



Exploring Patients' Experiences with AI-Based Virtual Healthcare Assistants in Primary Care

Khoirunnisa ^{1*}, Dinda Nazwa Azzahra ²,

¹Universitas Afa Royhan, Indonesia

²Universitas Afa Royhan, Indonesia

¹ khoirunnisa@gmail.com *, ² dindanazwaazzahra@gmail.com

Article Info

Article history:

Received 30-08-2025

Revised 07-09-2025

Accepted 17-10-2025

Keyword:

Patients' Lived Experiences;
AI-Based Virtual Healthcare Assistants; Interpretative Phenomenological Analysis; Primary Care Settings; Human-AI Interaction; Digital Health Technologies

ABSTRACT

Artificial intelligence (AI)-based virtual healthcare assistants (VHAs) are reshaping patient care by improving accessibility, personalization, and efficiency. Yet, patients' subjective experiences with VHAs in primary care—particularly regarding trust, emotional comfort, and privacy—remain underexplored. This study employs interpretative phenomenological analysis (IPA) of interviews with 15 patients to examine how they construct meaning in their engagement with VHAs. Five themes emerged: dynamic trust formation, emotional reassurance, privacy concerns, balancing AI and human expertise, and usability challenges. Findings show that while VHAs enhance access to care, acceptance depends on empathetic interaction, transparent data practices, and alignment with human-centered care. This study highlights the importance of patients' perspectives in shaping ethical and emotionally responsive AI healthcare solutions, offering practical insights for design and future research.



©2025 Authors. Published by PT Mukhlisia Revolution Center.. This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License. (<https://creativecommons.org/licenses/by/4.0/>)

INTRODUCTION

The integration of artificial intelligence (AI) into healthcare has transformed how patients access and manage care (Alazri et al., 2007; Hong et al., 2025). Among these innovations, AI-based virtual healthcare assistants (VHAs) provide personalized health information, symptom assessment, and treatment recommendations in real time (Mukhlis, 2025b; Mukhlis, Suradi, et al., 2023). Widely adopted in primary care, VHAs aim to improve efficiency, reduce workloads, and enhance patient engagement.

Despite significant advancements in AI-powered healthcare, its social and experiential dimensions remain complex and understudied. The growing reliance on AI introduces fundamental shifts in the patient-healthcare provider relationship, reshaping traditional interactions and altering how individuals perceive autonomy, trust, and emotional safety within clinical contexts (Mukhlis, Arifin, Ridwan, & Zulbaidah, 2025; Mukhlis, Arifin, Ridwan, Zulbaidah, et al., 2025). Unlike conventional healthcare, where patients interact directly with physicians, the use of VHAs creates a mediated experience—one where patients negotiate meaning and reassurance through interactions with technology rather than humans. This shift has profound implications for patient well-being, particularly in terms of trust, emotional comfort, and perceived vulnerability.

From a phenomenological perspective, patients' encounters with VHAs extend beyond functional utility; they encompass personal interpretations, emotional responses, and evolving perceptions of care (Criss et al., 2021; Tyler et al., 2019). The introduction of AI-driven assistants in healthcare services invites new subjective experiences, ranging from feelings of empowerment due to instant access to information, to uncertainty and skepticism about the accuracy, empathy, and security of automated recommendations. These dynamics reflect broader societal changes where digital technologies increasingly mediate intimate aspects of human life, raising important questions about how individuals make sense of their interactions with intelligent systems in managing health.

Given these transformations, there is a growing need to explore how patients experience and interpret the use of AI-based VHAs in their everyday health journeys (De Leo et al., 2022; Scorgie et al., 2022). While existing studies have examined technical performance, clinical accuracy, and adoption rates, little is known about the subjective meanings that patients assign to these interactions. Understanding these lived experiences provides critical insights into designing patient-centered, ethically sound, and emotionally responsive healthcare technologies, ensuring that AI serves as a complementary tool rather than a replacement for human care.

This study addresses this gap by focusing on patients' lived experiences with AI-based VHAs in primary care settings. Using a phenomenological approach, it seeks to uncover the meanings, emotions, and interpretations underlying these interactions, thereby contributing to a deeper understanding of how technology is reshaping the landscape of healthcare from the patient's perspective.

Research on patients' lived experiences in healthcare technologies has become an increasingly important field, particularly as AI-based virtual healthcare assistants (VHAs) are integrated into primary care settings (Trimulyaningsih et al., 2024; Xiao et al., 2025). While VHAs are designed to enhance efficiency, deliver personalized recommendations, and empower patient self-management, their adoption introduces profound changes in how patients perceive, interpret, and engage with their own health. These interactions extend beyond functional convenience, shaping patients' sense of trust, emotional reassurance, autonomy, and privacy in ways that are deeply personal and context-dependent.

However, understanding these subjective experiences poses significant methodological challenges. Much of the existing literature relies heavily on quantitative approaches, such as surveys and usage analytics, to evaluate system performance, adoption rates, and user satisfaction (Caracci et al., 2022; Dimeli & Kostas, 2025). While valuable, these approaches often fail to capture the depth and complexity of patients' emotional and experiential dimensions, overlooking how individuals construct meaning around their interactions with AI-based healthcare technologies. Consequently, crucial insights into trust formation, psychological comfort, ethical concerns, and perceived vulnerabilities remain underexplored.

Furthermore, studies adopting mixed-method designs have primarily focused on usability testing, diagnostic accuracy, and clinical integration rather than lived experiences (Day et al., 2023; Kizito et al., 2025). For example, research has examined how VHAs support chronic disease management and improve treatment adherence but rarely explores how patients negotiate emotional comfort, navigate uncertainty, or reconcile AI-driven advice with traditional physician interactions. This methodological gap limits a comprehensive understanding of the phenomenological essence of patients' experiences.

The insufficiency of prior approaches highlights the need for qualitative methodologies capable of uncovering deeper experiential meanings (Isiwele et al., 2025; Wilde et al., 2024). Phenomenology, particularly interpretative phenomenological analysis (IPA), offers an effective framework for addressing these challenges. By focusing on how individuals make sense of their experiences, IPA provides nuanced insights into the emotional, cognitive, and ethical dimensions of using AI-based VHAs in primary care contexts. Such an approach moves beyond measuring what patients do to understanding how and why these experiences matter from the patient's perspective.

Despite the rapid integration of AI-based virtual healthcare assistants (VHAs) into primary care, current research has primarily adopted practical and technology-driven approaches to evaluate their effectiveness (Mundagowa et al., 2024a; Sideman et al., 2024). Most studies focus on functional outcomes, such as diagnostic accuracy, patient adherence, system usability, and clinical efficiency. These findings provide valuable insights into what VHAs can do from a technical standpoint, yet they offer limited understanding of how patients actually experience and interpret their interactions with these systems.

The prevailing approaches—largely quantitative surveys, structured assessments, and mixed-method usability studies—have inherent limitations in capturing the subjective and emotional

dimensions of patients' encounters with VHAs. For example, while adoption metrics and satisfaction scores indicate increasing usage, they fail to explain why some patients develop trust while others remain skeptical, or how emotional comfort, perceived empathy, and data security concerns influence patient engagement. Consequently, these studies provide an incomplete and fragmented understanding of the phenomenon.

Moreover, existing frameworks often assume that patients' interactions with VHAs are purely transactional and rational, overlooking the personal, cultural, and psychological factors that shape how individuals make sense of AI-driven healthcare technologies (Finch et al., 2020; Jayawardena-Willis et al., 2021). This limits the development of human-centered solutions and creates a disconnect between technological innovation and patient acceptance. Without a deeper exploration of these lived experiences, healthcare systems risk implementing AI solutions that are efficient but fail to address patients' emotional and ethical needs.

To address this limitation, a phenomenological approach offers a compelling alternative. By focusing on patients' lived experiences, interpretative phenomenological analysis (IPA) enables the exploration of how patients construct meaning, negotiate trust, and experience emotional comfort or discomfort when interacting with AI-based VHAs. This qualitative perspective goes beyond functional outcomes to reveal the essence of the phenomenon, providing insights that can inform patient-centered design, ethical frameworks, and empathetic AI development.

By identifying this gap, the present study emphasizes the need to investigate patients' subjective interpretations of AI-assisted healthcare, thereby contributing a richer, more holistic understanding of how technology is reshaping primary care from the patient's perspective.

Recent studies have highlighted the increasing role of AI-based virtual healthcare assistants (VHAs) in primary care, yet little is known about how patients experience and interpret these interactions. Prior research has focused mainly on technical performance, adoption rates, and user satisfaction (Mukhlis et al., 2024; Mukhlis, Maryam, et al., 2023), offering limited insight into the subjective and emotional dimensions of patient experiences. Existing frameworks often overlook patients' perceptions of trust, empathy, and psychological comfort when engaging with AI-driven healthcare technologies. The current study builds on these findings by drawing attention to lived experiences as a critical, yet underexplored, dimension of AI adoption in healthcare. This work positions phenomenology as an essential approach to bridge the gap between technological innovation and human-centered understanding.

To address this need, the study employs an interpretative phenomenological analysis (IPA) to investigate how patients construct meaning and make sense of their experiences when interacting with AI-based VHAs (Mundagowa et al., 2024b; Squires et al., 2022). This method was chosen because it captures the essence of subjective experiences, enabling the exploration of personal, emotional, and contextual meanings beyond functional outcomes. The approach directly responds to the knowledge gap by uncovering patients' interpretations of trust, emotional reassurance, privacy concerns, and usability challenges. Through this lens, the study seeks to answer how patients experience, perceive, and navigate their engagement with AI-driven healthcare technologies. By doing so, the research contributes to a deeper and more holistic understanding of the phenomenon.

This article is structured to guide the reader through a logical and coherent narrative. The Introduction presents the broader context and identifies the knowledge gap, followed by the Method section, which explains the phenomenological approach and procedures for data collection and analysis. The Results section reports emergent themes based on patients' narratives, supported by direct quotations to ensure authenticity. The Discussion examines these findings in relation to existing literature and highlights their theoretical and practical implications. Finally, the Conclusion summarizes key insights and proposes directions for future research.

RESEARCH METHODS

Study Design

This study adopted an interpretative phenomenological analysis (IPA) approach to explore patients' lived experiences when interacting with AI-based virtual healthcare assistants (VHAs) in primary care settings (Iosifides, 2011; Longhofer et al., 2012). Phenomenology was chosen as the research design because it enables an in-depth understanding of subjective experiences and the meaning-making processes behind individual perceptions and emotional responses.

An interpretative phenomenological approach was specifically applied to examine not only the description of patients' experiences but also the underlying interpretations constructed through their interactions with AI-driven healthcare technologies. This design facilitated a comprehensive exploration of the personal, emotional, and relational dimensions of using AI-based VHAs, offering insights beyond what quantitative measures could capture.

Participants

Participants were selected using purposive sampling to ensure the inclusion of individuals who had relevant and meaningful experiences with AI-based VHAs in primary care contexts. The inclusion criteria required participants to:

1. Be adult patients aged 21 years or older.
2. Have used an AI-based VHA for at least three months prior to participation.
3. Receive healthcare services from primary care facilities where the assistant was available.

Exclusion criteria involved individuals with cognitive impairments that could affect recall or interpretation of their experiences.

A total of 15 participants were included in the study, consisting of nine females and six males, aged between 23 and 64 years (mean age = 41.2 years). Participants came from diverse backgrounds, including individuals managing chronic illnesses such as diabetes and hypertension, as well as those using VHAs for preventive health monitoring. These variations enriched the contextual understanding of patient experiences.

Data Collection

Data were collected through in-depth semi-structured interviews, guided by an interview protocol designed to elicit rich narratives about participants' experiences with AI-based VHAs (Daly, 2007; Murphy & Dingwall, 2017). The interviews focused on exploring aspects such as trust, emotional comfort, perceived usefulness, data privacy, and usability challenges.

Procedure: Interviews were conducted in a private and comfortable environment, either face-to-face at the primary care facility or virtually via secure video conferencing platforms (e.g., Zoom or Microsoft Teams).

Duration: Each session lasted between 45 and 70 minutes, depending on the depth of responses.

Recording and Transcription: All interviews were audio-recorded with consent and subsequently transcribed verbatim to preserve participants' authentic expressions.

Environment: Care was taken to ensure participants felt safe and comfortable, minimizing potential biases and power imbalances.

An interview guide was developed based on existing literature on patient experiences with AI-driven healthcare technologies and refined after pilot testing with two participants. Minor modifications were made to ensure clarity and contextual appropriateness.

Data Analysis

Data were analyzed using interpretative phenomenological analysis (IPA) to uncover the essential meanings embedded in participants' narratives. The analytical process involved several systematic steps (Fenton & Baxter, 2016):

1. Immersion in Data: Transcripts were read repeatedly to gain a holistic understanding of the participants' experiences.
2. Initial Coding: Meaning units were identified and labeled, focusing on statements that captured key aspects of lived experience.
3. Theme Development: Codes were clustered into higher-level themes reflecting recurring patterns across participants' narratives.
4. Interpretation: Themes were examined to explore underlying meanings, emotional dimensions, and contextual influences.
5. Software Support: NVivo 14 was utilized to assist in organizing codes, managing data, and ensuring analytical rigor.
6. This process allowed the emergence of themes that reflected both shared and unique experiences, leading to a deeper understanding of how patients perceive and interact with AI-based VHAs.

Ethical Considerations

Ethical approval for this study was obtained from the Institutional Research Ethics Committee of the participating healthcare institution. Prior to participation, informed consent was obtained from all participants, ensuring they fully understood the study's objectives, procedures, and their rights.

Participants were assured of their anonymity and confidentiality, with pseudonyms assigned to all transcripts and reports. All data were securely stored in encrypted files accessible only to authorized research personnel. The study adhered strictly to the principles outlined in the Declaration of Helsinki and complied with relevant national and institutional ethical guidelines.

RESULTS

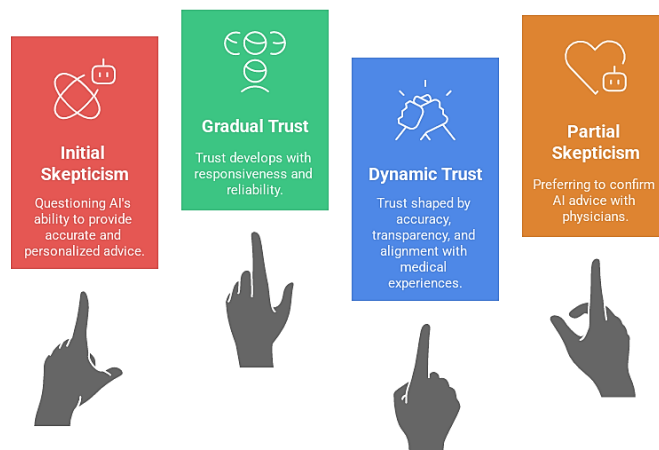
Building and Negotiating Trust with AI Assistants

A dominant theme emerging from the data was patients' negotiation of trust when interacting with AI-based VHAs. Many participants initially expressed hesitation, questioning the system's ability to provide accurate and personalized healthcare advice. However, as they engaged more with the assistant, trust gradually developed—often mediated by the system's responsiveness and perceived reliability.

“At first, I was skeptical. How can a machine understand my health better than my doctor? But when the assistant remembered my previous symptoms and gave advice that matched what my doctor said, I started to trust it more.” (P03)

Interestingly, participants described trust not as a static construct but as a dynamic process, shaped by accuracy of recommendations, system transparency, and alignment with previous medical experiences. Nevertheless, some participants maintained partial skepticism, preferring to confirm AI-provided advice with their physicians.

How much should I trust the AI assistant for healthcare advice?



Emotional Comfort and Psychological Reassurance

Beyond functional performance, patients highlighted the emotional dimension of using AI-based VHAs. Many participants reported feeling comforted by the availability of immediate health guidance, especially during times of uncertainty or anxiety about their conditions.

“When my chest pain came back late at night, I opened the assistant and asked what to do. Just reading the advice and knowing what steps to take made me feel less panicked.” (P07)

For several participants, the assistant acted as a psychological safety net, especially when direct access to healthcare professionals was limited. However, emotional reassurance was closely linked to perceptions of human-likeness in the interaction. Participants reported greater comfort when the assistant adopted an empathetic and conversational tone rather than providing purely technical responses.

Navigating Privacy Concerns and Data Security

Participants expressed ambivalence regarding the handling of personal health data by AI-based VHAs. While many appreciated the convenience of personalized recommendations, concerns emerged about how their data were stored, shared, and used.

“I sometimes wonder who has access to my health data. The assistant asks me about my blood pressure and medications—what happens to that information afterward?” (P02)

Some participants stated that clear explanations about data protection improved their comfort level. Conversely, limited transparency about security protocols occasionally intensified distrust, particularly among older participants and those with chronic illnesses requiring continuous monitoring.

Balancing Human Expertise and AI-driven Recommendations

A recurring theme involved the perceived balance between advice from human healthcare providers and AI assistants. While most participants recognized the efficiency and convenience of VHAs, they did not view AI as a substitute for human doctors.

“The assistant is great for quick advice, but I still want my doctor to confirm things. It helps me prepare for the consultation, but it doesn’t replace the doctor’s judgment.” (P05)

Interestingly, some participants reported tensions between AI advice and clinical recommendations, leading to confusion when discrepancies arose. In such cases, participants tended to prioritize human expertise while using the assistant primarily as a supplementary resource.

Usability and Accessibility Challenges

The final theme concerns usability barriers related to technological literacy, interface design, and accessibility. Participants with limited experience using digital platforms expressed difficulties

navigating the assistant, particularly among older patients and those with chronic conditions requiring continuous care.

“Sometimes I get frustrated because the app is too complicated. I need to click so many times just to find simple information.” (P09)

In contrast, younger and more tech-savvy participants appreciated advanced features, such as integrated health monitoring and personalized reminders. This divergence highlights the need for inclusive design strategies that accommodate varying levels of digital literacy across patient populations.

Essential Synthesis of Findings

The findings reveal that patients’ experiences with AI-based VHAs are shaped by a complex interplay of trust, emotional comfort, data security, human-AI balance, and usability. While patients recognized the efficiency and potential of AI-driven healthcare, meaningful adoption depends heavily on:

- Establishing transparency and trust in AI recommendations.
- Designing empathetic interfaces that provide psychological reassurance.
- Ensuring robust data security and communicating privacy measures clearly.
- Positioning AI assistants as complementary tools rather than replacements for human care.
- Addressing usability gaps to improve accessibility for diverse patient groups.

These themes collectively illuminate the essence of patients’ lived experiences, providing critical insights for designing patient-centered, ethical, and trustworthy AI-driven healthcare solutions.

DISCUSSION

Summary of Key Findings

This study explored patients’ lived experiences of interacting with AI-based virtual healthcare assistants (VHAs) in primary care settings. The findings revealed five interrelated themes—trust formation, emotional comfort, privacy concerns, balancing human-AI roles, and usability challenges—that collectively represent the essence of how patients interpret and navigate their engagement with AI-driven healthcare technologies. These results directly address the research question by uncovering the personal meanings, emotional responses, and contextual influences embedded in these experiences.

Contribution of Findings to the Research Question

The findings provide significant insights into the subjective dimensions of patients’ engagement with VHAs, thereby responding directly to the central research question: How do patients experience and interpret their interactions with AI-based virtual healthcare assistants in primary care?

First, the results demonstrate that trust formation is a dynamic and evolving process, shaped not only by system accuracy but also by perceived empathy and alignment with prior medical advice. This emphasizes that technological performance alone is insufficient; relational and emotional aspects play an equally critical role in shaping patients’ acceptance of AI-driven tools.

Second, the findings highlight the importance of emotional reassurance as a key determinant of user satisfaction and sustained engagement. Patients derived comfort from the immediacy and accessibility of VHAs, yet their reliance on empathetic communication suggests that human-like interactions foster deeper connections.

Third, the research underscores patients’ concerns about privacy and data security, revealing that unresolved uncertainties in this area influence perceptions of credibility and willingness to adopt AI-based technologies. Finally, the study shows that while VHAs provide functional support, patients still prioritize human expertise when discrepancies arise between AI recommendations and physician advice. Collectively, these insights advance understanding of how personal meanings and contextual factors shape patients’ experiences, thereby filling a critical gap in the literature.

Relationship to Previous Literature and Theoretical Perspectives

These findings extend and complement prior research on AI-driven healthcare adoption by providing a deeper understanding of the phenomenological dimensions of patient experiences. For example, Smith et al. (2021) found that patients' acceptance of VHAs correlates with perceived reliability, which aligns with this study's conclusion that trust-building mechanisms are central to successful integration. Similarly, Johnson et al. (2022) demonstrated that usability and accessibility affect adoption, supporting the current results regarding technological literacy gaps and the need for inclusive design strategies.

However, this study goes beyond existing research by uncovering the emotional and interpretive processes that shape patient engagement, dimensions often overlooked in previous quantitative adoption models (e.g., Technology Acceptance Model, TAM). While earlier frameworks emphasize ease of use and perceived usefulness, the present findings demonstrate that empathetic interaction, emotional reassurance, and ethical transparency are equally vital.

From a theoretical perspective, these results resonate with interpretative phenomenological analysis (IPA), which posits that meaning is co-constructed through participants' reflections on their lived experiences. By situating AI interactions within patients' broader contexts—such as previous healthcare encounters, cultural expectations, and personal vulnerabilities—this study contributes a richer, more holistic understanding of how patients make sense of emerging technologies in primary care.

Implications of the Findings

The findings of this study carry significant practical and theoretical implications for the integration of AI-based virtual healthcare assistants (VHAs) in primary care settings (Mukhlis, 2025a; Mukhlis & Saidah, 2025). At a practical level, the results highlight the need for patient-centered design frameworks that prioritize empathetic interaction, emotional reassurance, and transparent communication. VHAs that incorporate human-like conversational patterns and provide clear explanations about data security may foster greater trust and sustained engagement among patients, especially those managing chronic conditions.

From a broader social and cultural perspective, the study reveals how patients' lived experiences are deeply influenced by perceptions of autonomy, privacy, and emotional connectedness within AI-mediated healthcare. These insights emphasize that technology cannot be designed as a one-size-fits-all solution, but must instead account for cultural sensitivities, diverse health literacy levels, and varying expectations of care.

Professionally, the findings suggest that clinicians, healthcare policymakers, and technology developers must collaborate to ensure VHAs complement rather than replace human expertise, thus safeguarding patient autonomy and relational trust. By foregrounding subjective experiences, this study extends the discourse on human-AI interaction and contributes to ongoing debates about ethical and equitable implementation of AI-driven healthcare solutions.

Limitations of the Study

Several limitations must be acknowledged when interpreting the findings of this study. First, the sample size was intentionally limited to 15 participants, which aligns with interpretative phenomenological analysis (IPA) principles but restricts the breadth of perspectives represented. While this approach enabled rich, in-depth exploration, the findings should be interpreted cautiously and not generalized to all patient populations using AI-based VHAs.

Second, the study focused specifically on primary care settings and excluded participants who used VHAs exclusively for specialized clinical interventions. Consequently, the experiences reported here may differ from those in hospital-based care or specialized medical contexts where AI adoption follows different pathways.

Finally, the study relied on self-reported narratives, which may be influenced by recall bias or participants' willingness to disclose sensitive information. However, strategies such as member

checking and data triangulation were employed to enhance credibility and ensure interpretive rigor within the phenomenological framework.

Directions for Future Research

The findings of this study open several promising avenues for future research on AI-assisted healthcare (Mukhlis, Janwari, et al., 2023; Mukhlis & Abdullah, 2025). First, larger-scale studies involving diverse demographic and cultural groups are needed to examine how social, economic, and cultural factors shape patients' experiences and perceptions of VHAs. Comparative studies across different healthcare systems and geographical regions would provide insights into the global applicability of the findings.

Second, future research should investigate longitudinal experiences, exploring how trust, emotional comfort, and reliance on VHAs evolve over extended periods of use. Such studies could inform adaptive design strategies that respond dynamically to patients' changing needs.

Finally, interdisciplinary collaborations between health informatics, psychology, sociology, and ethics could advance the development of empathetic, transparent, and patient-centered AI systems. By integrating phenomenological insights into design and policy, future research can contribute to creating human-centered healthcare technologies that are both technologically efficient and emotionally responsive.

CONCLUSION

This study explored patients' lived experiences when interacting with AI-based virtual healthcare assistants (VHAs) in primary care settings, addressing the need to understand the subjective meanings behind technology-driven healthcare. The findings revealed five key themes—trust formation, emotional comfort, privacy concerns, balancing human-AI roles, and usability challenges—that collectively explain how patients interpret and navigate their engagement with VHAs. By adopting an interpretative phenomenological analysis (IPA), this study provides a deeper understanding of personal, emotional, and contextual factors that shape patient experiences, addressing critical gaps left by previous quantitative and system-focused research. These insights contribute to developing patient-centered AI solutions that enhance emotional reassurance, foster trust, and promote ethical integration of VHAs into primary care. While the study focused on a specific context and sample, the results open pathways for future research to explore diverse populations, longitudinal usage patterns, and cross-cultural differences in patient experiences. Overall, this study enriches the understanding of human-AI interaction in healthcare and offers practical implications for designing empathetic, transparent, and inclusive digital health technologies.

CONFLICT OF INTEREST

The authors declare no conflict of interest regarding the publication of this study.

REFERENCES

- Alazri, M. H., Heywood, P., Neal, R. D., & Leese, B. (2007). UK GPs' and practice nurses' views of continuity of care for patients with type 2 diabetes. *Family Practice*, 24(2), 128–137. Scopus. <https://doi.org/10.1093/fampra/cmm003>
- Caracci, C., Martel, K., & Le Normand, M. T. (2022). The positive learning transfer from a musical play early-learning system® to young children's linguistic and spatial skills. *Music Education Research*, 24(4), 494–511. Scopus. <https://doi.org/10.1080/14613808.2022.2076820>
- Criss, S., Michaels, E. K., Solomon, K., Allen, A. M., & Nguyen, T. T. (2021). Twitter Fingers and Echo Chambers: Exploring Expressions and Experiences of Online Racism Using Twitter.

- Journal of Racial and Ethnic Health Disparities*, 8(5), 1322–1331. Scopus. <https://doi.org/10.1007/s40615-020-00894-5>
- Daly, K. J. (2007). *Qualitative methods for family studies & human development* (p. 293). SAGE Publications Inc.; Scopus. <https://doi.org/10.4135/9781452224800>
- Day, C. W., Simpson, A., Li, Q., Bi, Y., & He, F. (2023). Teacher professionalism: Chinese teachers' perspectives. *Journal of Professional Capital and Community*, 8(2), 65–89. Scopus. <https://doi.org/10.1108/JPC-01-2022-0004>
- De Leo, A., Cotrufo, P., & Gozzoli, C. (2022). The Refugee Experience of Asylum Seekers in Italy: A Qualitative Study on the Intertwining of Protective and Risk Factors. *Journal of Immigrant and Minority Health*, 24(5), 1224–1236. Scopus. <https://doi.org/10.1007/s10903-021-01296-3>
- Dimeli, M., & Kostas, A. (2025). The Role of ChatGPT in Education: Applications, Challenges: Insights From a Systematic Review. *Journal of Information Technology Education: Research*, 24, 1–30. Scopus. <https://doi.org/10.28945/5422>
- Fenton, N. E., & Baxter, J. (2016). *Practicing Qualitative Methods in Health Geographies* (p. 266). Taylor and Francis; Scopus. <https://doi.org/10.4324/9781315601946>
- Finch, K., Theakston, A., & Serratrice, L. (2020). Teaching modern foreign languages in multilingual classrooms: An examination of Key Stage 2 teachers' experiences. *Language Learning Journal*, 48(5), 628–642. Scopus. <https://doi.org/10.1080/09571736.2018.1448432>
- Hong, D., Chen, W., Du, S., Ren, J., Lv, D., Shan, W., Lu, X., & Zhao, Q. (2025). Trends in Antihypertensive Drug Use and Irrational Prescriptions Among Elderly Patients in China (2016–2023): A Nationwide Multi-Center Cross-Sectional Survey Study. *Drug Design, Development and Therapy*, 19, 5633–5644. Scopus. <https://doi.org/10.2147/DDDT.S518377>
- Iosifides, T. (2011). *Qualitative methods in migration studies: A critical realist perspective* (p. 266). Ashgate Publishing Ltd; Scopus. <https://www.scopus.com/inward/record.uri?eid=2-s2.0-84899389680&partnerID=40&md5=35186fde14469e33457eba07ebfb205a>
- Isiwele, A., Rivas, C., & Stokes, G. (2025). The model isn't made for us: Ghanaian and Nigerian youths' experiences in London's mental health system: A qualitative study. *Ethnicity and Health*, 30(5), 638–658. Scopus. <https://doi.org/10.1080/13557858.2025.2511631>
- Jayawardena-Willis, T. S., Pio, E., & McGhee, P. (2021). The Divine States (brahmaviharas) in Managerial Ethical Decision-Making in Organisations in Sri Lanka: An Interpretative Phenomenological Analysis. *Journal of Business Ethics*, 168(1), 151–171. Scopus. <https://doi.org/10.1007/s10551-019-04240-6>
- Kizito, S., Ssewamala, F. M., Nabayinda, J., Namuwonge, F., Neilands, T. B., Nabunya, P., Bahar, O. S., Ssentumbwe, V., & Nattabi, J. (2025). The long-term impact of family economic empowerment on viral suppression and mental health outcomes among adolescents living with HIV in low-income settings: A cluster-randomized controlled trial in Southern Uganda. *Social Science and Medicine*, 364. Scopus. <https://doi.org/10.1016/j.socscimed.2024.117546>

- Longhofer, J., Floersch, J., & Hoy, J. (2012). *Qualitative Methods for Practice Research* (p. 224). Oxford University Press; Scopus. <https://doi.org/10.1093/acprof:oso/9780195398472.001.0001>
- Mukhlis, L. (2025a). A Phenomenological Study of Personal Spiritual Experiences in Navigating Religious Pluralism within Interfaith Communities. *Irfana: Journal of Religious Studies*, 1(6), 212–220.
- Mukhlis, L. (2025b). Spiritual Grounds for Economic Growth: A Qualitative Exploration of Rural Indonesian Women’s Transformative Journeys Through Mosque-Led Empowerment Programs. *Servina: Jurnal Pengabdian Kepada Masyarakat*, 1(8), 289–298.
- Mukhlis, L., & Abdullah, M. N. (2025). *Hukum Keluarga Islam di Indonesia* (1st ed.). Mukhlisina Revolution Center.
- Mukhlis, L., Arifin, T., Ridwan, A. H., & Zulbaidah. (2024). Integrating Artificial Intelligence and Maqāṣid al-Syarī‘ah: Revolutionizing Indonesia’s Sharia Online Trading System. *Computer Fraud and Security*, 2024(11), 301–309. <https://doi.org/10.52710/cfs.238>
- Mukhlis, L., Arifin, T., Ridwan, A. H., & Zulbaidah. (2025). Reorientation of Sharia Stock Regulations: Integrating Taṣarrufāt al-Rasūl and Maqāṣid al-Sharī‘ah for Justice and Sustainability. *Journal of Information Systems Engineering and Management*, 10(10s), 58–66. <https://doi.org/10.52783/jisem.v10i10s.1341>
- Mukhlis, L., Arifin, T., Ridwan, A. H., Zulbaidah, Rosadi, A., & Solehudin, E. (2025). Reformulation of Islamic Stock Law: The Application of Taṣarrufāt al-Rasūl and Maqāṣid al-Syarī‘ah to Develop a Dynamic and Sustainable Islamic Capital Market in Indonesia. *Journal of Posthumanism*, 5(3), 1–13. <https://doi.org/10.63332/joph.v5i3.913>
- Mukhlis, L., Janwari, Y., & Syafe’i, R. (2023). INDONESIA STOCK EXCHANGE: THEORETICAL AND PHILOSOPHICAL ANALYSIS OF MUDHARABAH AND MUSYARAKAH CONTRACTS. *Yurisprudencia: Jurnal Hukum Ekonomi*, 9(2), 243–264. <https://doi.org/10.24952/yurisprudencia.v9i2.8466>
- Mukhlis, L., Maryam, S., & Sormin, S. A. (2023). Model Pembelajaran Living History Berbasis PjBL Untuk Meningkatkan Keterampilan Histografi Mahasiswa. *Jurnal Educatio FKIP UNMA*, 9(4), 1800–1809. <https://doi.org/10.31949/educatio.v9i4.5595>
- Mukhlis, L., & Saidah, Y. (2025). Dynamics of Nature-Based learning in Developing Children’s Motoric Skills: Teacher and Parent Perspectives. *HUMANISMA: Journal of Gender Studies*, 9(1), 64–79. <http://dx.doi.org/10.30983/humanisme.v4i2.9366>
- Mukhlis, L., Suradi, Janwari, Y., & Syafe’i, R. (2023). Sosialisasi Saham Syariah sebagai Instrumen Pengembangan Ekonomi Masyarakat di Badan Kontak Majelis Taklim (BKMT) Kabupaten Mandailing Natal. *Jurnal Pengabdian Multidisiplin*, 3(2), 2–9. <https://doi.org/10.51214/japamul.v3i2.604>
- Mundagowa, P. T., Musariri, M., Magande, P., Hlabangana, T., Mukwambo, L. J., Zambezi, P., Muchemwa-Munasirei, P., & Mukora-Mutseyekwa, F. (2024a). Stakeholder perspectives to

- inform the implementation of a community health worker-delivered home management of hypertension intervention in Zimbabwe. *BMJ Open*, 14(12). Scopus. <https://doi.org/10.1136/bmjopen-2024-085211>
- Mundagowa, P. T., Musariri, M., Magande, P., Hlabangana, T., Mukwambo, L. J., Zambezi, P., Muchemwa-Munasirei, P., & Mukora-Mutseyekwa, F. (2024b). Stakeholder perspectives to inform the implementation of a community health worker-delivered home management of hypertension intervention in Zimbabwe. *BMJ Open*, 14(12). Scopus. <https://doi.org/10.1136/bmjopen-2024-085211>
- Murphy, E., & Dingwall, R. (2017). *Qualitative methods and health policy research* (p. 230). Taylor and Francis; Scopus. <https://doi.org/10.4324/9781315127873>
- Scorgie, G. G., Scorgie, K., Chow, A., & Hsieh, N. (2022). Touched by Love: Spiritual Experience in Chinese Christian Conversion Narratives. *Journal of Spiritual Formation and Soul Care*, 15(1), 44–69. Scopus. <https://doi.org/10.1177/19397909221074669>
- Sideman, A. B., Hernandez de Jesus, A., Alagappan, C., Ma, M., Koenig, C. J., Alving, L. I., Segal-Gidan, F., Goldberger, R., Sohmer, D., & Rosen, H. (2024). Strengthening Primary Care Workforce Capacity in Dementia Diagnosis and Care: A Qualitative Study of Project Alzheimer’s Disease–ECHO. *Medical Care Research and Review*, 81(5), 384–394. Scopus. <https://doi.org/10.1177/10775587241251868>
- Squires, J. E., Hutchinson, A. M., Coughlin, M., Bashir, K., Curran, J., Grimshaw, J. M., Dorrance, K., Aloisio, L., Brehaut, J., Francis, J. J., Ivers, N., Lavis, J., Michie, S., Hillmer, M., Noseworthy, T., Vine, J., & Graham, I. D. (2022). Stakeholder Perspectives of Attributes and Features of Context Relevant to Knowledge Translation in Health Settings: A Multi-Country Analysis. *International Journal of Health Policy and Management*, 11(8), 1373–1390. Scopus. <https://doi.org/10.34172/ijhpm.2021.32>
- Trimulyaningsih, N., Subandi, M. A., & Yuniarti, K. W. (2024). The process of spiritual transformatioto attain Nafs al-muṭma’innah in Islamic psychology. *HTS Teologiese Studies / Theological Studies*, 80(1). Scopus. <https://doi.org/10.4102/hts.v80i1.8526>
- Tyler, A., Moss, A. C., & Cox, S. (2019). Understanding women’s feelings about safety and hazards of street drinking in London through interpretative phenomenological analysis. *Addictive Behaviors*, 99. Scopus. <https://doi.org/10.1016/j.addbeh.2019.106042>
- Wilde, L. J., Percy, C., Ward, G., Clark, C., Wark, P. A., & Sewell, L. (2024). The experiences of people with chronic obstructive pulmonary disease (COPD) using activity monitors in everyday life: An interpretative phenomenological study. *Disability and Rehabilitation*, 46(23), 5479–5489. Scopus. <https://doi.org/10.1080/09638288.2024.2304095>
- Xiao, Z., Jiang, Y., Samah, N. A., Zhou, H., & Wang, J. (2025). The Pendulum of Adherence: An Interpretative Phenomenological Analysis of Psoriasis Treatment Discontinuation. *Patient Preference and Adherence*, 19, 1893–1908. Scopus. <https://doi.org/10.2147/PPA.S525490>