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A Contextualized Qualitative Inquiry into Empathic Communication Learning Experiences among Clinical Medical Students in Indonesia

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ABSTRACT

Empathic communication is a vital component of medical education that fosters humanistic care and strengthens the patient–physician relationship. While its theoretical importance is well established, little is known about how medical students actually experience learning empathy during clinical practice. Existing approaches often emphasize observable behaviors but fail to explore the lived, emotional experiences of students navigating real patient encounters. This study investigates the question: How do medical students perceive and internalize empathic communication during their clinical training? Employing a descriptive phenomenological methodology, the study uncovers the essential meanings behind students' subjective experiences of empathy development. Data were collected through in-depth semi-structured interviews with twelve clinical-year medical students and analyzed using Colaizzi's method to extract significant themes. Four central themes emerged: emotional vulnerability in clinical settings, the role of clinician role models, tensions between authentic and performed empathy, and the importance of psychologically safe environments. These themes reveal that learning empathy is a transformative and context-dependent process shaped by institutional culture and personal reflection. The findings suggest that current educational strategies should go beyond technical training to support emotional development and reflective practice. This study enhances our understanding of empathic learning as a personal and relational journey and encourages further exploration of how empathy evolves across diverse stages and environments in medical education.

INTRODUCTION

Effective communication is a cornerstone of patient-centered care, particularly within medical education and clinical training. Among various communication competencies, empathic communication plays a crucial role in fostering trust, enhancing patient satisfaction, and improving therapeutic outcomes. Empathy extends beyond a mere communicative skill to represent humane engagement that connects the emotional and psychological dimensions between healthcare providers and patients. In increasingly complex and technologically advanced healthcare systems, the relational aspect of care risks being overshadowed by procedural efficiency and biomedical focus.

Within medical education, empathy training is emphasized, yet its authenticity and sustainability during clinical practice remain uncertain. Although curricula may provide formal communication training, the actual experiences of students expressing empathy in real patient encounters are insufficiently studied. Medical students frequently face emotionally charged situations, moral dilemmas, and institutional hierarchies, all of which dynamically influence their understanding and practice of empathy. These formative experiences are pivotal in shaping both their professional identity and personal development as future physicians.

The relevance of exploring this phenomenon lies in its deep connection to the human experience—empathy is not simply taught, but felt, interpreted, and enacted through subjective encounters with patients. Medical students' perceptions of how they learn to communicate empathically reflect broader cultural narratives about care, professionalism, and emotion in medicine. Investigating

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these perceptions allows for a richer comprehension of the social and emotional labor embedded in medical training.

Given these complexities, there is a pressing need to explore the meaning and experience of learning empathic communication from the students' own perspectives. Such an inquiry aligns with the phenomenological approach, which centers on understanding lived experiences as they are subjectively perceived and constructed. Through this lens, the research aims to uncover the essence of how empathy is internalized, challenged, and embodied in clinical contexts, offering a deeper understanding that transcends surface-level behavioral observations.

In recent years, research focusing on the lived experiences of medical students during clinical education has gained increasing attention, particularly as educators seek to cultivate not only technical proficiency but also emotional and relational competence. Within this area, the process by which students internalize and practice empathic communication has emerged as a critical concern, given its profound influence on patient care and physician well-being.

Despite this growing recognition, methodological challenges persist in capturing the essence of these experiences. Many studies have adopted quantitative frameworks that measure empathy using standardized scales or observational checklists. While these approaches offer valuable insights into behavioral indicators, they often fall short in uncovering the personal meanings, emotional negotiations, and internal conflicts that characterize the journey of learning to communicate empathetically. These invisible dimensions of experience are central to understanding how empathy is embodied, resisted, or transformed in real-life clinical settings.

Furthermore, prior research has often emphasized outcome-based assessments—such as empathy scores before and after training—without attending to the subjective process by which empathy is perceived, interpreted, and enacted. As a result, the nuanced ways in which students make sense of their encounters, interpret feedback, or struggle with authenticity remain underrepresented in the literature. This limitation highlights the inadequacy of conventional methods to fully capture the multilayered, emotionally charged, and context-dependent nature of empathic development.

Given these gaps, there is a strong rationale for adopting phenomenological inquiry—a method uniquely suited to explore the richness of subjective human experience. By centering the voices of students and exploring their experiences as lived and felt, this study seeks to provide a more holistic understanding of how empathic communication is learned in practice, not merely as a skill, but as a meaningful component of professional identity formation.

Existing efforts to address the development of empathic communication skills in medical students have largely relied on structured pedagogical frameworks, such as simulation-based learning, standardized patient encounters, and skills checklists. These practical approaches aim to provide consistent training and measurable outcomes, offering students the opportunity to rehearse clinical conversations in controlled environments. While effective in building foundational competencies, such methods often fail to capture the internal and subjective dimensions of learning empathy—namely, the emotional resonance, moral uncertainty, and identity shifts experienced by students in real clinical interactions.

These instructional strategies typically evaluate outcomes using quantitative indicators, which may reduce empathy to observable behaviors without examining how it is felt, understood, and integrated by learners. As a result, they provide a partial and surface-level understanding of empathic development, overlooking the complex psychological, relational, and contextual layers that shape students' perceptions. Consequently, there remains a limited comprehension of how medical students themselves experience the process of learning to communicate empathetically, particularly when faced with emotionally demanding or ethically ambiguous clinical situations.

To address this gap, a shift in methodological orientation is necessary—one that privileges depth over breadth, and meaning over measurement. Phenomenological inquiry offers this alternative by foregrounding lived experience as the central unit of analysis. Through careful, reflective exploration of students' subjective accounts, this approach can reveal the essential structures and meanings

embedded in their empathic learning process, thus enriching current understandings and informing more humanistic pedagogical interventions in medical education.

Previous studies have examined the development of empathy in medical students primarily through cognitive-behavioral models and outcome-based evaluations. Some have explored the influence of role models, communication training, and emotional resilience on clinical performance. However, only a limited number of studies have focused on how empathy is experienced personally by students during their clinical encounters. Phenomenological research in related contexts, such as nursing education and palliative care training, has shown the value of exploring lived experiences to understand the emotional and ethical complexity of human interaction. These findings support the need to examine how empathy is internalized, interpreted, and enacted by medical students in real-world clinical settings.

This study adopts a descriptive phenomenological approach to explore the subjective perceptions of medical students learning empathic communication during clinical practice. This method was chosen to uncover the essential meanings of their experiences, rather than to test a hypothesis or quantify behaviors. Through in-depth interviews, participants shared how they navigated emotional challenges, responded to patients, and reflected on their role as future clinicians. By using Colaizzi's method, the study systematically captures recurring themes that reveal how empathy is shaped within the lived realities of clinical training. This approach directly addresses the knowledge gap by providing rich, detailed insight into the emotional and reflective processes behind empathic development.

This article is structured in six sections. The introduction presents the general and specific background that frames the research problem. The methodology section explains the phenomenological approach, participant selection, and data collection procedures. The results describe key themes derived from the students' narratives, supported by direct quotations. The discussion interprets these findings in relation to existing literature and educational implications. The conclusion summarizes the essential insights and suggests directions for future research and educational practice.

RESEARCH METHODS

Study Design

This study adopted a descriptive phenomenological approach to explore the subjective perceptions of medical students regarding their learning experiences of empathic communication in clinical practice. Rooted in Husserlian phenomenology, this design emphasizes the exploration of lived experiences, focusing on how individuals perceive and make meaning of a specific phenomenon as it presents itself in their consciousness. Descriptive phenomenology was selected due to its alignment with the study's objective—to uncover the essence of empathic communication learning as experienced by students in clinical settings, without imposing theoretical interpretations. This design facilitated the systematic bracketing of assumptions (epoché), enabling an in-depth and unbiased exploration of participants' perspectives.

Participants

Participants consisted of undergraduate medical students in their clinical rotation phase who had received formal instruction in communication skills and had direct exposure to patient interactions. Purposive sampling was employed to select individuals who had relevant experience with the phenomenon under investigation. Inclusion criteria included: (1) being enrolled in the clinical stage of medical education, (2) having participated in clinical communication training sessions, and (3) having engaged in direct patient communication in hospital or clinical settings. Exclusion criteria comprised students in preclinical years and those without any practical communication experience with patients. A total of 12 participants (7 females and 5 males), aged between 21 and 25 years, participated in the study. All participants had completed at least three months of clinical rotations.

Data Collection

Data were collected through in-depth semi-structured interviews conducted face-to-face in a quiet, private setting to ensure a comfortable and confidential environment. An interview guide

containing open-ended questions was utilized to facilitate deep reflection and allow participants to describe their experiences freely. The questions focused on their understanding of empathic communication, moments of challenge or growth, and the influence of clinical practice on their perception of empathy. Interviews lasted between 40 and 60 minutes, were audio-recorded with consent, and later transcribed verbatim. The interviews were conducted in either the participants' native language or English, depending on their preference, and efforts were made to minimize any social desirability bias by emphasizing confidentiality and the non-evaluative nature of the discussion.

Data Analysis

Data were analyzed using Colaizzi's method of descriptive phenomenological analysis, which comprises seven systematic steps: (1) reading all participants' descriptions to acquire a general sense; (2) extracting significant statements; (3) formulating meanings from these statements; (4) organizing the meanings into clusters of themes; (5) developing exhaustive descriptions; (6) identifying the fundamental structure of the phenomenon; and (7) returning to participants for validation. The analysis was supported by the use of NVivo 12 software to facilitate data organization and theme development, while maintaining close proximity to the textual data. Through this method, the essential meanings of participants' experiences were captured, allowing for the emergence of nuanced and thematically coherent findings.

Ethical Considerations

Ethical approval was obtained from the institutional review board of the affiliated university prior to data collection. All participants provided written informed consent, and were assured of their right to withdraw at any time without any consequences. The confidentiality of the participants was preserved through the anonymization of data, and all identifying information was removed during transcription. The research adhered to the ethical guidelines set forth in the Declaration of Helsinki, ensuring the protection of human subjects throughout the research process.

RESULTS

This section presents the findings derived from in-depth interviews with medical students regarding their subjective perceptions and lived experiences of learning empathic communication during clinical practice. Through descriptive phenomenological analysis, four key themes emerged, each capturing essential meanings from participants' narratives. Quotations from participants are included to authenticate the findings and provide rich contextual grounding.

Navigating the Emotional Terrain of Clinical Encounters

Participants described their initial clinical experiences as emotionally overwhelming, particularly when confronted with patients facing distressing diagnoses or end-of-life situations. Learning empathic communication was not merely an academic requirement, but a deeply personal challenge in managing emotional boundaries.

"I remember the first time I had to talk to a patient with terminal cancer… I didn't know what to say. I felt their sadness and I froze. No textbook could have prepared me for that." (P3)

This emotional intensity often made students feel vulnerable, leading to a complex negotiation between professional detachment and personal compassion. Several students mentioned that their empathic responses were initially instinctive but later shaped by observing senior clinicians.

"I was scared to show too much emotion. But then I saw my supervisor hold the patient's hand and simply listen. That taught me that empathy doesn't need to be complicated — just human." (P7)

Emotional overwhelm causes difficulty managing boundaries and vulnerability.

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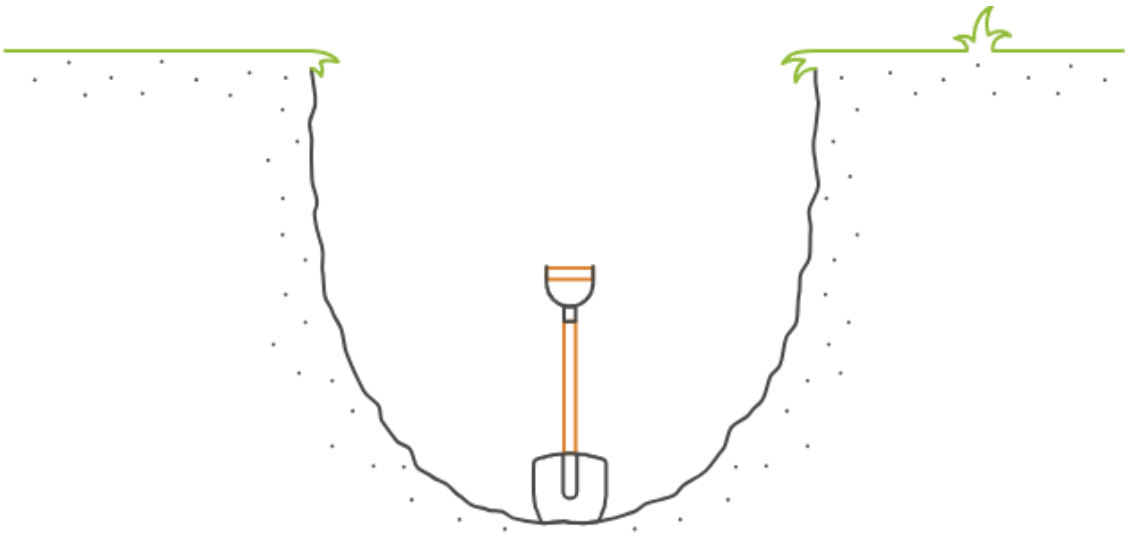

Learning Through Role Modeling and Observation

Empathic communication was often learned implicitly rather than through structured instruction. Participants emphasized the significance of clinician role models in shaping their communication behaviors.

"Our communication skills lectures were helpful, but honestly, I learned more from watching how my attending spoke to patients — the pauses, the tone, the body language." (P5)

Some students encountered inconsistencies between theoretical lessons and actual practice, noting a "hidden curriculum" that sometimes contradicted formal teachings.

"We were told to be empathetic, but during rounds, the doctors were always in a hurry. It was like empathy was optional in real life." (P1)

These observations influenced how students constructed their own communicative identity within the clinical environment.

Struggling with Authenticity and Performance

A recurrent theme was the tension between being "genuinely empathetic" and performing empathy as a skill. Participants expressed discomfort when empathy was reduced to a checklist item during assessments.

"It felt strange being evaluated on whether I said 'I understand how you feel.' Sometimes I didn't feel it, but I said it anyway because I had to." (P9)

This struggle with authenticity led to self-reflection about what it means to be truly empathic. While some students feared being insincere, others believed that empathy could be cultivated through conscious practice and emotional attunement.

"At first, it was like acting. But over time, I started feeling more in tune with what patients were going through. It became more real." (P4)

Empathy as a Skill Needing Safe Spaces for Growth

Participants emphasized the importance of psychological safety and supportive environments in developing empathic communication. Clinical spaces that encouraged open dialogue, feedback, and reflection were seen as critical to nurturing empathy.

"When my supervisor debriefed with me after a tough conversation, it helped a lot. I could talk about what I felt, and I didn't feel judged." (P8)

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Conversely, high-pressure environments with little mentorship inhibited students' willingness to engage empathically. Some feared that emotional expression might be seen as weakness or incompetence.

"There were days when I wanted to cry after hearing a patient's story, but I held it back. I didn't want to look unprofessional." (P2)

This underscores the role of institutional culture in either facilitating or obstructing the development of empathic competencies.

The findings reveal that medical students' perceptions of learning empathic communication are deeply intertwined with emotional vulnerability, role modeling, internal struggles over authenticity, and the sociocultural context of clinical training. Empathy is not merely learned through instruction but through experience, observation, reflection, and relational safety. These insights highlight the need for a more humanistic and supportive educational approach in clinical communication training.

DISCUSSION

Summary of Key Findings

This study reveals that the learning of empathic communication among medical students in clinical practice is deeply embedded in emotional complexity, relational dynamics, and contextual constraints. The core meaning emerging from the students' experiences highlights empathy not as a technical skill to be mastered, but as a transformative process involving emotional vulnerability, personal reflection, and moral negotiation—directly responding to the central question of how empathy is perceived and embodied in clinical settings.

Contribution to the Research Question

The findings offer a rich and nuanced answer to the research question by illustrating how medical students internalize, struggle with, and eventually reshape their understanding of empathic communication through lived experiences. Rather than acquiring empathy solely through formal instruction, students described learning it through observation, emotional confrontation, and the tension between authenticity and performance. These insights underscore the limitations of behaviorist models in capturing the humanistic dimension of empathy, and demonstrate that empathy emerges as a deeply situated, context-driven experience. This study contributes uniquely to the literature by foregrounding students' voices and elucidating the emotional and ethical labor that underlies empathic practice.

Relationship to Prior Literature and Theoretical Frameworks

The results are consistent with prior phenomenological research in nursing and health education, which has shown that empathy develops not in isolation but through relational and emotional encounters (Radbruch et al., 2020; Costello, 2018). The struggle between performing empathy for assessment and feeling it authentically echoes O'Halloran et al. (2017), who emphasized the role of institutional culture in shaping compassionate behavior. Moreover, the students' reliance on role modeling supports the findings of Ptacek & Eberhardt (2021), affirming that much of empathic learning occurs informally through clinical exposure. However, this study extends existing literature by detailing how these experiences are not only observed but internalized and critically processed by students, forming part of their evolving professional identity. The use of descriptive phenomenology provides access to these internal processes in a way that positivist approaches often overlook.

Implications of the Findings

The findings of this study carry significant implications for both medical education and clinical training environments. On a practical level, they suggest the need to design learning spaces that prioritize emotional safety, mentorship, and reflective dialogue as part of empathic communication development. Socially and culturally, the experiences of students reflect broader expectations within the healthcare profession—where empathy is both valued and, paradoxically, constrained by institutional norms that prioritize efficiency over human connection. These insights call for a

pedagogical shift toward valuing emotional labor as a legitimate part of professional growth. By understanding how empathy is experienced and interpreted by students, educators can better support not only skill acquisition but also the moral and emotional maturation of future physicians.

Limitations of the Study

While the phenomenological approach offers deep insights into the subjective world of participants, it also comes with limitations that affect the transferability of findings. This study involved a relatively small sample drawn from a single institutional context, which may limit the broader applicability of the themes identified. Moreover, self-reported experiences may be influenced by social desirability or retrospective interpretation, although efforts such as member checking and triangulation were employed to ensure credibility. It is important to recognize that the goal of phenomenology is not generalization, but rather depth and richness of meaning, which should be considered when interpreting these findings in other educational settings.

Prospective Directions for Future Research

Future studies may build on these findings by exploring how institutional culture, interprofessional dynamics, and curricular structures shape students' empathic development over time. Longitudinal phenomenological research could uncover how empathic capacities evolve throughout different stages of medical training, including residency. In addition, comparative studies across cultural or institutional contexts may reveal how different educational environments influence the meanings students assign to empathy. These directions offer valuable contributions to the ongoing effort to humanize medical education and ensure that empathy remains a central, lived value in clinical practice.

CONCLUSION

This study explored medical students' subjective perceptions of learning empathic communication during clinical practice, focusing on the emotional and reflective dimensions of this experience. Through a descriptive phenomenological approach, the research revealed that empathy is developed not only through formal instruction but also through lived encounters, emotional tension, and professional role modeling. The findings highlight the complexity of empathic growth, showing that students often navigate a delicate balance between authenticity and performance. This study contributes to the literature by offering rich, contextual insights into how empathy is internalized and embodied, addressing a gap left by behavior-focused or quantitative research. These insights suggest that empathy education should prioritize emotional safety, reflective practice, and relational mentorship. Future research may expand these findings by examining how empathy evolves across different stages of medical training or within varied cultural and institutional settings.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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