The characteristics of Illness Perception in Patients with Sudden Sensorineural Hearing Loss: A Qualitative Study

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Research Article

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Abstract

Background

Sudden sensorineural hearing loss (SSNHL) is an emergency otologic condition with unknown pathophysiology which impacting patients' psychological well-being and quality of life. Effective disease management is challenged by patients' understandings and emotional responses to the illness. Illness perception refers to patients' views regarding their disease which plays a critical role in the management of disease and unexplored in patients with SSNHL. This study aimed to elucidate the characteristics of illness perception in patients with SSNHL.

Methods

A descriptive qualitative study using semi-structured interviews was conducted at a tertiary hospital in China between September and October 2025. Using maximum variation sampling and purposive sampling, 15 SSNHL patients were recruited. The interviews were transcribed verbatim and analysed via thematic analysis.

Results

Four key themes emerged: (1) Somatic experience and treatment of the illness, characterized by pronounced symptom perception, strong help-seeking intention, a challenging diagnostic pathway, hyper-focus on treatment efficacy, and perceived benefits; (2) Multidimensional perception of psycho-emotional experiences, involving intense negative emotions and worries about an uncertain future; (3) Information acquisition and coping strategies, including active multi-channel information-seeking and a spectrum of acceptance (active or passive); (4) Perception of social functioning and support, encompassing a decline in social participation and an expressed need for comprehensive hearing rehabilitation guidance.

Conclusions

This qualitative study reveals the multidimensional nature of illness perception in SSNHL patients. The findings emphasize the need to shift clinical management from a biomedical to a biopsychosocial support model. Future interventions should improve illness understanding, promote adaptive coping, and provide structured rehabilitation to enhance long-term recovery and quality of life.

1 Background

Sudden Sensorineural Hearing Loss (SSNHL) is an emergency otologic condition with unknown pathophysiology, only 10%-15% patients can identify the specific cause during the onset [1, 2]. Patients

experience a sudden (within 72 hours) drop in hearing and consists of a decrease in hearing of 30 decibels affecting at least 3 consecutive frequencies which is sensorineural in nature [3, 4]. In the United States, SSNHL affects 5 to 27 per 100,000 people annually, with about 66,000 new cases per year [5]. The annual incidence in China ranges from 2 to 20 per 100,000 population and has been increasing annually in recent years [6].

Concerns about permanent hearing loss often cause psychological disorders like anxiety and fear in patients, affecting their treatment confidence and compliance [7]. Effective disease management is crucial for hearing recovery and improvement in quality of life. Previous studies found that patients factors affect the effective management of SSNHL. Inadequate SSNHL knowledge, concerns about diseases, and poor treatment adherence were the barriers to effective SSNHL management [8–10]. These factors were closely connected with patients' beliefs and views about SSNHL.

Illness perception refers to patients' views regarding their disease and the process in which patients use existing disease knowledge and background to analyze and explain current symptoms or diseases [11]. The theoretical foundation of illness perception is the Common-Sense Model of Self-Regulation (CSM) proposed by Leventhal [12]. It includes the patient's understanding of the disease's characteristics, cause, course, and curability, serves as a key determinant of their behavior and directly influences the onset, progression, and outcome of the diseases. Based on illness perceptions, patients develop coping behaviors such as medical-seeking behaviors and treatment compliance. Numerous studies have confirmed that illness perception plays a critical role in the management of disease, which is robustly linked to mental health, health behaviors, and disease prognosis [13–15].

However, no studies have specifically investigated illness perception in patients with SSNHL. A survey study in Canada revealed that the efficacy of SSNHL patients is related to their cognitive and emotional levels [16]. A qualitative study on the physical and psychological experiences of inpatients with SSNHL indicates that patients have both positive and discomfort experiences, which affect their hearing recovery [17]. Consequently, investigating the characteristics of illness perception in patients with SSNHL holds significant importance for their disease management.

2 Methods

2.1 Aims

This study aims to elucidate the characteristics and evolutionary trends of illness perception among SSNHL patients by using a qualitative approach to inform the development of efficient and personalized disease management strategies in clinical practice.

2.2 Design

A descriptive qualitative approach was adopted based on naturalistic inquiry [18]. Semi-structured, in-depth interviews with SSNHL patients were conducted in Otolaryngology Center of Xiangya Hospital,

Central South University, which was a tertiary hospital and has great influence in southern China. The interviews took place between September 2025 and October 2025.

2.3 Participants

During recruitment, purposive sampling [19] was employed to recruit SSNHL patients whose (a) diagnosis conforms to the Clinical Practice Guideline [5]; (b) Age ≥ 18 years; (c) informed consent and voluntary participation. Exclusion criterion was patients who (a) has severe mental illness or cognitive impairment; (b) the disease severely restricts physical function, making it impossible for cooperating with the interview; (c) has concurrent severe physical illness. The maximum variation sampling technique was also applied to recruit a heterogeneous sample of patients across education levels, age, occupation and type of hearing loss.

Patients with SSNHL admitted to the otology ward were evaluated by two researchers. All contacted individuals consented to participate and were scheduled for interviews, with an emphasis on the voluntary nature of the study. As this study used a qualitative design, sample size was monitored continuously to identify when saturation occurred [20]. (i.e., when additional interviews merely replicated previously collected data).

2.4 Data collection

The same researcher (Jing Yue) conducted each interview to ensure consistency. Before the interviews, the interviewer systematically conducted an in-depth theoretical study of the relevant research and received guidance from professors with rich experience in qualitative research. All the interviews started asking an open-ended and general question from the participants. The question of the interview guide were general (Table 1). The order of questions may be rearranged as necessary during the interview. All interviews were conducted in a quiet area of the otology ward, audio-recorded, and lasted between 30–60 min. Field notes recording the interviewees' facial expressions and body language as well as the interviewer's experiences and reflections were collected. Recordings were professionally transcribed, and accuracy was checked by the research team before analysis. Corresponding field notes were also attached to the transcripts. A pilot test was conducted to refine these data collection plans and develop relevant lines for questioning.

Table 1
Semi-structured interview guide summary

Number	Main focus
1	What is your understanding and perspective on SSNHL?
2	How has sudden hearing loss affected you physically, emotionally and daily life? Please describe key moments from before diagnosis, during treatment, and as you prepared for discharge.
3	What measures have you taken to address the SSNHL?
4	How do you view the significance and value of these efforts?
5	What is your perspective on the recovery process and prognosis of SSNHL?
6	Do you have any further questions to discuss with me?

2.5 Data analysis

Thematic analysis was used to analyze the interview data [21]. Two registered otology nurses (Jing Yue and Yifang Yi) with extensive clinical experience performed the coding. Firstly, the researchers immersed themselves in the data to become familiar with the content by reading the transcripts repeatedly. Secondly, the researchers read the transcripts separately, coded various patterns and themes, and labelled paragraphs pertinent to the discussion points. Then, the two authors collaborative analysis of the initial codes to group them into potential themes and debated their meanings and the emerging patterns with the aim of reaching consensus. Next, all coded data extracts were collated within the identified themes and reviewed to assess their coherence. The authors then evaluated the themes for internal homogeneity (meaningful cohesion of codes) and external heterogeneity (clear distinctions among themes), recoding data as needed to fulfil this goal. The entire dataset was reread to verify the validity of the themes and to capture any previously overlooked data. Finally, the two authors returned to the collated data extracts for each theme and organized them into a coherent and internally consistent account, which was accompanied by a narrative. Conceptual themes were derived inductively from analysis within and between individual interviews.

2.6 Ethical considerations

The Ethic Committee of Xiangya Hospital, Central South University approved the research project (Ref: 2025091701). All provided verbal and written consent to participate, and only the researchers had access to the digital audio tapes and transcripts.

3 Results

A total of 15 SSNHL patients were interviewed, including 7 males and 8 females. The participants aged from 18 to 63 years old, with an average age of 39.2. The mix of people considering the education level, employment status and type of hearing loss. The demographics are outlined in Table 2. 4 themes and 11

subthemes were identified to explicate participants' illness perception. A summary and description of the themes and subthemes are presented in Table 3.

Table 2
Participant information

ID	Gender	Age (Year)	Education level	Employment Status	Type of hearing loss
P1	Male	27	Master	Employed	Rising Configuration
P2	Male	51	Middle School	Unemployed	Flat Configuration
P3	Female	34	High School	Unemployed	Flat Configuration
P4	Female	24	Master	Unemployed	Sloping Configuration
P5	Female	36	Bachelor	Employed	Flat Configuration
P6	Male	47	Bachelor	Employed	Rising Configuration
P7	Female	45	Bachelor	Employed	Sloping Configuration
P8	Male	18	High School	Unemployed	Flat Configuration
P9	Male	54	Middle School	Retired	Single-Sided Deafness
P10	Female	63	Associate	Retired	Flat Configuration
P11	Female	29	High School	Unemployed	Rising Configuration
P12	Male	54	Primary School	Unemployed	Single-Sided Deafness
P13	Female	49	Bachelor	Employed	Rising Configuration
P14	Female	26	Doctorate	Unemployed	Sloping Configuration
P15	Male	31	High School	Employed	Flat Configuration

Table 3
Themes and subthemes

Themes	Subthemes
Somatic Experience and Treatment of the Illness	1.Pronounced perception of abnormal somatic symptoms 2.Strong intention to seek medical care 3.Protracted and challenging pathway to diagnosis 4.Hyper-focus on treatment efficacy 5.Perceived benefits of treatment
Multidimensional Perception of Psycho-emotional Experiences	6.Intense perception of negative emotions 7. Worries about an uncertain future
Information Acquisition and Coping Strategies	8.Active multi-channel seeking of disease-related information 9.Active or passive acceptance of the illness
Perception of Social Functioning and Support	10.Decline in social participation 11.Expressed need for hearing rehabilitation

3.1 Somatic Experience and Treatment of the Illness

3.1.1 Pronounced perception of abnormal somatic symptoms

The perception of abnormal somatic symptoms was pronounced. The analysis revealed that these perceptions were characterized by their diversity, sudden onset, and persistent nature. Patients reported a range of unsettling bodily sensations. Sudden hearing loss was a common and alarming experience, often described not just as a drop in volume but as a distinct sensation of obstruction or fullness.

'I thought I just hadn't gotten enough rest, but when I woke up the next morning, it felt like a layer of something was covering my ear, it was muffled.' (P 6).

Alongside hearing loss, persistent tinnitus was frequently reported as a debilitating symptom. The intrusive internal noise was described as continuous and often more perceptible in quiet environments, severely impacting concentration and sleep.

'There was constantly a sound like a train running past inside this (ear), a rumbling noise. It was somewhat manageable during the day, but especially at night (it was unbearable).' (P 7)

Furthermore, vestibular symptoms like dizziness were described, compounding the discomfort.

'What's really getting to me is the dizziness. My whole head feels kind of foggy and heavy, you know? I can't even stand steady. It got so bad that I threw up everything I had for breakfast.' (P 4)

3.1.2 Strong intention to seek medical care

Patients demonstrated a strong and urgent intention to seek medical care and unset sensory experience into a defined and manageable condition through expert consultation. Underlying this decisive behavior was a profound desire to regain functional normalcy and to understand the cause of their condition.

'I asked for leave immediately and came straight to the hospital.' (P 8)

'I'm fully aware that some hearing loss is inevitable with age, and I've even mentally prepared for the worst. But the way this happened—so abruptly, so oddly—it left me with no choice. That's why I had to see a doctor immediately to get a clear answer.' (P 10)

3.1.3 Protracted and challenging pathway to diagnosis

The journey to obtaining a definitive diagnosis and appropriate treatment was often protracted and challenging for patients. The findings indicate that this ordeal stemmed primarily from limitations in local healthcare resources, and the consequent necessity for patients to navigate a complex system. When essential medications or treatments were unavailable at local hospitals, patients were forced to seek care at higher-level institutions.

'The doctors there [at the local hospital] said you have a specific medication (Batroxobin) here at this hospital that they don't have, and they directed me to come here.' (P 15)

Moreover, the extra effort and cost of getting the better treatment created significant inconvenience for patients during their healthcare journey.

'We searched online and asked around through personal connections to find out which major hospital had the best Head and Neck Surgery Center for Otorhinolaryngology. We then scrambled to get an appointment here. The travel and accommodation costs alone have been a significant financial burden.' (P 12)

3.1.4 Hyper-focus on treatment efficacy

The severe impact of hearing loss on daily communication and social interactions fuels patients 'strong desire for rehabilitation, which manifests as intense focus on treatment outcomes during hospitalization. Patients often conduct self-monitoring to detect any signs of improvement or repeatedly inquire about their condition's progress.

'Several times a day, I would cover my 'good' ear to test the other one. When I thought I could hear a little better, I felt a surge of relief, like there was hope.' (P 2)

‘I couldn't help but ask the nurses and doctors every day, 'How to improve my hearing? Are the infusions working?' I knew they might be tired of my questions, but I needed that confirmation.’ (P 9)

3.1.5 Perceived benefits of treatment

Beyond the discomfortable, a number of patients actively perceived benefits from their treatment. This perception arose from two primary sources: direct symptomatic relief and favorable comparison with other patients. For some, the benefits were directly experienced as tangible improvements in their physical symptoms. This direct relief not only alleviated their discomfort but also significantly boosted their morale and belief in the treatment process.

‘I can definitely hear clearly now, and I'm feeling a bit more steady—the dizziness isn't as bad. It's like I can finally see a glimmer of hope.’ (P 1)

Furthermore, patients' perception of benefit was also shaped through comparison with fellow inpatients who seemed to be faring worse. Witnessing others' lack of progress provided a relative frame of reference that magnified their own positive outcomes.

‘The test this morning showed my hearing has improved compared to before. The treatment is working. The patient in the next bed, for instance, was told his hearing hasn't improved much.’ (P 5)

3.2 Multidimensional Perception of Psycho-emotional Experiences

3.2.1 Intense perception of negative emotions

The sudden onset of hearing loss precipitated intense and multifaceted negative emotions, like fear or anxiety, which forming a core component of the patients' illness perception. The abrupt sensory deprivation led to fears about a permanently altered life.

‘I was terrified inside; it felt like my whole world had collapsed. It happened so suddenly, and I'm afraid I might never hear again.’ (P 13)

3.2.2 Worries about an uncertain future

The profound uncertainty surrounding hearing recovery triggered pervasive and concrete anxieties about the future. This apprehension was acutely felt across critical life domains, including their professional trajectory, educational progress, and social participation, representing a significant threat to their anticipated life path and personal identity. Patients of working age voiced concerns about their employability and career stability.

‘I'm worried it will affect my job prospects and future work. It's a constant concern.’ (P 4)

For students, the timing of the illness posed a threat to pivotal academic milestones.

‘The national college entrance exam is right around the corner. I'm terrified that this will ruin my preparation. Being in the hospital, I've already had to ask for leave from school, and I can feel myself falling behind on my studies’. (P 8)

3.3 Information Acquisition and Coping Strategies

3.3.1 Active multi-channel seeking of disease-related information

During the hospitalization phase, patients transitioned from passive recipients of care to active participants in their health journey, demonstrating a strong propensity for proactive information-seeking. They used a diverse array of sources, including the internet, social networks, and fellow patients, to comprehend their condition, assess treatment options, and regain the belief.

A primary and immediate channel for information was digital search. Patients frequently turned to their smartphones to independently research their condition which allowed them to understand the medical explanations better.

‘Lying here in bed, I spend a lot of time searching on my phone—looking up causes of hearing loss, what different medications do, and what the recovery might look like.’ (P 3)

Moreover, peer support among inpatients emerged as a highly valued source of experiential knowledge. Conversations with other patients facing the same condition provided not only practical tips but also crucial emotional validation and a sense of community.

‘When I was in the hyperbaric oxygen chamber, I met another patient with the same condition. We talked a lot about our symptoms and our fears. Hearing his experience and sharing my own made me feel less alone in this.’ (P 7)

Furthermore, patients actively leveraged their personal and professional networks to obtain interpreted or authoritative information. They often mobilized family members with medical backgrounds to act as intermediaries and translators of medical information. This practice reflects a desire to cross-verify information and gain reassurance from a trusted source within their inner circle.

‘I sent all my medical reports to my niece, who is a medical student. I asked her to review everything for me and get her opinion on my treatment plan.’ (P 11)

3.3.2 Active or passive acceptance of the illness

As patients progressed through their treatment journey and acquired a deeper understanding of SSNHL, a process of psychological adaptation ensued, manifesting as a spectrum of acceptance towards their altered auditory reality. This acceptance was influenced the coping strategy and future planning of SSNHL patients.

Some patients demonstrated active acceptance of the SSNHL. They engaged in positive cognitive and emotional adjustment towards SSNHL, not only acknowledging the reality of hearing loss but also actively seeking proactive management strategies to coexist with the condition. Distinct from passive acceptance, their coping approach was characterized by initiative, with the core goals of problem-solving and adapting to a new life normal.

'The doctor was clear that full recovery might not be in the cards for me. Denial got me nowhere. So, I've started researching hearing aids seriously. It's an adjustment, but I see it as a tool to reclaim my conversations and my connection to the world, not as a symbol of defeat.' (P 7)

'At first, I refused to believe this was my new normal. I was furious and scared. But this exhausted my entire family. Now, I'm learning to listen differently. I've told my close friends, 'My ears are on vacation, so please speak clearly and be patient.' It's not the old me, but I'm finding a new way to live, and I choose to make it a good one.' (P 14)

In contrast, other patients exhibited passive acceptance, often borne out of emotional exhaustion, a perceived lack of alternatives, or a fatalistic outlook. This form of acceptance was marked by a sense of surrender and diminished personal agency, which could hinder proactive rehabilitation efforts.

'*What else can I do? I've tried the treatments, and this is the result. I have to accept it because there's no other choice. It's my fate.*' (P 10)

'I guess this is just how it's going to be from now on. I've come to terms with the fact that I'm a disabled person now. As long as it doesn't get worse, that's all I can hope for.' (P 4)

3.4 Perception of Social Functioning and Support

3.4.1 Decline in social participation

The analysis revealed that SSNHL acted as a significant barrier to patients' engagement in social, professional, and study, leading to a marked and often distressing decline in their overall social participation. A direct consequence of hearing impairment was the inability to follow group conversations, which led to self-consciousness and eventual withdrawal from social interactions. Patients reported feeling isolated even in the presence of others, choosing to disengage rather than struggle to communicate.

'I can't clearly hear what they are talking about. I can only watch silently or look at my phone to avoid the awkwardness of asking them to repeat.' (P 2)

For students and employed individuals, the illness and subsequent hospitalization caused an abrupt and worrying halt to their core responsibilities. This forced absence from their professional or academic roles generated significant anxiety about falling behind and failing to meet obligations.

‘Being hospitalized every day, I haven't been able to manage my work. I'm very anxious about the consequences.’ (P 14)

Beyond the external barriers, an internal sense of apathy and diminished motivation further reinforced social disengagement. The psychological burden of the condition led to a state of anhedonia, where patients lost interest in activities and social contact they previously enjoyed.

‘This situation has put me in a low mood. I don't feel like talking to anyone, and nothing seems fun or interesting anymore.’ (P 3)

3.4.2 Expressed need for hearing rehabilitation

Throughout the interviews, a clear and urgent need for comprehensive hearing rehabilitation guidance emerged consistently among patients. Patients expressed strong interest in obtaining detailed, actionable instructions for managing their condition after leaving the hospital. The questions often focused on practical aspects of daily living and continued care.

‘What specific precautions should I take after discharge? How long will I need to continue medication? When should I schedule my follow-up appointment? Some people have suggested trying traditional Chinese medicine - would you recommend that in my case?’ (P 6)

Patients also demonstrated foresight in exploring contingency plans and rehabilitation strategies for potential long-term hearing challenges.

‘If my hearing doesn't improve significantly, would I be a candidate for hearing aids? What would be the approximate cost, and what options are available?’ (P 10)

Such questions indicate patients' efforts to prepare for various recovery scenarios and their need for information about available rehabilitation resources.

4 Discussion

Our study explored the characteristics of illness perception in patients with SSNHL. By exploring the illness perception from symptom onset through treatment to preparation for discharge, our findings illuminate the profound biopsychosocial impact of the SSNHL. The participants described 4 themes: somatic experience and treatment of the illness; multidimensional perception of psycho-emotional experiences; information acquisition and coping strategies; and perception of social functioning and support.

In this study, participants demonstrated a pronounced perception of abnormal physical symptoms, such as sudden hearing loss, tinnitus, and dizziness; which consistent with the sudden onset and diversity of SSNHL symptoms emphasized in previous studies [2, 5]. Unlike the passive coping and treatment delays linked to limited illness awareness in Yang et al’ s study [22], participants showed greater health literacy and proactive coping in this study. The majority demonstrated a strong intention to seek medical care,

reflecting their emphasis on hearing function and recognition of the severity of the condition. This aligns with the CSM, which posits that the interpretation of symptoms triggers coping behaviors [23]. Moreover, patients exhibit a hyper-focus on treatment efficacy, which may stem from fear of permanent hearing loss and psychological stress related to the uncertainty of SSNHL prognosis [8]. Patients in this study perceive treatment benefits through symptomatic relief or social comparison to enhance their therapeutic confidence and adherence. The findings consistent with the CSM concept that illness perceptions are dynamic in nature [23]. Positive illness cognitions is a key factor in enhancing treatment adherence. It is essential to acknowledge and respond to patients' subjective positive experiences in the clinic.

We also found that the patients’ pathway to treatment was often complicated by insufficient primary care resources, difficulties in obtaining referrals, and financial burdens. This highlights issues in medical resource allocation and the implementation of tiered diagnosis and treatment. As shown in a qualitative study of China, residents’ pursuit of high-quality medical services is seriously affected by the lack of primary diagnosis capacity and the unbalanced distribution of medical resources at the grass-roots level [24]. Therefore, government departments should enhance the service capacity of primary healthcare institutions, adjust the policy environment according to local conditions, and promote a balanced allocation of resources within the tiered diagnosis and treatment system [25].

The study revealed that SSNHL patients experienced complex psychological and emotional changes throughout the disease course, primarily characterized by intense negative emotions and profound concerns about future uncertainties. Consistent with Grewal et al [26], participants in our study reported negative emotions like fear and anxiety. The cited work identified a correlation between such emotional distress and the severity of hearing loss in SSNHL patients [26]. However, our study found that such emotional distress stem not only from hearing loss itself but are also closely associated with the sudden onset and unpredictability of symptoms, highlighting the particular impact of disease abruptness on emotional distress. This aligns with the CSM concept that illness perceptions trigger emotional coping [23]. Moreover, patients showed concerns about future work, academic and social participation. Previous studies have primarily focused on the impact of hearing loss on patients’ current status of daily life [27, 28]. Our study reveals patients’ anticipatory anxiety about the long-term effects of the disease firstly. Consequently, clinical care should address patients’ feelings of uncertainty about the future and offer targeted psychosocial interventions.

In this study, patients actively seek information through the internet, peer communication, and social networks. This aligns with the phenomenon of ‘information-seeking as a coping strategy’ observed in Alzheimer's patients by researchers [29]. Moreover, patients exhibit diverse coping patterns, including active acceptance and passive compliance. Clinical practitioners should identify these coping patterns and provide personalized information and emotional support. We also found that hearing loss reduces patients’ engagement in social, professional, and academic activities, even leading to self-isolation and diminished interest. This is consistent with the finding in Fu et al.’s study that patients avoid social interactions due to communication difficulties [30]. This decline in social participation is not only due to

external communication difficulties, but also related to a decline in intrinsic motivation, reflecting the deep impact of the disease on the psychological state.

Furthermore, this study revealed that SSNHL patients generally show an urgent need for hearing rehabilitation guidance, which runs through the entire process from acute treatment to long-term management after discharge. Compared with previous studies [31], we found that patients' needs are more specific and forward-looking. They not only focus on immediate symptom relief, but also actively seek personalized solutions including hearing aid adaptation, follow-up plans, and alternative therapies, reflecting the expectations for full-course rehabilitation management. This finding suggests that in the future, a multi-dimensional rehabilitation support system centered on patient needs should be constructed, evidence-based rehabilitation guidance should be moved forward to the hospitalization stage, and a clear, executable and personalized rehabilitation plan should be provided for the post-discharge transition period to fill the support gap from hospital to home care.

4.1 Implications for future research and practice

Based on the characteristics of illness perception in patients with SSNHL identified in this study, clinical practice requires a shift from the traditional biomedical model to an integrated rehabilitation support system that combines somatic, psychological, and social dimensions. While focusing on the management of patients' somatic symptoms, equal emphasis should be placed on psychological adjustment and the restoration of social functioning. Future research should prioritize developing and validating the effectiveness of such multidimensional intervention models, exploring their impact on improving long-term prognosis and quality of life for SSNHL patients. Moreover, the study reveals the critical role of psychosocial support in managing SSNHL. The use of digital platforms in clinic practice, such as online support groups or mobile health applications, could provide continuous support and information sharing for SSNHL patients, especially during the transition from hospital to home care [32]. Further longitudinal studies could be conducted in the future to explore the characteristics of the evolution of illness perception over time and its impact on long-term recovery. Additionally, further qualitative research involving family members or caregivers may also provide a more comprehensive perspective on the illness experience of SSNHL.

4.2 Limitations

This study has several limitations. First, we recruited a relatively small sample size of SSNHL patients. However, given the relatively narrow focus of the study, the requirements of purposive sampling and the richness of the data generated, the sample size was considered sufficient to achieve our objectives. Furthermore, the team agreed that data saturation had been achieved, i.e., no new codes were generated from new interviews. Second, this study was conducted in one otolaryngology center. The generalizability of our results therefore limited. Nevertheless, the Xiangya Hospital of Central South University was a tertiary hospital which has great influence in southern China. The data consulted by this study can represent the views of SSNHL patients according to a discussion by the research team.

5 Conclusions

This study reveals the multidimensional characteristics of illness perception in patients with SSNHL, encompassing their somatic experiences, emotional responses, information acquisition and coping strategies, and social functioning perceptions. Patients perceive SSNHL as a sudden, distressing condition with an uncertain prognosis, which triggers intense negative emotions, active information-seeking behaviors, and diverse psychological adaptation approaches. These findings suggest that clinical management should transition from the traditional biomedical model toward an integrated holistic support system addressing physical, psychological, and social dimensions. By providing clear, personalized, and comprehensive disease information and rehabilitation guidance throughout the entire process, we aim to facilitate patients' adaptation to the disease and improve their long-term quality of life.

Declarations

Ethics approval and consent to participate

This study was conducted in accordance with the ethical standards of the institutional and national research committees and with the 1964 Helsinki Declaration and its subsequent revisions or similar ethical standards. The Ethic Committee of Xiangya Hospital, Central South University approved the research project (Ref: 2025091701). All eligible participants were given a participant information sheet and explained the aims of the study, any benefits and harms of participation, the anonymity and voluntary nature of participation, and told that they could withdraw at any time during the study. All participants have given informed consent to participate.

Consent for Publication

Not applicable.

Competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Author Contribution

JY and YFY conceptualised the project and developed drafts of all study materials. YFY, LQW, YFH, QL and YH provided guidance and supervision of the project. JY and YFY performed the training for data collection and monitored the data collection process. JY, LQW, YFH, QL and YH contributed to the development of study materials and led data collection. JY analysed the data and wrote the manuscript drafts. All authors reviewed the manuscript and agreed on submission.

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Availability of Data and Materials

The data and materials for this study are available from the corresponding author upon reasonable request.

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