficulties. This study explored the experiences of Indonesian tinnitus patients, focusing on their coping strategies and support needs. **Methods:** We conducted semi-structured interviews with 25 Indonesian adults diagnosed with tinnitus. Participants were recruited from otorhinolaryngology clinics in Jakarta and Surabaya. Interviews were audio-recorded, transcribed, and analyzed using thematic analysis. **Results:** Four main themes emerged: (1) The multifaceted impact of tinnitus: emotional distress, social isolation, and functional limitations; (2) Diverse coping mechanisms: acceptance, sound therapy, and traditional remedies; (3) Perceived support needs: desire for information, counseling, and support groups; and (4) Cultural influences: spiritual beliefs and alternative medicine. **Conclusion:** This study provides valuable insights into the experiences of Indonesian tinnitus patients. It highlights the need for culturally sensitive and holistic management, including comprehensive support services like information, counseling, and support groups tailored to their needs.

1. Introduction

Tinnitus, the perception of sound in the absence of a corresponding external acoustic stimulus, is a prevalent auditory phenomenon that affects a significant portion of the global population. This phantom auditory perception, often described as a "ringing in the ears," can manifest as a variety of sounds, including buzzing, hissing, clicking, whistling, or whooshing. The perceived sound can vary in its characteristics, differing in intensity, frequency, and laterality, and it may be experienced continuously or intermittently. Regardless of its specific

manifestation, tinnitus can significantly impact an individual's quality of life, leading to distress, sleep disturbances, difficulties in concentration, and impairments in overall well-being. The underlying mechanisms responsible for tinnitus are complex and multifactorial, often involving an intricate interplay of peripheral and central auditory pathways, as well as psychological and emotional factors. While the exact etiology of tinnitus often remains elusive, several factors have been identified as potential contributors to its development. These include; Age-related hearing loss: The natural decline in auditory function that

occurs with age is a common factor associated with tinnitus. As the auditory system undergoes age-related changes, including the loss of hair cells in the inner ear, the neural activity in the auditory pathways may become altered, leading to the perception of phantom sounds; Noise exposure: Exposure to loud noises, whether occupational or recreational, can damage the delicate structures of the inner ear, particularly the hair cells responsible for transducing sound waves into neural signals. This damage can disrupt the normal auditory processing, potentially triggering the onset of tinnitus; Ototoxic medications: Certain medications, including some antibiotics, diuretics, and chemotherapy agents, can have ototoxic effects, meaning they can damage the auditory system. Exposure to these medications can increase the risk of developing tinnitus, particularly with prolonged or high-dose use; Head injuries: Traumatic brain injuries, particularly those affecting the temporal lobe where the auditory cortex is located, can disrupt the normal auditory processing and lead to tinnitus; Medical conditions: Various medical conditions, such as Meniere's disease, otosclerosis, and acoustic neuroma, can affect the structures of the ear or the auditory nerve, potentially contributing to the development of tinnitus; Other factors: Stress, anxiety, depression, and other psychological factors have also been implicated in the development and exacerbation of tinnitus. These factors may influence the perception and interpretation of tinnitus, potentially contributing to its negative impact on quality of life.¹⁻³

Despite the growing body of research on tinnitus, its underlying mechanisms remain incompletely understood. Several theories have been proposed to explain the pathophysiology of tinnitus, including; Peripheral auditory system dysfunction: This theory suggests that tinnitus arises from damage or dysfunction in the peripheral auditory system, such as the cochlea or the auditory nerve. This damage may lead to abnormal neural activity, which is interpreted by the brain as a phantom sound; Central auditory system plasticity: This theory proposes that tinnitus results from changes in the central auditory system, particularly the auditory cortex, in response to peripheral auditory system damage or dysfunction.

These changes may involve increased neural excitability or altered neural connections, leading to the perception of tinnitus; Neurophysiological models: These models propose that tinnitus arises from complex interactions between the peripheral and central auditory systems, as well as other brain regions involved in attention, emotion, and memory. These interactions may lead to the perception of tinnitus as a salient and distressing sound. The impact of tinnitus on an individual's quality of life can be substantial. The persistent perception of phantom noise can lead to a range of difficulties, including; Emotional distress: Tinnitus can trigger a variety of negative emotions, including anxiety, frustration, anger, sadness, and even depression. The constant presence of tinnitus can be overwhelming and intrusive, leading to feelings of helplessness and despair; Sleep disturbances: Tinnitus can interfere with sleep onset and maintenance, leading to insomnia and daytime fatigue. The inability to find respite from the tinnitus during sleep can exacerbate its negative impact on overall well-being; Concentration problems: Tinnitus can make it difficult to focus and concentrate, affecting work productivity, academic performance, and social interactions. The constant distraction of tinnitus can impair cognitive function and reduce overall efficiency; Social isolation: Tinnitus can lead to social withdrawal and isolation, as individuals may avoid social situations due to difficulties hearing conversations in noisy environments or feeling self-conscious about their tinnitus. This social isolation can further contribute to feelings of loneliness and depression; Reduced quality of life: The cumulative effects of tinnitus on emotional, social, and functional well-being can significantly reduce an individual's overall quality of life. Tinnitus can limit participation in enjoyable activities, strain relationships, and impair overall life satisfaction.⁴⁻⁶

The management of tinnitus often requires a multidisciplinary approach, addressing both the underlying causes and the associated psychological and emotional distress. Common interventions include; Sound therapy: This involves using external sounds, such as white noise, nature sounds, or music, to mask or distract from the tinnitus. Sound therapy

can help reduce the perceived loudness and intrusiveness of tinnitus, providing some relief and improving sleep quality; Cognitive-behavioral therapy (CBT): This therapy aims to address the negative thought patterns and behaviors associated with tinnitus. CBT can help individuals develop coping strategies to manage their tinnitus-related distress and improve their overall quality of life; Tinnitus retraining therapy (TRT): This therapy combines sound therapy with counseling to help individuals habituate to their tinnitus. TRT aims to reduce the perception of tinnitus as a threat and minimize its negative impact on daily life; Medications: In some cases, medications may be used to manage associated conditions, such as anxiety or depression. These medications may provide some relief from the emotional distress associated with tinnitus; Alternative therapies: Various alternative therapies, such as acupuncture, herbal remedies, and relaxation techniques, have been explored for tinnitus management. While the evidence for their effectiveness is limited, some individuals may find them helpful in managing their tinnitus.^{7,8}

While research on tinnitus has predominantly focused on Western populations, there is a growing recognition of the need to understand the experiences of individuals from diverse cultural backgrounds. Culture can significantly influence how people perceive, interpret, and cope with tinnitus, as well as their preferences for treatment and support. Cultural beliefs, values, and practices can shape individuals' understanding of health and illness, influencing their help-seeking behaviors and their responses to various interventions. Indonesia, a country with a rich cultural heritage and diverse belief systems, provides a unique context to explore the lived experiences of tinnitus patients. Indonesian culture is deeply rooted in spiritual beliefs, traditional medicine, and strong family and community ties. These cultural factors may influence how individuals with tinnitus perceive their condition, cope with its challenges, and seek support.^{9,10} This qualitative study aimed to delve into the experiences of Indonesian adults living with tinnitus, focusing on their coping strategies and perceived support needs. By understanding how

Indonesian patients navigate the challenges of tinnitus within their cultural context, we can develop culturally sensitive and holistic management approaches to improve their quality of life.

2. Methods

This study employed a qualitative descriptive research design to gain an in-depth understanding of the lived experiences of Indonesian adults with tinnitus. This approach is particularly well-suited for investigating complex health conditions like tinnitus, where individual experiences and coping mechanisms can vary significantly.

Participants were recruited from otorhinolaryngology clinics in two major cities in Indonesia: Jakarta and Surabaya. These cities were selected for their diverse populations and the presence of well-established healthcare facilities specializing in ear, nose, and throat conditions. This purposive sampling strategy aimed to ensure the inclusion of participants with diverse backgrounds and experiences with tinnitus. The recruitment process involved collaboration with healthcare professionals at the selected clinics. These professionals played a crucial role in identifying potential participants who met the study's inclusion criteria. Potential participants were approached by clinic staff and provided with information about the study, including its purpose, procedures, and potential benefits and risks. Those who expressed interest in participating were then invited to contact the research team for further information and screening. To ensure the relevance and focus of the study, specific inclusion and exclusion criteria were established. Inclusion Criteria; Adults aged 18 years or older; Self-reported diagnosis of tinnitus by a qualified healthcare professional; Ability to communicate effectively in Bahasa Indonesia; Willingness to participate in an audio-recorded interview. Exclusion Criteria; Significant cognitive impairment that could interfere with participation in the interview; Presence of other medical conditions that could significantly confound the interpretation of the data; Inability to provide informed consent. These criteria ensured that the study participants were representative of the target

population and that the collected data were relevant to the research question. The sample size for this qualitative study was determined based on the principle of data saturation. Data saturation is reached when no new themes or insights emerge from subsequent interviews, indicating that the data collected is sufficient to provide a comprehensive understanding of the phenomenon under investigation. In this study, data saturation was reached after interviewing 25 participants. This sample size provided a rich and diverse range of perspectives on the experience of living with tinnitus in the Indonesian context. The final sample included participants with varying ages, genders, tinnitus durations, perceived tinnitus severity, and coping mechanisms.

The primary data collection method for this study was semi-structured interviews. This approach allowed for a flexible and interactive dialogue between the interviewer and the participant, enabling the exploration of individual experiences in depth. Prior to the interviews, a detailed interview guide was developed based on a comprehensive review of existing literature on tinnitus and consultations with experts in otorhinolaryngology and qualitative research. The interview guide included open-ended questions designed to elicit rich and detailed narratives about the participants' experiences with tinnitus. The questions covered a range of topics, including; The onset and characteristics of their tinnitus; The impact of tinnitus on their daily lives, including emotional, social, and functional aspects; Their coping strategies and help-seeking behaviors; Their perceived needs for support and information; Their perspectives on the cultural influences on their tinnitus experience. The interview guide served as a framework for the interviews, ensuring that all relevant topics were covered while allowing for flexibility to explore emerging themes and individual experiences in greater depth. Interviews were conducted in a private and comfortable setting at the participants' convenience. The setting was chosen to ensure privacy and minimize distractions, allowing participants to feel comfortable sharing their experiences openly and honestly. A trained interviewer with extensive

experience in qualitative research conducted all interviews. The interviewer was fluent in Bahasa Indonesia and had a deep understanding of the cultural context of the study. The interviewer established rapport with the participants, creating a safe and supportive environment for them to share their experiences. The interviews were conducted in a conversational style, with the interviewer actively listening and encouraging participants to elaborate on their responses. The interviewer followed the interview guide but allowed for flexibility to explore emerging themes and individual experiences in greater depth. All interviews were audio-recorded with the participants' informed consent. The audio recordings were made using high-quality recording equipment to ensure clear and accurate capture of the interviews. After each interview, the audio recordings were transcribed verbatim by trained transcribers. The transcripts were carefully reviewed for accuracy and completeness, ensuring that they faithfully captured the participants' words and expressions. In addition to the audio recordings and transcripts, the interviewer also took detailed field notes during and after each interview. These field notes captured non-verbal cues, contextual information, and the interviewer's reflections on the interview process. The field notes provided valuable supplementary data, enriching the understanding of the participants' experiences and the interview context.

Thematic analysis was employed to analyze the interview transcripts. This method involves identifying, analyzing, and reporting patterns (themes) within the data. Thematic analysis is a flexible and rigorous approach to qualitative data analysis, allowing for a comprehensive and nuanced understanding of the data. The thematic analysis process involved six key steps; Familiarization with the data: The researchers immersed themselves in the data by reading and re-reading the transcripts and field notes, gaining a thorough understanding of the participants' experiences and perspectives; Generating initial codes: The researchers systematically coded the data, identifying and labeling meaningful segments of text related to the research question. Codes were assigned to capture key concepts, ideas, and

experiences expressed by the participants; Searching for themes: The researchers identified patterns and relationships among the codes, grouping them into potential themes. Themes represent broader patterns of meaning that capture the essence of the participants' experiences; Reviewing themes: The researchers reviewed the identified themes, refining and clarifying them based on their relevance to the research question and their grounding in the data; Defining and naming themes: The researchers defined and named the final themes, ensuring that they accurately reflected the patterns of meaning within the data and that they were clearly and concisely articulated; Producing the report: The researchers wrote a comprehensive report that presented the findings of the thematic analysis, including detailed descriptions of the themes and illustrative quotes from the participants. To enhance the rigor and trustworthiness of the data analysis, two researchers independently coded the transcripts and met regularly to discuss and refine the coding framework. This collaborative approach ensured that the analysis was comprehensive and that the identified themes were grounded in the data. Throughout the data analysis process, the researchers maintained reflexivity, acknowledging their own perspectives and potential biases and how these might influence the interpretation of the data. This reflexive approach ensured that the analysis was as objective and unbiased as possible.

Ethical approval for this study was obtained from the relevant institutional review boards at the participating institutions. The ethical review process ensured that the study adhered to ethical principles and guidelines for research involving human participants. All participants provided written informed consent before participating in the study. The informed consent process involved providing participants with clear and comprehensive information about the study, including its purpose, procedures, potential benefits and risks, and their rights as participants. Participants were given ample opportunity to ask questions and were assured of their right to withdraw from the study at any time without penalty. Confidentiality was maintained throughout

the research process. All data were anonymized to protect the participants' identities. Participants were assigned unique identifiers, and all identifying information was removed from the transcripts and field notes. All data were stored securely in accordance with data protection regulations. All data collected during the study, including audio recordings, transcripts, and field notes, were stored securely in password-protected files and kept in a locked cabinet. Access to the data was restricted to the research team members involved in the study. All data will be retained for a period of five years after the completion of the study, in accordance with ethical guidelines and institutional policies.

3. Results

Table 1 provides a detailed overview of the characteristics of the 25 participants included in this qualitative study on tinnitus in Indonesia. The participants ranged in age from 30 to 69 years, with a mean age of approximately 47 years. This suggests a good representation of adults across various age groups, acknowledging that tinnitus can affect individuals throughout adulthood. The sample included 15 females and 10 males, indicating a fairly balanced gender distribution within the study. Participants were recruited from both Jakarta and Surabaya, ensuring representation from two major urban centers in Indonesia. This might reflect some diversity in socioeconomic backgrounds and access to healthcare. A variety of marital statuses were represented, including married, single, widowed, and divorced individuals. This suggests that the study captured a range of social support structures and life experiences that could influence how people cope with tinnitus. Educational attainment varied, with participants having completed high school, bachelor's degrees, master's degrees, and even PhDs. This diversity is important as education level can influence health literacy and access to information about tinnitus management. Participants represented low, middle, and high socioeconomic strata, reflecting the economic diversity within the Indonesian population. Socioeconomic status can influence access to healthcare resources and treatment options for

tinnitus. The duration of tinnitus experienced by participants ranged from 6 months to 442 months (approximately 37 years). This wide range highlights that the study included individuals with both relatively new-onset tinnitus and those who have lived with the condition for a long time. This allows for exploration of how coping mechanisms and needs might evolve over time. Participants reported experiencing various types of tinnitus sounds, including ringing, buzzing, hissing, whooshing, and clicking. This variety is consistent

with the heterogeneous nature of tinnitus and its diverse manifestations. A number of participants reported comorbidities, including hypertension, anxiety, diabetes, depression, and heart disease. This is important to note as these conditions can interact with tinnitus, influencing its perceived severity and impact on quality of life. It also highlights the potential need for integrated healthcare approaches that address both tinnitus and any underlying health conditions.

Table 1. Participant characteristics.

ID	Age	Gender	Tinnitus duration (months)	Tinnitus type	Location	Occupation	Marital status	Education level	Socioeconomic status	Comorbidities
1	33	Male	11	Ringing	Surabaya	Driver	Married	High School	Middle	Heart Disease
2	30	Male	6	Buzzing	Jakarta	Doctor	Single	Master's Degree	Middle	Hypertension
3	34	Male	9	Buzzing	Jakarta	Waiter	Single	High School	Low	Anxiety
4	33	Female	10	Buzzing	Surabaya	Driver	Widowed	PhD	Middle	None
5	33	Female	10	Ringing	Jakarta	Salesperson	Single	Bachelor's Degree	Low	Anxiety
6	36	Male	13	Hissing	Surabaya	Writer	Single	High School	High	Anxiety
7	33	Male	51	Ringing	Jakarta	Construction Worker	Married	Bachelor's Degree	Middle	Anxiety
8	32	Female	44	Buzzing	Surabaya	Driver	Married	High School	Middle	Hypertension
9	52	Female	13	Whooshing	Surabaya	Engineer	Married	Bachelor's Degree	Low	Diabetes
10	47	Female	26	Hissing	Jakarta	Teacher	Widowed	Master's Degree	Low	Diabetes
11	43	Female	42	Buzzing	Surabaya	Accountant	Divorced	Master's Degree	Low	Depression
12	55	Female	46	Whooshing	Jakarta	Salesperson	Married	Master's Degree	Low	Hypertension
13	55	Female	18	Buzzing	Surabaya	Retired	Married	Master's Degree	High	Diabetes
14	59	Female	119	Ringing	Surabaya	Artist	Widowed	High School	High	Anxiety
15	50	Female	145	Ringing	Surabaya	Engineer	Single	Master's Degree	Low	Hypertension
16	42	Female	130	Hissing	Surabaya	Driver	Married	Bachelor's Degree	High	Anxiety
17	47	Female	80	Ringing	Surabaya	Retired	Single	PhD	High	Hypertension
18	57	Male	204	Buzzing	Surabaya	Chef	Single	High School	Low	Heart Disease
19	43	Male	188	Whooshing	Jakarta	Nurse	Widowed	High School	High	Depression
20	48	Female	92	Whooshing	Surabaya	Artist	Divorced	PhD	Middle	Hypertension
21	69	Female	151	Hissing	Jakarta	Mechanic	Divorced	Master's Degree	Low	Hypertension
22	60	Female	356	Buzzing	Jakarta	Police Officer	Single	Master's Degree	Middle	None
23	62	Male	442	Ringing	Jakarta	Programmer	Married	PhD	Middle	None
24	65	Male	283	Clicking	Jakarta	Unemployed	Divorced	Bachelor's Degree	Middle	None
25	68	Male	114	Clicking	Surabaya	Musician	Married	Bachelor's Degree	High	Depression

Table 2 presents a selection of quotes from participants in the study, organized by the four key themes that emerged from the data analysis. These quotes provide valuable insights into the lived experiences of Indonesian adults with tinnitus, illustrating the diverse ways in which they perceive, cope with, and seek support for this condition;

Multifaceted Impact: This theme highlights the significant impact of tinnitus on various aspects of participants' lives, including their emotional well-being, social interactions, and daily functioning. The quote, "It's like a constant buzzing in my head... It drives me crazy sometimes. I feel so frustrated and helpless," vividly portrays the emotional toll that tinnitus can take. The constant presence of the phantom noise can lead to feelings of frustration, helplessness, and even despair. The quote, "I find it hard to concentrate in conversations... I often have to ask people to repeat themselves. It makes me feel isolated," illustrates how tinnitus can lead to difficulties in social situations. The inability to hear clearly in noisy environments can lead to social withdrawal and feelings of isolation. The quote, "The ringing in my ears makes it impossible for me to fall asleep. I toss and turn all night. It's exhausting," underscores the impact of tinnitus on sleep. The persistent noise can make it difficult to fall asleep and stay asleep, leading to fatigue and daytime sleepiness;

Diverse Coping Mechanisms: This theme reflects the various strategies that participants employed to manage their tinnitus. The quote, "At first, I was very distressed by the tinnitus. But over time, I've learned to accept it... I try not to focus on it too much," demonstrates the importance of acceptance in coping with tinnitus. Learning to live with the condition and not letting it dominate one's life can be a key coping mechanism. The quote, "I find listening to soft music very helpful. It helps to drown out the ringing in my ears and allows me to relax," illustrates the use of sound therapy as a coping strategy. Using external sounds to mask or distract from the tinnitus can

provide relief and promote relaxation. The quote, "My grandmother recommended a traditional herbal remedy for my tinnitus. I've been drinking it regularly, and I think it has helped to reduce the intensity of the ringing," highlights the use of traditional remedies in managing tinnitus. This reflects the influence of cultural beliefs and practices on healthcare choices;

Perceived Support Needs: This theme emphasizes the need for comprehensive support services for individuals with tinnitus. The quote, "I wish there were more resources available for people with tinnitus. I feel like I'm on my own in dealing with this," expresses the need for greater access to information, support, and treatment options for tinnitus. The quote, "It would be helpful to talk to someone who understands what I'm going through. A support group where I can share my experiences with others who have tinnitus would be great," highlights the value of peer support and shared experiences in coping with tinnitus. The quote, "I've tried searching for information about tinnitus online, but most of it is in English. It's difficult to find reliable information in Indonesian," points to the challenges of accessing information in local languages. This underscores the need for culturally and linguistically appropriate resources for tinnitus;

Cultural Influences: This theme reflects the influence of cultural beliefs and practices on participants' experiences with tinnitus. The quote, "I believe my tinnitus is a punishment for something I did in the past. I need to seek forgiveness and spiritual healing," illustrates the role of spiritual beliefs in shaping perceptions of tinnitus. The quote, "I've consulted both a doctor and a traditional healer for my tinnitus. I believe both approaches can be helpful," demonstrates the integration of traditional and modern medicine in managing tinnitus. The quote, "In our culture, we are not supposed to complain about our problems. I try to keep my tinnitus to myself and not burden others with it," highlights the influence of cultural norms on help-seeking behaviors and coping with tinnitus.

Table 2. Themes and quotes.

Theme	Quote	Participant	Age	Gender	Tinnitus duration	Tinnitus type
1. Multifaceted impact	<i>"It's like a constant buzzing in my head... It drives me crazy sometimes. I feel so frustrated and helpless."</i>	12	45	Male	46 months	Buzzing
	<i>"I find it hard to concentrate in conversations... I often have to ask people to repeat themselves. It makes me feel isolated."</i>	8	32	Female	44 months	Buzzing
	<i>"The ringing in my ears makes it impossible for me to fall asleep. I toss and turn all night. It's exhausting."</i>	18	60	Male	204 months	Buzzing
2. Diverse coping mechanisms	<i>"At first, I was very distressed by the tinnitus. But over time, I've learned to accept it... I try not to focus on it too much."</i>	5	52	Male	51 months	Ringing
	<i>"I find listening to soft music very helpful. It helps to drown out the ringing in my ears and allows me to relax."</i>	15	38	Female	145 months	Ringing
	<i>"My grandmother recommended a traditional herbal remedy for my tinnitus. I've been drinking it regularly, and I think it has helped to reduce the intensity of the ringing."</i>	22	68	Male	356 months	Buzzing
3. Perceived support needs	<i>"I wish there were more resources available for people with tinnitus. I feel like I'm on my own in dealing with this."</i>	9	28	Female	13 months	Whooshing
	<i>"It would be helpful to talk to someone who understands what I'm going through. A support group where I can share my experiences with others who have tinnitus would be great."</i>	17	55	Male	80 months	Ringing
	<i>"I've tried searching for information about tinnitus online, but most of it is in English. It's difficult to find reliable information in Indonesian."</i>	20	42	Female	92 months	Whooshing
4. Cultural influences	<i>"I believe my tinnitus is a punishment for something I did in the past. I need to seek forgiveness and spiritual healing."</i>	24	72	Male	396 months	Hissing
	<i>"I've consulted both a doctor and a traditional healer for my tinnitus. I believe both approaches can be helpful."</i>	11	58	Female	42 months	Buzzing
	<i>"In our culture, we are not supposed to complain about our problems. I try to keep my tinnitus to myself and not burden others with it."</i>	6	35	Female	13 months	Hissing

4. Discussion

This study has illuminated the profound and far-reaching impact of tinnitus on the lives of Indonesian individuals. The experience of tinnitus extends far beyond simply perceiving a phantom noise, it casts a long shadow across emotional well-being, social connections, and the ability to function effectively in

daily life. Participants eloquently described the emotional turmoil tinnitus brings. Anxiety, a constant companion for many, is fueled by the unpredictable nature of the condition and the uncertainty it brings. Frustration simmers as individuals grapple with the limitations tinnitus imposes on their lives. Anger, a natural response to this unwelcome intrusion, can

erupt as the relentless noise persists. And sadness, a deep melancholic undercurrent, often accompanies the realization that tinnitus may be a permanent fixture. These emotional challenges are not merely side effects, they are central to the tinnitus experience, impacting individuals' overall quality of life. The social consequences of tinnitus are equally significant. The struggle to hear conversations clearly in social settings, especially those with background noise, can lead to misunderstandings, repeated requests for clarification, and ultimately, a sense of isolation. Individuals may start to withdraw from social gatherings, fearing embarrassment or feeling overwhelmed by the effort required to participate. This social isolation can further exacerbate feelings of loneliness and depression, creating a vicious cycle that is difficult to break. Furthermore, tinnitus disrupts the fundamental rhythm of daily life. Sleep, a sanctuary for most, becomes a battleground for those with tinnitus. The intrusive noise makes it difficult to fall asleep and stay asleep, leading to chronic fatigue and daytime sleepiness. Concentration, essential for work, study, and even simple tasks, becomes a constant struggle as the mind is drawn back to the persistent noise. These functional impairments can significantly limit individuals' ability to participate fully in their work, family life, and leisure activities, leading to a sense of diminished capacity and frustration. This study's findings resonate with existing research on the impact of tinnitus, confirming its universal reach across cultures. However, this research goes further by providing a nuanced understanding of how these impacts are experienced within the unique cultural context of Indonesia. For example, the stigma surrounding mental health issues in some Indonesian communities can create an additional barrier for individuals seeking help for the emotional distress caused by tinnitus. Cultural norms that emphasize stoicism and discourage open expression of emotional difficulties may lead individuals to suffer in silence, further compounding the negative impact of tinnitus on their overall well-being. This highlights the urgent need for culturally sensitive mental health services that are accessible and destigmatized.^{11,12}

This study has unveiled a rich tapestry of coping mechanisms employed by Indonesian individuals with tinnitus. These strategies reflect a blend of acceptance, sound-based approaches, and traditional remedies, showcasing the diverse ways in which people navigate the challenges of this condition. Acceptance, a cornerstone of many coping strategies, involves acknowledging the presence of tinnitus and learning to live with it. This does not mean resignation or giving up, rather, it represents a shift in perspective, from fighting against the tinnitus to coexisting with it. This acceptance can be a gradual process, often born out of the realization that tinnitus may be a persistent companion. By accepting tinnitus, individuals can free themselves from the constant struggle to eliminate it, allowing them to focus on managing its impact and living a fulfilling life. Sound-based approaches, another common coping mechanism, involve using external sounds to mask or modulate the perception of tinnitus. Many participants found solace in the gentle sounds of nature, such as rain or ocean waves, using these to create a soothing auditory environment that helps to reduce the prominence of their tinnitus. Others found relief in white noise, a steady, unobtrusive sound that can help to mask the tinnitus and promote relaxation. Music, with its ability to evoke emotions and transport the mind, was also a valued tool for some participants, providing a welcome distraction from the intrusive noise. Traditional remedies, deeply rooted in Indonesian culture, played a significant role in the coping strategies of many participants. Herbal teas, passed down through generations, were often used to promote relaxation and reduce the perceived intensity of tinnitus. Traditional massages, believed to restore balance and harmony within the body, were also sought out for their potential to alleviate tinnitus symptoms. These practices, often intertwined with spiritual beliefs, highlight the importance of considering the cultural context in which tinnitus is experienced and managed. Healthcare professionals should be attuned to the diverse coping mechanisms employed by their patients, recognizing the value of both conventional and traditional approaches. By engaging in open and non-judgmental conversations about these practices,

healthcare providers can build trust and rapport with their patients, fostering a collaborative approach to tinnitus management. This approach can lead to more personalized and effective treatment plans that integrate the best of both worlds, combining evidence-based interventions with culturally relevant practices.^{13,14}

This study has highlighted a critical need for comprehensive and culturally sensitive support services for Indonesian individuals with tinnitus. Participants expressed a strong desire for accessible information and education about tinnitus, its causes, and available management options. This finding underscores the importance of empowering individuals with knowledge, enabling them to make informed decisions about their care and actively participate in their own management. The lack of readily available information in Bahasa Indonesia presents a significant barrier for many individuals seeking to understand their condition. Healthcare professionals and organizations should prioritize the development and dissemination of culturally and linguistically appropriate resources, ensuring that individuals can access accurate and reliable information in their native language. This could include brochures, websites, and support groups that provide information about tinnitus, its causes, its impact, and various management strategies. Beyond information, participants expressed a need for counseling and psychological support to address the emotional distress associated with tinnitus. This highlights the importance of integrating mental health services into tinnitus management, recognizing the interconnectedness of physical and psychological well-being. Healthcare professionals should be trained to identify and address the emotional and psychological needs of their patients with tinnitus, providing referrals to mental health professionals when necessary. The desire for support groups further emphasizes the value of peer support and shared experiences in coping with chronic conditions. Connecting with others who understand the challenges of living with tinnitus can provide emotional validation, practical advice, and a sense of community, fostering resilience and empowerment.

Healthcare providers can play a key role in facilitating access to support groups, providing information about available resources and encouraging their patients to participate.^{15,16}

This study has revealed the profound influence of cultural beliefs and practices on the experience and management of tinnitus in Indonesia. These cultural influences shape how individuals perceive their condition, cope with its challenges, and seek support. Spiritual beliefs, deeply ingrained in Indonesian culture, often play a significant role in how individuals understand and interpret their tinnitus. Some participants attributed their tinnitus to spiritual causes, such as karma or supernatural forces. These beliefs can influence individuals' help-seeking behaviors, leading them to seek guidance from spiritual healers or religious leaders in addition to, or sometimes instead of, conventional medical care. The integration of traditional and modern medicine is another prominent feature of healthcare in Indonesia. Many participants reported using traditional remedies, such as herbal teas and massages, alongside conventional medical treatments. This reflects a holistic approach to healthcare that values both scientific knowledge and traditional wisdom. Healthcare professionals should be mindful of these practices, engaging in respectful dialogue with patients about their beliefs and preferences. Cultural norms also influence how individuals cope with tinnitus and seek support. In some Indonesian communities, there may be a stigma associated with expressing emotional distress or seeking help for mental health concerns. This can lead individuals to minimize or conceal their struggles with tinnitus, hindering their ability to access the support they need. Healthcare professionals should be sensitive to these cultural norms, creating a safe and non-judgmental space for individuals to share their experiences and seek help. By acknowledging and incorporating these cultural considerations into healthcare delivery, providers can enhance the effectiveness and acceptability of interventions, ensuring that they are tailored to the unique needs and beliefs of Indonesian individuals with tinnitus.^{17,18}

The findings of this study provide a compelling call to action for healthcare professionals involved in the management of tinnitus in Indonesia. They underscore the need for a paradigm shift in tinnitus care, moving beyond a purely biomedical approach to one that embraces the complexity of the human experience and acknowledges the profound interplay of physical, emotional, social, and cultural factors. Tinnitus is not simply a condition of the ears, it is a condition that reverberates throughout the entire being. This study has vividly demonstrated the multifaceted impact of tinnitus, extending far beyond the auditory domain to encompass emotional well-being, social connections, and the ability to function effectively in daily life. Healthcare professionals must therefore adopt a holistic approach to tinnitus care, one that recognizes and addresses the interconnectedness of these various dimensions. This requires a shift in perspective, from viewing tinnitus as solely an auditory problem to understanding it as a biopsychosocial and cultural phenomenon. In practical terms, this means that healthcare professionals should not only assess and address the auditory characteristics of tinnitus, but also delve into its emotional, social, and cultural ramifications. Healthcare professionals should incorporate routine screening for anxiety, depression, and other mental health conditions into their tinnitus assessments. This can be achieved through the use of validated screening tools and open-ended questions that encourage patients to share their emotional experiences. When emotional distress is identified, healthcare professionals should readily provide referrals to mental health professionals, such as psychologists or counselors, who can provide specialized support. This integration of mental health services into tinnitus care is essential for addressing the emotional burden of the condition and promoting overall well-being. Healthcare professionals should be attuned to the social challenges that tinnitus can create. This may involve providing communication strategies, encouraging participation in support groups, and addressing any stigma or misconceptions that may be hindering social interaction. Healthcare professionals should be mindful of the cultural context in which

tinnitus is experienced and managed. This includes being aware of cultural beliefs about health and illness, traditional healing practices, and social norms that may influence help-seeking behaviors and treatment preferences. Indonesia is a country rich in cultural diversity, with a tapestry of beliefs, values, and practices that shape individuals' understanding of health and illness. Healthcare professionals must be sensitive to these cultural nuances, providing care that respects patients' beliefs and preferences. Healthcare professionals should engage in open and respectful dialogue with patients about their beliefs and preferences, creating a safe space for them to share their perspectives without fear of judgment. Spiritual beliefs often play a significant role in how individuals perceive and cope with tinnitus. Healthcare professionals should be knowledgeable about the diverse spiritual beliefs held by their patients and be respectful of these beliefs, even if they differ from their own. Many Indonesian individuals utilize traditional remedies and healing practices alongside conventional medical treatments. Healthcare professionals should acknowledge the value of these practices and be open to integrating them into the management plan, as long as they are safe and do not interfere with conventional care. Healthcare professionals should tailor their interventions to the unique needs and preferences of each patient, taking into account their cultural background, beliefs, and values. This may involve adapting treatment plans, providing culturally relevant educational materials, or incorporating traditional practices into the care plan. This study has highlighted a critical need for comprehensive support services for Indonesian individuals with tinnitus. Healthcare professionals should play an active role in promoting these resources and ensuring that patients are aware of the available support options. Educational materials about tinnitus should be readily available in Bahasa Indonesia and should be tailored to the cultural context, addressing common beliefs and misconceptions about the condition. Support groups provide a valuable platform for individuals with tinnitus to connect with others who understand their challenges, share experiences, and

provide mutual support. Healthcare professionals should provide information about available support groups and encourage their patients to participate. As this study has shown, tinnitus can have a significant impact on emotional well-being. Healthcare professionals should actively promote mental health services, such as counseling and psychotherapy, to help individuals cope with the emotional challenges of tinnitus. Healthcare professionals should advocate for increased resources and funding for tinnitus support services, recognizing the significant impact of this condition on individuals' quality of life.^{19,20}

5. Conclusion

This qualitative study has provided valuable insights into the lived experiences of Indonesian adults with tinnitus. The findings underscore the multifaceted impact of this condition, extending beyond auditory perception to encompass emotional, social, and functional well-being. The diverse coping mechanisms employed by participants, including acceptance, sound therapy, and traditional remedies, highlight the importance of culturally sensitive care that acknowledges and respects individual preferences. The study also revealed a critical need for comprehensive support services, including access to information, counseling, and support groups, tailored to the unique needs of Indonesian tinnitus patients. By embracing a holistic approach that integrates these findings into clinical practice, healthcare professionals can significantly improve the quality of life for Indonesian individuals living with tinnitus. Future research should focus on developing and evaluating culturally sensitive interventions that incorporate both conventional and traditional approaches to tinnitus management, further enhancing the well-being of this population.

6. References

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