

## **An Overview of Psychological Stress as a Cause of Tinnitus in Students of the Medical Education Program, Faculty of Medicine, Yarsi University, Class of 2023 and its Review from an Islamic Perspective**

**Nabilah Eka Saputri\*, Hastuti Rahmi, Muhammad Fazlurrahman Anshar, Aryenti**

Universitas YARSI, Indonesia

Email: [nabilahekasaputri18@gmail.com](mailto:nabilahekasaputri18@gmail.com)\*, [Hastuti.rahmi@yarsi.ac.id](mailto:Hastuti.rahmi@yarsi.ac.id),  
[fazlurrahman791@gmail.com](mailto:fazlurrahman791@gmail.com), [Aryenti@yarsi.ac.id](mailto:Aryenti@yarsi.ac.id)

<b>Keywords</b>	<b>Abstract</b>
Psychological stress, Tinnitus, Medical students, General Health Questionnaire -12 (GHQ-12), Tinnitus Handicap Inventory (THI).	Tinnitus, defined as the perception of sound without external auditory stimuli, is often associated with psychological stress, particularly among students facing high academic demands. This study aims to describe psychological distress as a contributing factor to tinnitus among medical students and to provide an overview from an Islamic perspective. A descriptive quantitative design with a cross-sectional approach was employed. The sample consisted of 84 students from the Medical Education Program, Faculty of Medicine, YARSI University, Class of 2023, selected using purposive sampling. Data were collected using the General Health Questionnaire-12 (GHQ-12) to measure psychological distress and the Tinnitus Handicap Inventory (THI) to assess tinnitus severity. Data analysis was conducted using univariate descriptive statistics with SPSS. The results show that the majority of respondents experienced positive psychological distress (89.3%), indicating relatively stable mental conditions, while 10.7% experienced negative distress. Regarding tinnitus, most respondents were in the none or very mild category (86.9%), with minimal impact on daily activities. These findings suggest that although psychological distress is present, tinnitus incidence remains generally low among students. In conclusion, psychological stress may contribute to tinnitus occurrence, but its severity is mostly mild, emphasizing the importance of stress management and maintaining psychological well-being

### **INTRODUCTION**

Human psychological health is a modern evolutionary issue that can increase the prevalence of physical and mental illnesses that can occur for a person (McKenna and Vogt, 2024). A healthy psychological condition will make a person able to overcome the pressures and problems in his life (Endriyani et al., 2022). Maintaining psychological health must be as much as possible so that psychological disorders do not occur (Vitoasmara et al., 2024).

Negative experiences can also cause stress on a person, causing functional and structural changes in the brain that have an impact over a long period of time (Ayun et al., 2024). The existence of pressure faced by a person can cause psychological disorders or mental disorders such as stress, depression, anxiety, and mood swings (McKenna and Vogt, 2024). This personality disorder is often associated with the appearance of Tinnitus (Swain, 2021). Stress or mental disorders accompanied by Tinnitus are more susceptible to occur than stress without Tinnitus (Abbas et al., 2019). The severity of depression and anxiety is related to the severity of Tinnitus (Widjaja and Gunawan, 2023).

Tinnitus is the perception of sound without any sound source or stimulus from outside. There are various causes and triggering factors that can be associated with Tinnitus symptoms.

(Widjaja and Gunawan, 2023). The sound form experienced in people with Tinnitus such as ringing or ringing. The sound heard will feel uncomfortable, loud, scary or painful for the sufferer (Betari et al., 2024). About 5% of people with Tinnitus will experience sleep disturbances, concentration problems, anxiety and depression (Swain, 2021).

The prevalence of Tinnitus in the general population worldwide is known to be around 10% to 25% and increases with increasing age (Betari et al., 2024). There has been no research on prevalence in Indonesia nationally (Widjaja and Gunawan, 2023). Based on research conducted at Sanglah Hospital Denpasar in 2014, the results with Tinnitus complaints were obtained as much as 23.6% (Triola et al., 2023). Tinnitus is directly associated with psychological or social triggers, the results of Handscomb's research, 2018 reported that 53.6% of the onset of Tinnitus occurred during periods of stress (McKenna and Vogt, 2024).

A study conducted by Dahlin et al at the Institute Medical University, Karolinska, Sweden, reported that medical students have psychological distress caused by the large number of tasks that must be done. The results of the study also reported that 12.9% of students who experienced depression and 2.7% of students reported suicide attempts (Nathasya and Irawaty, 2020). In the Islamic view, health is a blessing as well as a mandate from Allah SWT that must be maintained by every human being. Health is not only related to physical conditions, but also includes psychological and spiritual aspects that are interrelated (Dalrymple et al., 2021; Jeri et al., 2025; Kirana & Nurrohim, 2024). This psychological pressure can also play a role as the cause of Tinnitus which is often considered less serious in society. The scarcity of research in Indonesia that discusses Tinnitus with psychological distress, especially among medical students, so the author wants to conduct research that aims to provide a clearer picture of psychological distress as the cause of Tinnitus, especially in medical students, which can be a foundation for medical personnel and society in dealing with Tinnitus (Zachreini & Rianda, 2023).

Based on the background that has been described, this study was formulated to find out the picture of psychological distress as the cause of tinnitus in students of the Medical Education Study Program, Faculty of Medicine, YARSI University class of 2023, with a focus on identifying risk factors that affect psychological distress, its characteristics and degree of occurrence, and its review according to Islamic views. This research aims to provide a comprehensive understanding of the psychological condition of medical students that is potentially related to the emergence of tinnitus, so that it is expected to increase students' awareness of the importance of maintaining mental health and hearing. In addition to providing direct benefits to students through increased insight and awareness, the results of this research are also expected to be useful for YARSI University as a source of information and the basis for the development of psychological health intervention programs and counseling services, for researchers as a fulfillment of academic requirements and knowledge development, and for institutions as a contribution to research-based learning and improving the quality of health services in the campus environment.

## **METHOD**

This study was a descriptive quantitative research with an observational, analytical, and cross-sectional design approach that aims to describe psychological distress as the cause of tinnitus in students of the Medical Education Study Program, Faculty of Medicine, YARSI

University, class of 2023. This approach allows data to be collected at a certain time through surveys, so that it can provide an overview of psychological distress conditions and tinnitus incidence in respondents based on the results of filling out questionnaires. The population of this study is all active students of the Medical Education Study Program, Faculty of Medicine, YARSI University, class of 2023. The research sample was determined using a purposive sampling technique with inclusion criteria in the form of active students who are willing to become respondents and fill out the questionnaire completely, as well as exclusion criteria, namely students who are on academic leave, inactive, or fill out the questionnaire incompletely. The number of samples was determined using the Slovin formula from a total population of 286 students with an error rate of 10%, so that 74 respondents who met the research criteria were obtained.

The type of data used is quantitative primary data obtained directly from respondents through filling out questionnaires. Data collection was carried out by distributing the GHQ-12 questionnaire to measure psychological distress and the Tinnitus Handicap Inventory (THI) questionnaire to describe the incidence of tinnitus, which was distributed directly to respondents in the classroom after agreeing to informed consent. The questionnaire is filled out independently within a predetermined time limit to ensure the completeness and validity of the data. The instruments used in this study are in the form of GHQ-12 and THI questionnaires which are standard instruments and have been validated. Psychological pressure measurements were performed using GHQ-12 with a score of 0–3 on each item, while tinnitus measurements used THI based on the level of frequency and perceived disturbance. The collected data was analyzed descriptively univariate using statistical software such as SPSS, by presenting the frequency and percentage distribution of each variable in the form of a table to facilitate the interpretation of the research results.

## RESULT AND DISCUSSION

### 1. Respondent Characteristics

This study uses primary data obtained through observation results of students of the Faculty of Medicine, YARSI University Class of 2023 who meet the inclusion criteria. This research was carried out by taking data directly using a questionnaire conducted with a total of 84 respondents who were willing to participate and provide answers which then became the basis for the research analysis.

Data analysis was carried out in a univariate manner using a descriptive analysis approach to describe the distribution of each research variable. All the data collected will be entered into a table through the calculation of frequency and percentage distributions, so as to be able to provide an overview of the characteristics of the respondents. The basic characteristics of respondents include gender and age presented in the form of a table.

**Table 1. Frequency Distribution of Sex Characteristics**

Features	Frequency of Respondent(s)	Presentase (%)
<b>Gender</b>		
<b>Men - men</b>	10	11,9
<b>Women</b>	74	88,1
<b>Total</b>	<b>84</b>	<b>100</b>

Source: Primary data processed from questionnaire results (2025).

Based on table 1, it can be seen that the distribution of respondent frequencies by gender shows an imbalance in proportion between men and women. The majority of respondents were female students as many as 74 students (88.1%), while male students amounted to 10 students (11.9%).

Based on gender, in general, women have higher levels of stress than men. This can be due to different responses to stress and conflict. Men tend to see conflict and competition as something to enjoy and provide positive motivation. In contrast, women are generally more prone to stress when under pressure (Tjahjono and Tirtasari, 2023)

**Table 2. Frequency Distribution of Age Characteristics**

Features	Frequency of Respondent(s)	Presentase (%)
<b>Age</b>		
<b>19 Years</b>	5	6
<b>20 Years</b>	64	76,2
<b>21 Years</b>	14	16,7
<b>23 Years</b>	1	1,2
<b>Total</b>	<b>84</b>	<b>100</b>

Source: Primary data processed from questionnaire results (2025)

Based on table 2, it can be seen that the frequency distribution of respondents based on age shows that the age group of 20 years is the most dominant, namely 64 students (76.2%), followed by 21 years old as many as 14 students (16.7%), 19 years old as many as 5 students (6%) and 23 years old as 1 student (1.2%) are the age group with the lowest frequency in this study.

These findings are in line with the results of a study by Tjahjono and Tirtasari (2023) on medical students whose average age is dominated by 20 years. This age group is in the early adult stage known to be susceptible to the onset of stress. Factors that cause stress can come from within, such as inadequate ability to deal with problems, or from the outside, such as increased academic demands or achievements that do not meet expectations. In medical students, this condition is of particular concern due to high academic pressure. If they are unable to adjust to the system and the burden of medical studies, the risk of experiencing more serious stress will increase (Rahmawati, Lestari and Rahmayanti, 2025; Tjahjono and Tirtasari, 2023)

## 2. Univariate Analysis Test Results

The analysis of univariate data in this study includes two main variables, namely the level of psychological stress and the incidence rate of *Tinnitus* in students. Each variable was analyzed using a descriptive approach to describe the frequency distribution and percentage of the measured results obtained. The data of the research results were presented using a description table for each research variable. The results of the research that have been obtained will be described on each variable using quantitative data, namely in the form of numbers or scores. The numerical value or score obtained from the research instrument is then processed and adjusted to the category that has been determined in the operational definition. The score is converted into a narrative to facilitate interpretation of the level of psychological distress and the incidence of *Tinnitus*.

a. Psychological Stress Level Data

The following is data on the results of research on the level of psychological stress in students of the Faculty of Medicine, YARSI University Class of 2023 obtained through filling out the *General Health Questionnaire -12* (GHQ-12). The total psychological distress score was then classified into two categories, namely a score of 0–18 indicating Negative Psychological Distress, and a score of >19 indicating Positive Psychological Distress.

**Table 3. Distribution of Respondents' Answers on the General Health Questionnaire -12 (GHQ-12)**

No	Questions	Psychological Stress Levels			
		Never N (%)	Rare N (%)	Sometimes N (%)	Frequent N (%)
1.	Can you focus when you're working on something?	0 (0%)	2 (2,4%)	35 (41,7%)	47 (56%)
2.	Do you have trouble sleeping because you have too many thoughts?	5 (6%)	27 (32,1)	41 (48,8%)	11 (13,1%)
3.	Do you find yourself useful to others?	2 (2,4%)	12 (14,3%)	51 (60,7%)	19 (22,6%)
4.	Can you make good decisions?	0 (0%)	5 (6%)	63 (75%)	16 (19%)
5.	Do you feel constantly depressed or stressed?	3 (3,6%)	32 (38,1%)	42 (50%)	7 (8,3%)
6.	Do you feel incapable of facing problems?	8 (9,5%)	42 (50%)	29 (34,5%)	5 (6%)
7.	Can you enjoy your daily activities?	0 (0%)	2 (2,4%)	34 (40,5%)	48 (57,1%)
8.	Are you able to face difficulties?	0 (0%)	3 (3,6%)	55 (65,5%)	26 (31%)
9.	Do you often feel sad or depressed?	1 (1,2%)	28 (33,3%)	47 (56%)	8 (9,5%)
10.	Have you lost your confidence?	6 (7,1%)	25 (29,8%)	43 (51,2%)	10 (11,9%)
11.	Do you feel worthless?	25 (29,8%)	32 (38,1%)	21 (25%)	6 (7,1%)
12.	Overall, do you feel happy enough?	1 (1,2%)	4 (4,8%)	32 (38,1%)	47 (56%)

Source: GHQ-12 questionnaire data, processed by the authors (2025)

Based on table 3, it can be seen that the distribution of respondents' answers at the level of psychological distress shows a variation in frequency in each answer. Of the total 84 students, the most questions were answered 'sometimes' by question number 4, which was 63 (75%) students, followed by the 'frequent' answer category that appeared the most in question number 7 as many as 48 students (57%), for the 'rare' answer category, the highest frequency in question number 6 was 42 students (50%). The answer category 'never' was the most in question number 11 as many as 25 students (39.8%). Overall, these results show that the level of psychological distress in students of the Faculty of Medicine, YARSI University Class of 2023 has a frequency of symptoms that tend to appear indefinitely. These findings provide an idea that despite facing various pressures, most of them are still able to adapt to the conditions they face.

**Table 4. Distribution of Psychological Distress Frequency Levels Based on GHQ-12 Questionnaire**

Categories of Psychological Stress	Frequency (n)	Presentase (%)
Negative Psychological Distress	9	10,7
Positive Psychological Distress	75	89,3
<b>Total</b>	<b>84</b>	<b>100</b>

Source: GHQ-12 data analysis results, processed by the authors (2025)

Based on table 4, it can be seen that the frequency distribution of psychological distress levels in 84 students shows that most of the respondents are in the category of positive psychological distress as many as 75 students (89.3%) and 9 students (10.7%) are in the category of negative psychological distress levels.

This is in line with research at Yatsi Madani University obtained results from 168 respondents with Jeri, Swardiman and Ngasu (2025) *the General Health Questionnaire -12 (GHQ-12)*, as many as 96 respondents (57.1%) had positive psychological distress. This positive psychological distress can be interpreted as a psychological condition that is relatively stable, adaptive, and does not show signs of severe stress. A low percentage of negative psychological stress may illustrate that most students are able to manage academic stress as well as daily life.

A study conducted by Tarumanegara University reported that medical students who had a level of psychological distress were 42.9% of 205 respondents. Medical students have higher levels of stress and anxiety than students of other faculties. This condition can be triggered by a tight exam schedule, lack of time to rest, obstacles in reading and understanding the material, and the high level of parents (Nathasya and Enny, 2020; Putri and Malik, 2020).

**b. Tinnitus Incidence Data**

The following is data on the results of research related to the incidence rate of *Tinnitus* in students of the Faculty of Medicine, YARSI University Class of 2023 obtained through the *Tinnitus Handicap Inventory (THI)* questionnaire. The Tinnitus incidence score is further categorized into five levels, namely Grade 1 with a score of 0–16 indicating no or very mild, Grade 2 with a score of 18–36 indicating mild *Tinnitus*, Grade 3 with a score of 38–56 indicating moderate *Tinnitus*, Grade 4 with a score of 58–76 indicating severe *Tinnitus*, and Grade 5 with a score of 78–100 indicating very severe *Tinnitus*.

**Table 5 Distribution of Respondents' Answers on the Questionnaire *Tinnitus Handicap inventory (EXAM)***

No.	Questions	Tinnitus Incidence Rate		
		Ya N (%)	Sometimes N (%)	No N (%)
1.	Does <i>Tinnitus</i> Make You Have Trouble Focusing?	0 (0%)	25 (29,8%)	59 (70,2%)
2.	Is <i>the sound of Tinnitus</i> annoying when talking to others?	4 (4,8%)	25 (29,8%)	59 (70,2%)
3.	Does <i>Tinnitus</i> make you irritable?	4 (4,8%)	19 (22,6%)	61 (72,6%)
4.	Does <i>Tinnitus</i> confuse you?	2 (2,4%)	10 (11,9%)	72 (85,7%)
5.	Do you feel hopeless because of <i>Tinnitus</i> ?	3 (3,6%)	19 (22,6%)	62 (73,8%)
6.	Do you often complain of <i>Tinnitus</i> ?	0 (0%)	6 (7,1%)	78 (92,9%)

7.	Do you have trouble sleeping because of <i>Tinnitus</i> ?	0 (0%)	18 (21,4%)	66 (78,6%)
8.	Do you feel that <i>the Tinnitus</i> you are experiencing cannot be eliminated?	2 (2,4%)	9 (10,7%)	73 (86,9%)
9.	Does <i>Tinnitus</i> interfere with social activities (such as watching or eating together)?	2 (2,4%)	6 (7,1%)	76 (90,5%)
10.	Does <i>Tinnitus</i> frustrate you?	3 (3,6%)	4 (4,8%)	77 (91,7%)
11.	Do you feel that <i>Tinnitus</i> is a serious disease?	1 (1,2%)	6 (7,1%)	77 (91,7%)
12.	Does <i>Tinnitus</i> make it difficult for you to enjoy life?	3 (3,6%)	18 (21,4%)	63 (75%)
13.	Does <i>Tinnitus</i> interfere with work or household chores?	3 (3,6%)	4 (4,8%)	77 (91,7%)
14.	Does <i>Tinnitus</i> make you irritable?	3 (3,6%)	5 (6%)	76 (90,5%)
15.	Does <i>Tinnitus</i> make you have trouble reading?	3 (3,6%)	3 (3,6%)	76 (90,5%)
16.	Does <i>Tinnitus</i> make you feel upset?	1 (1,2%)	6 (7,1%)	77 (91,7%)
17.	Does <i>Tinnitus</i> bother you with family or friends?	3 (3,6%)	13 (15,5%)	68 (81%)
18.	Do you find it difficult to think about anything else because of <i>Tinnitus</i> ?	0 (0%)	6 (7,1%)	78 (92,9%)
19.	Do you feel like you can't control your <i>tinnitus</i> ?	3 (3,6%)	7 (8,3%)	74 (88,1%)
20.	Do you often feel tired from <i>Tinnitus</i> ?	3 (3,6%)	11 (13,1%)	70 (83,3%)
21.	Does <i>Tinnitus</i> make you feel depressed?	2 (2,4%)	7 (8,3%)	75 (89,3%)
22.	Does <i>Tinnitus</i> make you anxious?	2 (2,4%)	6 (7,1%)	76 (90,5%)
23.	Do you feel like you can no longer cope with <i>Tinnitus</i> ?	1 (1,2%)	6 (7,1%)	77 (91,7%)
24.	Does <i>Tinnitus</i> get worse when you're stressed?	1 (1,2%)	5 (6%)	78 (92,9%)
25.	Does <i>Tinnitus</i> make you feel insecure?	2 (2,4%)	13 (15,5%)	69 (82,1%)

Source: THI questionnaire data, processed by the authors (2025)

Based on table 5, it can be seen that the distribution of respondents' answers at the level of *Tinnitus* incidence shows a variation in frequency in each question. Of the total 84 students who became respondents, the most dominant answer was the 'no' category. The most answered 'no' questions by students were questions number 6, 18 and 24 with a total of 78 students (92.9%), followed by the most answers in the category 'sometimes' the most questions with questions on numbers 1 and 2 as many as 25 students (29.8%), and the most answered 'yes' questions were numbers 2 and 3 as many as 4 students (4.8%). Overall, the frequency of *Tinnitus* incidence in students of the Faculty of Medicine, YARSI University Class of 2023 is relatively low, with most respondents occasionally to never experiencing *symptoms of Tinnitus*. This indicates that *Tinnitus* was not a significant health problem in the majority of medical students in this study.

**Table 6 Occurrence Rate Distribution *Tinnitus* Based on THI Questionnaire**

Category <i>Tinnitus</i>	Frequency (n)	Percentage (%)
None/Very Light (Grade 1)	73	86,9
Ringan (Grade 2)	4	4,8

<b>Medium (Grade 3)</b>	6	7,1
<b>Berat (Grade 4)</b>	1	1,2
<b>Very Heavy (Grade 5)</b>	0	0
<b>Total</b>	<b>84</b>	<b>100</b>

Source: THI data analysis results, processed by the authors (2025)

Based on table 6, it can be seen that the distribution of the frequency of the incidence rate of Tinnitus from 84 students shows that most students are in the category of Tinnitus that does not exist or is very mild (Grade 1) and 73 students (86.9%). Subsequently, as many as 6 students (7.1%) were included in the category of moderate tinnitus (Grade 3). Then, there were 4 students (1.2%) in the category of mild tinnitus (Grade 2). It was found that as many as 1 student (1.2%) was included in the category of severe tinnitus (Grade 4) and no students were found who were at the level of severe tinnitus (Grade 5) or 0% of the total students.

Another finding in the study (Abdullah et al (2020) was obtained that as many as 88 respondents experienced Tinnitus and a THI questionnaire was filled out to assess the severity of Tinnitus, the result was that 4.5% of respondents experienced very severe Tinnitus (degree 5). The results in this study for Tinnitus with degree 1 were found to be more than the results of Abdullah et al which were found to be 37.5%. The similarity obtained is that the most Tinnitus respondents experience degree 1. The score of the Tinnitus Handicap Inventory (THI) questionnaire results shows a relatively low value. The majority of respondents with Tinnitus only felt very mild symptoms, which did not interfere with sleep or daily activities. Tinnitus complaints are generally only heard when in a quiet environment.

#### c. The Relationship of Psychological Stress to the Incidence of Tinnitus (Descriptive)

This study was not conducted a statistical test to see a direct relationship between psychological stress and the incidence of Tinnitus, but the results of the descriptive analysis provided an overview of the pattern of relationships between the two variables. Of the total 84 respondents, there were respondents with negative psychological distress who experienced Grade 1 (none/very mild) Tinnitus as many as 6 people (7.1%) and Grade 2 (mild) as many as 1 person (1.2%). Meanwhile, respondents with positive psychological distress were mostly in the category of mild to non-existent Tinnitus, namely Grade 1 (none/very mild) as many as 67 people (79.8%) and Grade 2 (mild) as many as 3 people (3.6%), and a small number were in Grade 3 (medium) as many as 6 people (7.1%) and Grade 4 (severe) as many as 1 person (1.2%). Descriptively, these results show that the majority of students who experience psychological distress still have a low incidence rate of Tinnitus, thus illustrating that the incidence of Tinnitus in respondents tends to be in the mild category despite psychological distress.

In students who report moderate or severe tinnitus, there is a possibility that psychological distress is a contributing factor or worsening the complaint. This is in accordance with the WHO scheme used to classify the characteristics of a person who is disturbed by Tinnitus, namely: (1) thoughts and emotions, (2) hearing, (3) sleep, and (4) concentration (Desihartati and Purnami, 2022). In addition, the findings of this study are consistent with the theory of Betari et al (2024) which states that people who are exposed to excessive stress have the same probability of experiencing Tinnitus as individuals with hearing loss. Those who suffer from severe tinnitus tend to experience depression more often than people with mild

tinnitus, suggesting a link between tinnitus and mental health conditions (Chen et al., 2023; Singh et al., 2023). Various psychological symptoms can appear in sufferers, ranging from stress, depression, anxiety, sleep disorders, to self-harm behavior, suicide risk, and disorders in the neurological system (Hou et al., 2020). Thus, although most students do not experience meaningful tinnitus, there is still a potential interaction between psychological conditions and the severity of Tinnitus, especially in individuals with higher levels of stress.

### 3. Research Limitations

This research has several limitations. The design used is univariate descriptive so that the results obtained only describe the psychological stress conditions and the incidence of Tinnitus in students without explaining the relationship between the two variables. Data collection was carried out through a direct questionnaire so that the level of honesty of the respondents greatly affected the validity of the research results. In addition, researchers experienced difficulties in the data collection process due to the lack of enthusiasm of respondents, which has the potential to affect the amount and quality of data obtained. Research variables that focus on psychological distress also limit the analysis to other factors that can cause Tinnitus. Therefore, further research with a more comprehensive analytical design, a larger sample count, and a wider range of variables is needed to explain the causal relationship and risk factors of Tinnitus in a more in-depth and comprehensive manner (Maryanti & Herani, 2020; Nisa & Syafitri, 2022; Qiptiah & Muluk, 2024).

## CONCLUSION

Based on the results of the study, it can be concluded that the students of the Medical Education Study Program, Faculty of Medicine, YARSI University Class of 2023, the majority of whom are 20 years old and female, are generally in a fairly good psychological condition, as shown by the results of GHQ-12, the majority of which are in the category of positive psychological distress, although there are still a small number of students with negative distress. The incidence of tinnitus measured using THI was mostly in the category of non-existent to very mild and did not have a meaningful impact on daily activities, study concentration, and sleep quality. Descriptively, psychological stress can play a role as a factor related to the appearance of tinnitus, so good stress management is important in preventing negative impacts on hearing health. Therefore, students are expected to be able to maintain a balance between academic demands, mental health, social support, and spiritual strengthening. Further research is recommended to use an analytical design with a larger sample and consider other risk factors to obtain a more comprehensive picture. In the Islamic view, psychological and hearing health is a blessing and mandate from Allah SWT that must be maintained through efforts, stress management, and strengthening spiritual values so that students can undergo education, activities, and worship optimally.

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