

Tinnitus Ramifications On The Mind In The Educational Setting

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PURPOSE

The purpose of this qualitative study focuses on the question: what are the reported physical, emotional, or psychosocial obstacles of students and teachers with tinnitus? This study is conducted by gathering information from selected participants through screenings, and interviews via Zoom with pre-scripted questions regarding their tinnitus symptoms they have experienced, currently are experiencing, precautions they established in their life, tips for learning and teaching, and their diagnosis journey.

METHODS

Study

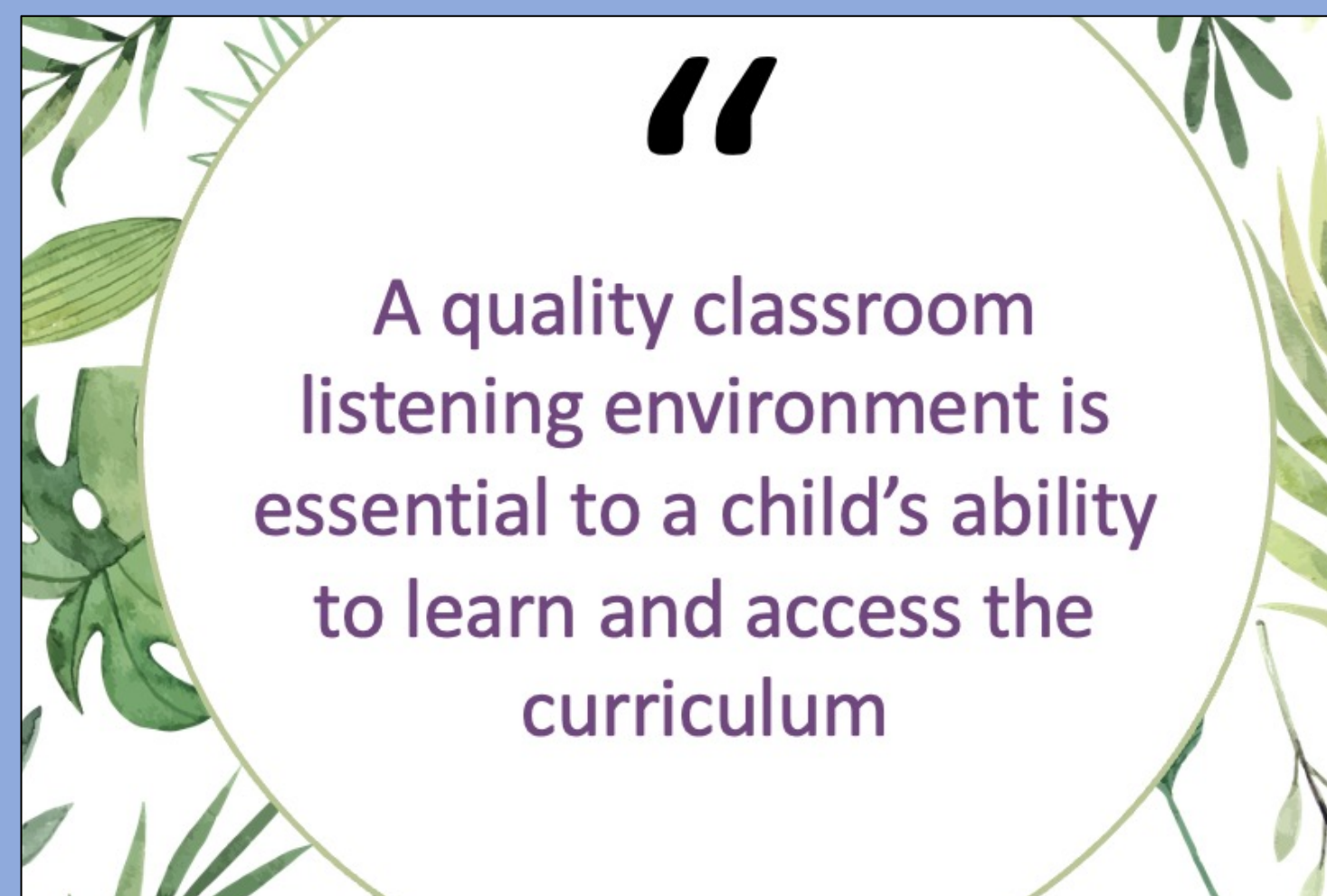
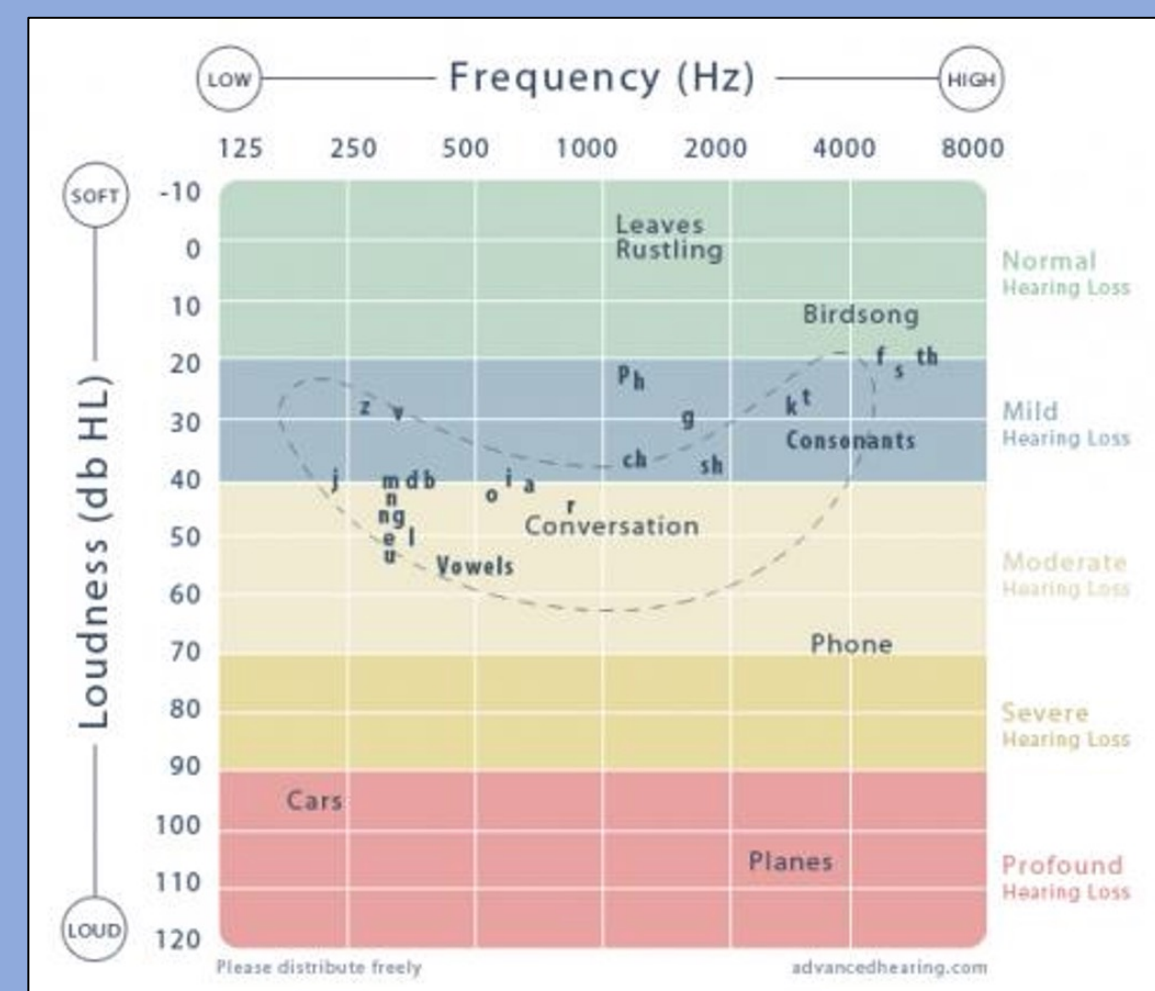
- Qualitative Research Study
- Utilized Interviews to collect data from individual participants

Setting / Participants

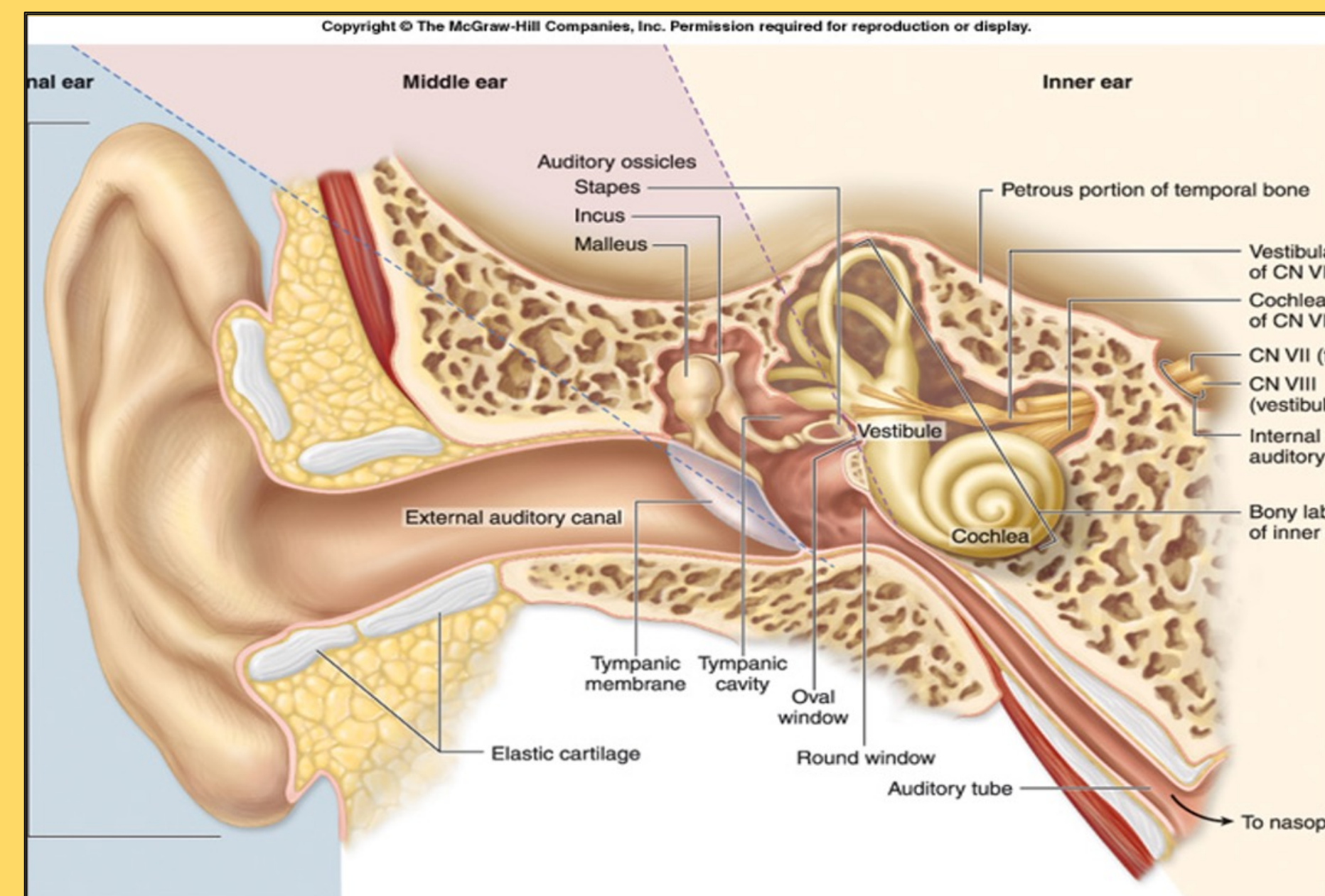
- interviews via Zoom with pre-scripted questions
- 3 Adult Participants: 2 Students & 1 Teacher
- DHH Participants

Procedure

- Examine how an inner ear symptom may affect students and teachers physical, emotional, and psychosocial statuses
- Interviews via Zoom with pre-scripted questions regarding their tinnitus symptoms they have experienced, currently are experiencing, precautions they established in their life, tips for learning and teaching, and their diagnosis journey.



IMPLICATIONS



- It's imperative to diagnose. Early intervention lessens the symptomatic events caused by the inner ear issue. In addition, the Deaf and Hard of Hearing (DHH) demographic is often overlooked for a diagnosis due to already having a diagnosed hearing loss which still affects them.
- Uncovering the correlation between tinnitus and learning will enrich participation in the classroom and allow others to recognize that this is a hearing and neurological impairment, and it should be diagnosed early to lessen the symptoms that are associated with tinnitus.

PROBLEM

- Tinnitus has a direct impact on mental (memory and cognition, social-emotional changes, psychologically), educational (classroom environment, additional hearing loss), and physical (vertigo, hearing equipment, other health issues) components for an individual. The quality of life and ability to learn is drastically impacted by tinnitus (Holgers, 2003). If previous data shows that tinnitus can directly impact mental, educational, physical components towards any individuals, then there needs to be more research in each section.
- Many individuals suffer from tinnitus before seeking help and/or, a diagnosis which leads to the issue of having little research to reference.
- While there is research regarding the presence of tinnitus in both students and teachers, there are minimal personal recounts from those diagnosed with how it affects them in the classroom.
- The issue that arises with tinnitus is due to the varying symptoms and experiences individuals go through who are affected. Therefore, tinnitus does not have one definitive reason for its etiology, but instead a list of potential causes that differ from individual to individual.

RESULTS

PARTICIPANT 1

- *Physically:*
 - Deaf, wears a CI and HA, after CI implantation, suffered from worsened tinnitus for a year consistently.
 - Made it harder to focus during school, listen to teachers / staff / other peers
 - Struggled to determine if new struggle is due to implant or tinnitus
 - Lack of sleep
 - Purposely tones out the ringing noise, worse in quiet room or when HAT devices off
- *Emotionally:*
 - Tired all the time from auditory fatigue
 - Negative outlook on self
 - Annoyed by white / brown noise
- *Psychosocially:*
 - Felt isolated due to not being able to hear / isolating self due to symptoms

PARTICIPANT 2

- *Physically:*
 - No hearing equipment worn, presents with hearing loss
 - Vertigo, white noise, headaches, auditory fatigue, lack of sleep
 - Plays TV / music loud to block out the ringing noise
 - Harder to focus in class (QUIET lecture) compared to at home, misses instruction
- *Emotionally:*
 - Annoyed at ringing / white noise
 - Takes a toll on outlook for life
 - Want to do something about it, but wasn't given proper steps / diagnosis to do so
- *Psychosocially:*
 - Avoids leaving apartment if symptoms are bad

PARTICIPANT 3

- *Physically:*
 - No hearing loss, Extreme vertigo (daily vomiting) resulted > 45lbs lost, headaches, sleeping 11+ hours
 - Steps created to lessen symptoms (changed diet, exercise, regulated sleep schedule): ROUTINES
 - Must step out of classroom to deal with symptoms, cannot be there 100% of time
 - Harder to teach when symptoms come and go unexpectedly
- *Emotionally:*
 - Depression medication via doctor & psychologist visits
 - Acceptance of no change, no one diagnosis
 - Big psychological toll resulted in anxiety disorder
- *Psychosocially:*
 - Took a year off work during 3-year diagnosis journey, gave up dream jobs due to overnight symptoms
 - Stopped social life to cope with daily symptoms

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