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THE LIVED EXPERIENCE OF TINNITUS IN UK MILITARY VETERANS: A QUALITATIVE EXPLORATION

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Abstract

Introduction: Tinnitus is more prevalent in military veterans compared to the general population and can profoundly impact quality of life, including physical and mental health. Subjective tinnitus is the perception of hearing sound without any external noise corresponding to that sound. Investigating veterans' lived experience of tinnitus can provide valuable insights for developing tailored interventions and healthcare strategies. Thus, our study explores the lived experience of UK veterans who have experienced tinnitus for at least 3 months.

Material and methods: There were 98 veterans who responded to the qualitative online survey. To identify key themes the responses were analysed through reflexive thematic analysis.

Results: Veterans reported that they experienced communication difficulties, social isolation, and disruptions to their daily routine. Four superordinate themes reflecting participants' experiences were developed: (ST1) Impact on the self, mind, and body; (ST2) Influence on the social self; (ST3) Disrupted daily functioning; and (ST4) Coping with tinnitus. The results highlight how tinnitus has a profound impact on veterans' wellbeing, social interactions, and daily functioning. While coping strategies were limited for many veterans, some participants identified helpful management strategies such as sound therapy.

Conclusions: Findings from this study highlight the need for support and intervention strategies for tinnitus management in veterans.

Keywords: hearing loss • tinnitus • reflexive thematic analysis • military veterans

DOŚWIADCZENIA Z SZUMAMI USZNYMI W ŻYCIU CODZIENNYM BRYTYJSKICH WETERANÓW WOJSKOWYCH: EKSPLORACJA JAKOŚCIOWA

Streszczenie

Wprowadzenie: Szumy uszne występują częściej u weteranów wojskowych niż w ogólnej populacji i mogą znacząco wpływać na jakość życia, w tym na zdrowie fizyczne i psychiczne. Subiektywne szumy uszne to wrażenie słyszenia dźwięku bez obecności zewnętrznego źródła odpowiadającego temu dźwiękowi. Badanie doświadczeń życiowych weteranów cierpiących na szumy uszne może dostarczyć cennych informacji pomocnych w opracowywaniu optymalnych interwencji i strategii opieki zdrowotnej. Nasze badanie koncentruje się na doświadczeniach weteranów brytyjskich, którzy doświadczają szumów usznych od co najmniej trzech miesięcy.

Materiał i metody: W internetowym badaniu jakościowym wzięło udział 98 weteranów. W celu zidentyfikowania kluczowych tematów przeanalizowano odpowiedzi za pomocą refleksyjnej analizy tematycznej.

Wyniki: Weterani zgłaszali trudności w komunikacji, izolację społeczną oraz zakłócenia codziennej rutyny. Na podstawie ich wypowiedzi wyodrębniono cztery nadrzędne tematy: (ST1) wpływ na siebie, umysł i ciało; (ST2) wpływ na funkcjonowanie społeczne; (ST3) zakłócenie codziennego funkcjonowania; oraz (ST4) radzenie sobie z szumami usznymi. Wyniki podkreślają, że szumy uszne mają głęboki wpływ na dobrostan weteranów, ich relacje społeczne oraz codzienne życie. Zakres sposobów radzenia sobie z tą dolegliwością u wielu weteranów był ograniczony, jednak niektórzy wskazali pomocne metody, takie jak terapia dźwiękiem.

Wnioski: Wyniki tego badania podkreślają potrzebę wspierania weteranów w zakresie radzenia sobie z szumami usznymi oraz opracowania metod interwencji.

Słowa kluczowe: utrata słuchu • szumy uszne • refleksyjna analiza tematyczna • weterani wojskowi

Introduction

Tinnitus is the perception of hearing sound without any external auditory source for that sound [1] and this can present in various forms such as ringing, buzzing, or hissing. Tinnitus is mostly described as subjective, whereby it can only be heard by the person perceiving it and it cannot be heard by others or detected with medical instruments [1]. In contrast, objective tinnitus is caused by an actual physical source in the body and can be identified by others [2]. While there are inconsistencies in prevalence rates, tinnitus appears to be more common in the veteran population compared to the general population [3,4]. This increased prevalence in the veteran population is likely multifactorial, with potential risk factors including noise exposure, occupational hazards, traumatic brain injury, and ototoxicity [5–7].

In veterans, tinnitus has been associated with impaired job performance, sleep problems, and psychological difficulties including depression and anxiety [8]. The influence of tinnitus can range from mildly disruptive to severely debilitating with profound social and economic consequences [9,10]. While individuals often encounter distress when experiencing tinnitus, in many, the impact of tinnitus dissipates over time and does not cause enduring stress [7]. However, some may experience consistent, bothersome tinnitus, with symptoms that hinder their quality of life [11]. Though there is no cure for tinnitus, numerous approaches attempting to manage symptoms and associated distress have been developed [1,12,13].

The majority of prior research is quantitative and has focused on measuring tinnitus severity, while few studies have used qualitative methodologies to explore the impact of tinnitus in veterans. Quantitative studies often do not capture the personal meaning and experience and the day-to-day impact of living with tinnitus, especially in veterans. To date, there is little research exploring an individual's self-perception of tinnitus and their likelihood to seek services [14,15]. Additionally, there is currently no intervention offering an effective solution to tinnitus [1,12,13,16] and many management interventions are poorly researched, and often described as experimental or controversial [3,17]. Finally, the majority of research in the veteran population has been conducted in the US and thus there is a large gap of research into the UK population (e.g., [18,19]). A notable exception is a previous qualitative study that explored the lived experience of aged military veterans in the UK [20], a study that highlighted the detrimental impact of tinnitus on veterans' medical, social, and emotional wellbeing. However, this work was conducted on an aged population (veterans born before January 1950), and thus its findings may not reflect the experiences of the entire veteran population.

Given the high prevalence of tinnitus among veterans, its potential impact on daily life, and the limited qualitative research in the UK, there is a need to further explore the lived experience of tinnitus in this population. Such work could throw light on the need for tinnitus management interventions in the veteran population. The current project aims to explore the experience of tinnitus in veterans who self-reported tinnitus for more than 3 months.

Material and methods

Recruitment

This research was conducted by Combat Stress, a UK veterans mental health charity that offers clinical services across the UK. Participants were invited to complete a survey that included questions about tinnitus. The study aimed to recruit an opportunistic sample, with advertisements across a range of social media platforms (Facebook, Instagram, and LinkedIn). Potential participants who expressed interest in sharing their experiences of living with tinnitus were directed to the online qualitative questionnaire. The sample size was unlimited, allowing a comprehensive exploration of participants' experiences to be undertaken.

Ethics and dissemination

Participation in the current study was subject to providing written informed consent. The study was approved by the University of Bath ethics committee (# 6783-10218). Throughout the trial, participants' personal information was password protected, with access limited to the Combat Stress study team. Participants were allocated a unique ID number, with all data stored and references made to this ID. All personally identifiable information was only seen by the Combat Stress research team and data was anonymised prior to analysis.

Screening

The pre-screening questions confirmed that participants: (1) had self-reported experiencing tinnitus (i.e., ringing or buzzing [bilateral or unilateral]) for at least 3 months; (2) had given informed consent to be contacted for research purposes; and (3) had provided a contact email address. The full inclusion and exclusion criteria are set out in **Table 1**.

Data were collected using a self-report survey distributed via SurveyMonkey. Participants were informed of the study aims and were made aware that participation was voluntary. Participants were asked to provide informed consent before answering the questionnaire. Resources for support were provided at the end of the survey, including a comprehensive signposting booklet with relevant services. Data was collected between February 2025 and May 2025.

The survey incorporated questions assessing demographics (e.g., age, gender), in addition to a brief tinnitus measure named the FiveQ [21]. The FiveQ was chosen to minimise participant burden and promote engagement with the qualitative questions, which was the primary focus. Additionally, based on discussions within the research team, the open-ended qualitative questions were developed to capture a broad view of the potential influence of tinnitus on daily life. For example, participants were asked how tinnitus influences their daily life, mental health, social relationships, sleep patterns, and coping strategies. Specifically, questions such as "How do your symptoms of tinnitus affect your daily life" and "In what ways has tinnitus impacted your social interactions and relationships with family, friends, or colleagues?" encouraged participants to provide answers in their own words.

Table 1. Inclusion and exclusion criteria

Inclusion criteria	
1	Above the age of 18
2	Fluent in speaking and reading English
3	UK armed forces veteran
4	Persistent tinnitus for at least 3 months (participants had to confirm the experience of ringing or buzzing [bilateral or unilateral] lasting longer than 3 months)
5	Sign a consent form
Exclusion criteria	
1	Below 18 years of age
2	Unwilling or unable to provide informed consent

To promote depth and nuance, the questions were designed to be as non-leading and open-ended as possible, encouraging participants to elaborate freely and share aspects not specifically prompted. Instructions reiterated that the questionnaire was voluntary.

Qualitative analysis

The qualitative methodology used in the current study followed the guidelines for Reflexive Thematic Analysis (RTA) [22–24]. RTA focuses on analysing qualitative data by generating codes and themes based on the researcher's background and theoretical assumptions [23]. It was used to identify key themes related to the experience of living with tinnitus and its effect on daily life and mental health. RTA incorporates a combination of inductive and deductive approaches, which was appropriate for this investigation. The inductive approach meant that codes were derived directly from the data contents; however, the deductive method was used so that pre-existing expertise informed the development of codes. This approach ensured that experiences of the participants were captured and sufficiently expressed, while allowing for the research interpretation of the dataset. In regard to prior knowledge, the authors were aware that tinnitus negatively impacts quality of life and mental health, and were aware that there is currently no universally effective solution or management option for tinnitus.

The RTA was conducted as a six-step process: (1) all participant responses were familiarised through repeated reading; (2) the data was coded and refined into small meaningful sections line-by-line (e.g., "stress an[d] anxiety building all the time" (P54) was coded into "anxiety"); (3) codes were grouped to form broader themes (e.g., the code "anxiety" was grouped into "emotional and psychological distress", which was consequently grouped into "impact on the self, mind, and body"); (4) themes were reviewed by examining associated coded data considering the broader dataset thus creating a thematic map; (5) the themes were iteratively clustered and analysed to ensure each one captured the coded data; (6) key data supporting the themes were extracted, analysed, and linked to the research aim [22,23]. The dataset was iteratively coded in QDA Miner Lite (v2.0.9; Provalis Research). Specifically, line-by-line coding was completed for all transcripts before preliminary superordinate themes and subthemes were generated. Peer debriefing was conducted with the research team which involved various discussions ensuring the themes and subthemes captured the data. This iterative process meant that codes underwent multiple changes. For example, "communication difficulties" was initially grouped with "interpersonal tension and embarrassment" rather than as two distinct categories, as both related to the social impact of tinnitus. Upon reflection, however, it became clear these experiences were unique aspects of an individual's social world. They were therefore segregated within the second superordinate theme. This iterative process continued until thematic saturation was achieved – i.e., no new themes were generated or deemed applicable by the authors (see [24]). Specifically, this was achieved when further coding or reviewing did not change the thematic structure.

Results

Participants

A total of 98 veterans (95% male; 5% female) responded to the questionnaire. The age of participants ranged from 33 to 86 ($M = 61.1$, $SD = 11.3$) and the majority of participants were retired (42%; $n = 41$) or employed full-time (37%; $n = 36$). All participants (excluding missing data) reported experiencing tinnitus for more than 1 year and the majority reported experiencing tinnitus for more than 10 years (73%; $n = 67/92$). Most participants reported that their tinnitus started during military service (52%; $n = 51$) or after service (41%; $n = 40$). The majority of participants attributed their tinnitus to military service (71%; $n = 70$), while 18% ($n = 18$) somewhat attributed it to military service. Most of the participants had served in the Royal Navy (65%; $n = 64$) or Army (27%; $n = 26$) and the majority had served 5 or more years (96%; $n = 94/98$). **Table 2** provides a summary of the participant characteristics and **Table 3** presents the results from the FiveQ tinnitus measure. Notably, results indicated a mean FiveQ score of 53 ($SD = 23$), with the largest proportion of participants presenting with severe impairment (31%; $n = 30$), followed by moderate impairment (26%; $n = 25$) and mild impairment (21%; $n = 21$).

Table 2. Sociodemographics of sample ($n = 98$)

Variable	*n* [%]
Age	$M = 61.1$, $SD = 11.3$
Gender	
Male	93 (95%)
Female	5 (5%)
Tinnitus duration (months; $n = 76$)	$M = 281$, $SD = 205$
Employment status	
Employed full-time	36 (37%)
Employed part-time	8 (8%)
Self-employed/freelance	7 (7%)
Not working, looking after the home	1 (1%)
Not working, seeking employment	1 (1%)
Retired	41 (42%)
Other	4 (4%)
Tinnitus onset	
Pre-military	0 (0%)
During the military	51 (52%)
Post-military	40 (41%)
Unsure	7 (7%)
Tinnitus attributed to military service	
Yes	70 (71%)
Somewhat	18 (18%)
No	3 (3%)
Unsure	7 (7%)
Military characteristics	
Length of service (months; $N = 92$)	$M = 232$, $SD = 113$
Branch of military	
Royal Navy (including marines)	64 (65%)
Army	26 (26%)
Royal Air Force	8 (8%)
Part of military reserve	
Yes	4 (4%)
No	94 (96%)

Qualitative findings

The accounts by participants of their experiences of tinnitus and how it affected their daily lives were divided into four distinct but interrelated superordinate themes. The four main themes identified were: (ST1) Impact on the self, mind, and body; (ST2) Influence on the social self; (ST3) Disrupted daily functioning; and (ST4) Coping with tinnitus. **Table 4** illustrates how the superordinate themes were further divided into subthemes and presents some supporting quotes. Here, P is used to indicate the participant number (e.g., P4 is participant number 4).

Table 3. Tinnitus symptoms in the sample as measured using FiveQ ($n = 98$)

Category	*n* [%]
Slight	11 (11%)
Mild	21 (21%)
Moderate	25 (25%)
Severe	30 (31%)
Catastrophic	11 (11%)

Table 4. Identified superordinate themes and subthemes, with examples

Superordinate theme	Subtheme	Illustrative quotes
ST1: Impact on self, mind, and body	Characterisation of tinnitus (i.e., the self)	"It's like a bug living in my ear making stupid noises" (P18) "I keep this to myself, but it's always there, in the background" (P24) "It's just always there from the second I wake until I get to sleep" (P49) "I think it's the sound of an F16 fighter jet taking off an[d] the whistle on a kettle" (P67)
	Emotional and psychological distress (i.e., the mind)	"the tinnitus had a negative effect on my health especially with Anxiety and going out" (P11) "low mental health" (P30) "Sometimes the tone changes which increases my anxiety level" (P35) "stress an[d] anxiety building all the time" (P54) "all in all destroyed" (P67)
	Cognitive and physical strain (i.e., the body)	"clouds my ability to think clearly somewhat" (P13) "discomfort" (P16) "poor concentration" (P24) "my ability to concentrate is [a]ffected and I need to use background noise" (P81) "pain" (P16)
ST2: Influence on social self	Communication difficulties	"Hearing is difficult so I don't always hear or are responsive to what my partner is saying" (P9) "I struggle to hear people talking over the tinnitus" (P77)
	Social withdrawal	"Try to avoid social/family events, crowded areas" (P7) "Because of my tinnitus, I s[t]opped going out" (P11) "friendship circle has greatly diminished" (P46) "I have become reclusive" (P88)
	Interpersonal tension and embarrassment	"increased family tension to inability to hear as well" (P17) "Ridicule from family" (P27) "constantly have to ask people to repeat what they are saying and I'm embarrassed having to constantly do that" (P54)
ST3: Disrupted daily functioning	Sleep disruption and fatigue	"It makes it harder to get to sleep, especially if you wake up during the night" (P42) "Always feel exhausted" (P46)
	Loss of control and autonomy in daily activities	"my life is completely controlled by tinnitus" (P16) "it affects my hearing & enjoyment of music" (P49) "I used to love walking and running in the country, I take little pleasure in that anymore. Sweet silence has gone forever" (P82)
ST4: Coping with tinnitus	Lifestyle and self-help strategies	"breathing exercises/mindfulness/yoga helps lower my anxiety and helps to take my mind off the tinnitus to focus on something positive" (P11) "walking outside" (P71) "meditation" (P89)
	Psychological coping and reframing	"I just solider through" (P13) "just getting on with it as there's not much other choice really" (P25) "It has taught me that whatever happens, accept it and get on with your life" (P68)
	Therapeutic interventions	"I listen to the radio at night to help" (P2) "I tend to play the radio or music as soon as I wake to go when I go to bed to counteract it" (P6)

Note: P = participant, so P18 is participant 18

The first superordinate theme, "Impact on the self, mind, and body", explores the person's internal experience of tinnitus, which can be further divided into three subthemes: (1) characterisation of tinnitus (i.e., the self); (2) emotional and psychological distress (i.e, the mind); and (3) cognitive and physical strain (i.e., the body). In this way, the impact of tinnitus on a person's inner world, mental health, and physical health could be gauged.

The second superordinate theme, "Influence on the social self", captures the difficulties participants experienced in their social life, which could be divided into three subthemes: (1) communication difficulties; (2) social withdrawal; and (3) interpersonal tension and embarrassment. These subthemes highlight how tinnitus can disrupt a person's social identity and interpersonal relationships.

The third superordinate theme, "Disrupted daily functioning", explores the impact of tinnitus on a person's functioning and environment, and is comprised of two subthemes: (1) sleep disruption and fatigue and (2) loss of control and autonomy in daily activities.

The final superordinate theme, "Coping with tinnitus", considers how people manage and cope with tinnitus and was grouped into three subthemes: (1) lifestyle and self-help strategies; (2) psychological coping and reframing; and (3) therapeutic interventions.

Superordinate Theme One (ST1) Impact on the self, mind, and body

Participants' narratives highlight how tinnitus is more than just a physical symptom. Tinnitus becomes entangled with their identity, psychological health, and physical functioning. The impact on the self, mind, and body was further divided into subthemes: (a) the characterisation of tinnitus; (b) emotional and psychological distress; and (c) cognitive and physical strain.

ST1 Subtheme: Characterisation of tinnitus

For many participants the internal experience of tinnitus was shaped by how they understood and communicated their symptoms. Specifically, the participants often explained tinnitus in emotive and metaphorical terms, highlighting its intrusive, permanent, and unpredictable manner. One participant shared how tinnitus was "unpredictable [as] it comes and goes without warning" (P9) and another described this unpredictability by likening tinnitus to a "continuous hissing with occasional [bursts] of ringing" (P45). Further, participants expressed feelings of permanence and hopelessness, with one noting they "worry it will never stop" (P10) and others echoed this by describing how "tinnitus is always there" (P11, P12). Further, this permanence was emphasised by some participants who expressed worry that the condition would deteriorate: one shared that they were "worried that it may increase and become more severe" (P40).

ST1 Subtheme: Emotional and psychological distress

Participants' responses highlighted the significant emotional and psychological distress imposed by tinnitus. One participant shared: "I do suffer with anxiety over not being able to hear or take appropriate action in dangerous or threatening situations" (P6). Similarly, another participant reported the feeling of "anxiety" (P26) when "working as a senior nurse or prescriber double checking I have heard correctly" (P26), and another shares "when I'm in a quiet place its far more pronounced and this raises my frustration and to some degree anxiety" (P32).

In addition to expressing feelings of anxiety, low mood was also common with one participant sharing they "have developed mild depression" (P32), another reporting a "lower mood" (P36), and one participant reporting "reduce[d] mental wellbeing" (P18). Notably, there were some reports of suicidal ideation with one participant sharing, "during bad times I feel suicidal" (P34), while adding they "fully understand why some people commit suicide" (P34). Additionally, another participant shared how "tinnitus pushed [me] over the edge a few times with hurting myself" (P11). Though experiences of suicidal ideation and self-harm were reported by a minority of participants, this illustrates the profound psychological distress tinnitus may inflict. As one participant reflected, tinnitus has "certainly affected [their] mental health. During spikes it is high" (P32), illuminating how tinnitus can exacerbate existing mental health challenges, which in turn, may increase symptoms of tinnitus. This illustrates the potential reciprocal relationship between tinnitus and mental health.

ST1 Subtheme: Cognitive and physical strain

Beyond emotional and psychological distress, participants expressed various cognitive and physical difficulties they experienced when living with tinnitus. The persistent presence of sound is not only commonly seen as a distraction, but also something that impairs participants' ability to process information and concentrate effectively. One participant shared that tinnitus "clouds my ability to think clearly" (P13), and another noted that it is "hard to concentrate with ringing in ears" (P15). This difficulty concentrating was echoed by others, with one participant sharing "it causes me difficulty in concentrating or focusing" (P79). This impact of concentration difficulties extends into occupational life, with one participant sharing, "I just find focusing and concentrating at work difficult" (P54). In addition to cognitive difficulties, participants also expressed physical difficulties such as "pain" (P16) and "discomfort" (P16, P36). These cognitive difficulties, intertwined with the physical strain associated with tinnitus, illustrate the significant influence of tinnitus on veterans' cognitive and physical functioning.

Superordinate Theme Two (ST2) Influence on the social self

The effect of tinnitus on participants' social self and interpersonal relationships was evident, as it appeared to create communication difficulties and interpersonal tension, thus leading to feelings of isolation and withdrawal. One participant shared: "I do not take part in conversations as I find it embarrassing to constantly ask people to repeat themselves. This has now led to little or no social life and the feeling of loneliness adds to my depression" (P59). While some of the communication difficulties and interpersonal tension may be influenced by co-occurring hearing loss, this illustrates how tinnitus and associated auditory difficulties impact one's social self.

ST2 Subtheme: Communication difficulties

Many participants expressed their difficulty in communicating with others, particularly in environments with noisy backgrounds. For example, one participant reported that they "struggle to hear conversations in noisy environments or when speech is low volume" (P4) and another reported "difficulty when listening to conversations in busy environments" (P5). Such communication difficulties evidently affect participants' social and interpersonal lives, with one participant reporting that "hearing is difficult, so I don't always hear or are responsive to what my partner is saying!" (P9), and another reporting that they find it "difficult to hear what colleagues are saying" (P26). Communication difficulties thus inevitably influence both personal and professional lives.

These hearing difficulties are commonly managed by asking others to repeat themselves, with veterans often "asking for repetitions" (P37). This strategy was echoed by multiple other participants, such as one expressing how their "family [is] constantly having to repeat themselves" (P46) and how they "need to have people repeat statements" (P52). While this repetition can assist in understanding what others say, it illustrates the social strain of living with tinnitus,

which may be exacerbated in busy environments. One participant shared: "I struggle to hear conversations in certain loud environments which means I 'go quiet' or stop trying to participate in conversations" (P79). The communication difficulties can contribute to a sense of social withdrawal and reduced interpersonal connection.

ST2 Subtheme: Social withdrawal

As a result of the difficulties tinnitus poses to interpersonal interactions, participants commonly described withdrawing from social situations. Specifically, one participant said "I feel excluded & isolated on occasions when I can not participate in conversations because I can not hear due to the tinnitus" (P4), and another said "I tend to avoid crowded social gatherings as it is impossible to hold a conversation" (P6). One participant noted "It is a socially isolating condition" (P52) with others similarly reporting that they feel "isolated". Though some of these experiences may be influenced by co-occurring auditory difficulties, they illustrate how tinnitus, combined with possible hearing difficulties, may increase social withdrawal and isolation.

ST2 Subtheme: Interpersonal tension and embarrassment

Beyond the difficulties with communication and social withdrawal, participants also express interpersonal tension and embarrassment. Specifically, the narratives reflect interpersonal tension that arises from others' frustration, with one participant sharing how they "never catch what is said the first time and have to constantly ask to repeat, which is frustrating and annoying for both of us" (P6) and another noting "my wife and family get frustrated when I don't hear them or cant make out what they say" (P12). Interestingly, many participants share this frustration and interpersonal tension in the context of family relationships rather than other contexts such as friendships and work environments. Notably, only one participant expresses how this frustration does extend to both their "family and friend[s]" (P39).

In addition to interpersonal tension, participants express embarrassment that arises from struggling to communicate. For example, one participant shares how they "find this very embarrassing … thinking I came across as arrogant and not interested in conversations" (P11) and another shares how they think "asking people to repeat themselves is embarrassing" (P18). The majority of these feelings of embarrassment often arise from the repeated need to clarify what is said, thus causing feelings of social difficulty. This highlights how hearing difficulties not only impair communication but also create conflict between the burden of asking for repetition and feelings of embarrassment.

Superordinate Theme Three (ST3) Disrupted daily functioning

Tinnitus influences participants' ability to function in day-to-day life and control their surrounding environments. This theme captures the disruptions caused by tinnitus in relation to key aspects of daily living, including sleep and engagement in activities.

ST3 Subtheme: Sleep disruption and fatigue

Participants describe how tinnitus consistently disrupts their ability to both initiate and maintain sleep, often resulting in fatigue. Difficulties falling and staying asleep are common, with 51 participants reporting disrupted sleep patterns. One participant reflects, "I noticed changes to sleep patterns or quality of rest as a result of tinnitus, sleep can be tricky. If I tune into the tinnitus I can't stop hearing it which stops me from sleeping" (P10). Additionally, numerous participants express difficulties getting to sleep, with one participant noting that "the high pitched noise means I struggle to get to sleep on occasions" (P4) and another sharing "sleep is not possible without medication" (P16). Additionally, participants report sleep maintenance difficulties, such as one participant who notes they couldn't "get back to sleep if woken up" (P1).

Sleep difficulties often result in fragmented or insufficient sleep, with one participant reporting they "never [experience] a full nights sleep…" (P67) and another reporting a "lack of sleep" (P71). The consequences of limited sleep are evident, with participants reporting "feeling tired" (P1) and "fatigue" (P81). This sleep difficulty is compounded with participants reporting that the tinnitus becomes "very prominent in the silence of the night" (P11) as it "appears much louder" (P28), potentially reinforcing the cycle of alertness and exhaustion.

ST3 Subtheme: Loss of control and autonomy

In addition to sleep disruption and resulting fatigue, participants also share a sense of losing control of their life due to tinnitus. For example, one participant shares that tinnitus "completely affects all aspects of my life" (P16). This loss of control may create an overwhelming feeling, with one participant not knowing where to begin when asked how tinnitus influences their life: "where do I start" (P34). This loss of autonomy is often described in relation to tinnitus disrupting daily routines. Specifically, one participant shares that tinnitus "limits family activities" (P22) and others share how tinnitus influences "undertaking sports and exercise" (P30) or other activities such as "watch[ing] TV or go[ing] to the cinemas" (P39). These daily activities often involve places where background noise is higher such as "music concerts or loud sporting events" (P61) or "listening to music, talking on the phone, watching TV" (P77).

Superordinate Theme Four (ST4) Coping with tinnitus

While participants express the numerous negative influences that tinnitus has on their lives, participants also reflect on how they learn to manage it. This superordinate theme delves into the strategies participants use to cope with tinnitus, which range from lifestyle adjustments to therapeutic interventions. Though some participants report using tinnitus management techniques, 31 did not, and 7 indicated that they have not yet attempted any approach.

ST4 Subtheme: Lifestyle and self-help strategies

Various lifestyle adjustments and self-help strategies are described as participants attempt to manage the ongoing

challenges of tinnitus. While no strategies eliminate tinnitus, many participants express that engaging in lifestyle and self-help strategies alleviate some difficulties. Among these included strategies such as taking breaks and/or isolating oneself, with one participant sharing "taking short breaks at work helps" (P2), and another sharing that they "find somewhere to be away from everything" (P9). This is echoed with another participant sharing they "stopped going out" (P11) to manage their symptoms. In addition to lifestyle strategies, some report mindfulness and "breathing methods" (P11) which includes strategies such as "breathing exercises/ mindfulness/ yoga" (P11). Additional lifestyle strategies such as "exercise" (P32) and "eating healthy" (P32) are shared. Additionally, another participant echoes this by sharing, "physical exercise is my 'go to' control method" (P59).

ST4 Subtheme: Psychological coping and reframing

In addition to lifestyle adjustments and self-help strategies, participants express a variety of internal, psychological strategies they use to manage tinnitus. These highlight how individuals focus not only on the practical aspects but also attempt to shift their internal response. Many participants express that distraction is a positive management strategy, with multiple individuals reporting they "try and ignore it" (P24/P27/P75/P68/P42). This is echoed by another participant that expresses how they "try to bloke it out and cope with it" (P57) and another expressing how they have "learned to ignore it most of the time" (P72). This distraction technique is accompanied by a participant expressing the desire to keep "busy" (P11). This was reflected by another participant that shares how "activities counter the effect by not having to think about it". Additionally, some participants speak about developing a sense of acceptance, recognising that while tinnitus is unlikely to go away, they can shift their response to it. Specifically, one participant shares how they have developed "acceptance that it will always be there and the knowledge [of] why [they] can hear it" (P11). Further, another participant adopts this acceptance that they "have to live with it" (P36).

ST4 Subtheme: Therapeutic interventions

Additionally, many participants express the use of therapeutic interventions that assist in reducing the perceived intensity of tinnitus. The most reported intervention is sound therapy which ranges from using other external sounds (e.g., the radio) to using white noise and hearing aids to reduce the perceived intensity of tinnitus. For example, one participant noted that they used "white noise during the day" (P1) and "listene[ed] to [the] radio, music or sleep ap[plications] at night" (P1). This is echoed by multiple other participants, such as one sharing, "I always make sure I have background noise like a radio/TV on to make the noise in my ears" (P4) and another sharing "I always [e]nsure that there is some other background noise in very quiet areas" (P8). More than 40 participants report on the use of other external sounds (e.g., radio, television) to manage tinnitus. Additionally, approximately 10 participants note that hearing aids help with tinnitus management, with one sharing, "my go to strategies are hearing aids with white noise, ambient white noise from a Bluetooth speaker" (P11) and another noting that "I wear hearing aids with a tinnitus reduction tech" (P13).

Discussion

This study has explored the lived experiences of veterans who reported having had tinnitus for more than 3 months. Thus, the results provide insight into how tinnitus influences daily life and mental health outcomes in the veteran population. The qualitative analysis concluded that there were four main themes: (ST1) Impact of tinnitus on the self, mind, and body; (ST2) Influence on the social self; (ST3) Disrupted daily functioning; and (ST4) Coping with tinnitus.

Impact on the self, mind, and body (ST1)

The study revealed the intrusive impact of tinnitus on the mind, body, and self and this theme included three subthemes: the characterisation of tinnitus, emotional and psychological distress, and cognitive and physical pain. One study conducted in the general population proposes how personality can alter the persistence of tinnitus by influencing an individual's likelihood of being aware of it [25]. These findings support the current results regarding an individual's characterisation of tinnitus – the emotional and perceptual experience of tinnitus is important.

Further, the results provide insight into how veterans describe and emotionally experience their tinnitus, exposing how the participants were not only reporting tinnitus symptoms but were also emotionally interpreting how the condition influenced them. Such findings are consistent with prior research that highlights the association between tinnitus and emotional and psychological distress in addition to poor physical health [11]. The finding that poor mental health may exacerbate tinnitus severity, and that tinnitus itself may worsen mental health, illuminates the potential reciprocal relationship between the two. Although it is difficult to determine causality, prior research supports the association. For example, one study illustrated how a decrease in depression was associated with a decrease in tinnitus prevalence and severity [26], and another qualitative study illuminated how stress can increase the severity of tinnitus [27]. This highlights how addressing mental health may be a promising strategy to reduce the burden of tinnitus.

Prior studies in veteran populations highlight how tinnitus negatively impacts various aspects of functioning, including mood, psychological difficulties (e.g., anxiety and depression), and general physical health [5,19,28]. Though these studies were conducted in the US population, the current results support these findings and provide insight into the UK military population and how tinnitus influences the mind, body, and self.

Influence on the social self (ST2)

The results highlight how tinnitus impacts people's social self and may be associated with interpersonal disruptions – reflected in the key subthemes of communication difficulties, social withdrawal, interpersonal tension, and embarrassment. The findings that tinnitus and hearing loss may increase communication difficulties is supported by previous research which has highlighted how, in a veteran population, tinnitus appears to negatively impact

communication skills [19]. Furthermore, another US study indicated that both service members and veteran participants with tinnitus exhibited greater difficulty in understanding speech with background noise, perceiving sound, and distinguishing sound quality [8]. This is consistent with the results of the current study, which found that some participants experienced greater communication difficulties in contexts with higher background noise. Specifically, hearing loss, which is commonly comorbid with tinnitus in the aging population [29] may explain or compound communication challenges. Additionally, communication difficulties associated with tinnitus and difficulties with social isolation and altered social relationships have been noted [30]. As such, it is not surprising that our current population experienced social withdrawal in addition to interpersonal tension and embarrassment. The results of the current study illustrate how veterans with tinnitus experience communication difficulties, social withdrawal, interpersonal tension, and embarrassment.

Disrupted daily functioning (ST3)

The study highlighted how tinnitus influences daily functioning and environmental control which included the subthemes of sleep disruption and fatigue and of loss of control and autonomy in daily activities.

The results of the current study highlight the potential influence tinnitus has on sleep quality and quantity, with the majority of participants voluntarily sharing their sleep difficulties. This is consistent with previous research [31–33]. Further, there is evidence that greater tinnitus severity appears to be significantly associated with greater sleep disturbances [19,28]. Although there is no agreed reason for an association between tinnitus and sleep difficulties, various theories have been introduced. For example, the heightened awareness of tinnitus during quiet nighttime environments may increase the focus on tinnitus and thus create anxiety, lengthening sleep onset [34]. Interestingly, prior research highlights how the time of day contributes to both tinnitus loudness and distress, with tinnitus being perceived as louder and more distressing during the night and early morning hours than during the day [35]. This is consistent with the results of our study, which highlight how individuals felt a noticeable intensification of tinnitus during the night, increasing the focus and thus annoyance. Further, the findings of the current study illustrate the influence of tinnitus on daily activities. This is supported by prior research, such as one qualitative study in the veteran population that highlighted how tinnitus negatively impacted daily activities and daily life [19]. This finding has been echoed in other studies in the general population [36,37].

Coping with tinnitus (ST4)

Finally, although participants described the negative influence of tinnitus on their lives, they also reflected on strategies and techniques that enabled them to cope with it. This involved three main subthemes: lifestyle and self-help strategies, psychological coping and reframing, and therapeutic interventions. Participants expressed how all coping strategies were a form of management (i.e., managing the actual tinnitus sound or associated consequences) rather than treatment. This finding is not surprising given that there is currently no intervention that offers an effective or satisfactory solution to tinnitus [1,12,13,16]. Nonetheless, these three superordinate themes align with existing recommendations for managing tinnitus [9,38–40]. This highlights the complex interconnected nature of the three superordinate themes, as isolation not only emerged as a coping mechanism but also as a negative consequence of tinnitus itself (ST2). Thus, while isolation may provide a form of management, it may reinforce the psychological and social challenges, such as loneliness and worsening mood.

Additionally, it is important to note that while some participants set out various management strategies, many participants expressed how they did not have any coping strategy ($n = 31$) or had not tried any ($n = 7$). This is unsurprising given there is no cure or intervention that is universally effective for tinnitus. However, considering the substantial impact of tinnitus on veterans' mental health and daily life, as well as the lack of current treatment and management options, there is a need to explore alternative treatment options or management strategies.

The results of this qualitative study provide similar findings to a prior qualitative study conducted in an aged UK veteran population [20] which highlighted the impact of tinnitus on veterans' medical, social, and emotional well-being. However, the prior study was conducted in an aged population, and so the current results are novel.

Strengths and limitations

There are limitations that should be noted when interpreting the findings. Firstly, participants were recruited through the social media pages of a veterans' mental health charity. This recruitment strategy may have produced a sample that is not representative of the wider veteran population, as individuals engaging with a mental health charity may be more likely to experience mental health difficulties. Additionally, tinnitus in the veteran population may have comorbidities such as hearing loss or PTSD, and this study did not examine how such comorbidities may have influenced or confounded participants' experiences. As such, the results of the study (e.g., difficult sleep experiences) cannot solely be attributed to tinnitus itself. Specifically, because no audiometry was conducted and hearing was not otherwise assessed, we cannot separate the effects of tinnitus from those of hearing loss. Further, the sample included an overrepresentation of Royal Navy veterans, which further limits generalisability to the wider veteran population. Another key limitation is the cross-sectional nature of this study which means causality cannot be determined and only associations can be inferred. The lack of a comparison group (i.e., veterans without tinnitus or a non-veteran sample), means it is not possible to determine whether the difficulties are specific to veterans with tinnitus or illustrate more general experiences. Also some veterans may have been excluded because they found the questionnaire difficult to understand or complete, potentially limiting the generalisability of the findings across literacy levels. Additionally, although peer debriefing and discussion was carried out, a notable limitation was the lack of multiple coders independently

analysing the data to assess intercoder reliability. Future studies would benefit from including independent coding by multiple researchers. Nonetheless, the current study adds to the limited qualitative literature on tinnitus in the UK veteran population and provides insight into how tinnitus influences the daily lives of veterans.

Conclusions

This study has illustrated the profound influence tinnitus has on the internal, social, and everyday lives of veterans. The majority of participants characterised tinnitus as intrusive, which consequently influenced their sense of self, psychological wellbeing, and physical functioning. Socially, tinnitus was often experienced alongside communication difficulties, isolation, and feelings of interpersonal tension and embarrassment. Additionally, participants reflected on the influence on their daily functioning, specifically through disturbances and loss of control of daily activities. While the majority of participants shared their lack of strategies to manage/eliminate the consequences of tinnitus, others shared potential self-help, psychological, and therapeutic strategies that helped them cope. Overall, these insights illustrate the burden of tinnitus in the veteran population while highlighting the need for support and intervention strategies in tinnitus management. Future research should conduct a qualitative study with a comparator group and should adapt a mixed-methods approach with a more representative sample.

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Competing interests

The authors declare they have no competing interests.

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Supplementary material: Comprehensive questionnaire

Demographics

What is your gender?	Male
	Female
	Other
	Prefer not to answer
Age (years)	Xtext-boxX
Tinnitus duration (years and months)	Xtext-boxX
Did your tinnitus start pre-military, during the military, or post-military?	Pre-military
	During the military
	Post-military
	Unsure
Do you attribute your tinnitus to your military service?	Yes
	Somewhat
	No
	Unsure
Employment status	Employed: Full-time
	Employed: Part-time
	Self-employed/Freelance
	Not working, looking after the home
	Not working, seeking employment
	Retired
	Other
Current occupation	Xtext-boxX
Military branch	Royal Navy (including marines)
	Army
	Royal Air force
Currently part of UK military reserve	Yes
	No
When did you leave the military?	Xtext-boxX
How many years did you serve?	Xtext-boxX

Tinnitus severity – FiveQ

To answer each question, select *one* of the numbers that is listed for that question. Answer each question based on **the past week.**

Over the last week, my tinnitus has prevented me from sleeping	1 – no impact	2	3	4	5	6	7	8	9	10 – intense impact
Over the last week, my tinnitus has impacted on my ability to concentrate	1 – no impact	2	3	4	5	6	7	8	9	10 – intense impact
Over the last week, my tinnitus has affected my ability to relax	1 – no impact	2	3	4	5	6	7	8	9	10 – intense impact
Over the last week, my tinnitus has affected my ability to perform day to day activities	1 – no impact	2	3	4	5	6	7	8	9	10 – intense impact
Over the last week, my tinnitus has affected my ability to hear	1 – no impact	2	3	4	5	6	7	8	9	10 – intense impact

Qualitative questions

	Do you experience any of the following symptoms that you feel are related to your tinnitus?	List of symptoms (headaches, dizziness or vertigo, ear pain, fatigue, nausea, difficulty concentrating, sensitivity to sound (hyperacusis), insomnia or sleep disturbances, tension, increased heart rate, concentration... etc. and another option for free text)
1	How do your symptoms of tinnitus affect your daily life?	Xtext-boxX
2	Tinnitus can sometimes cause feelings of frustration, anxiety, or depression. Can you describe how tinnitus has affected your mental health over time?	Xtext-boxX
3	In what way does tinnitus affect your ability to engage in daily activities?	Xtext-boxX
4	In what ways has tinnitus impacted your social interactions and relationships with family, friends, or colleagues?	Xtext-boxX
5	Have you noticed any changes in your sleep patterns or quality of rest as a result of tinnitus? How has this affected your overall well-being?	Xtext-boxX
6	What coping strategies, if any, have you found helpful in managing the emotional or mental health challenges associated with tinnitus?	Xtext-boxX
7	What coping strategies, if any, have you found helpful in managing the tinnitus itself (e.g., white noise or sound therapy)?	Xtext-boxX
8	In what other ways not listed has tinnitus impacted your life?	Xtext-boxX

Note: All questions are optional. Participants are able to share as much or as little as they would like.