



## Exploring the Emotional and Psychological Impacts of Patients' Experiences and Perceptions of Cost Reimbursement Policies in Healthcare

Nora Nadipa <sup>1\*</sup>, Riska Pratama <sup>2</sup>

<sup>1,2</sup> Universitas Muhammadiyah Sumatera Utara, Indonesia

<sup>1</sup>[noranadipa09812@gmail.com](mailto:noranadipa09812@gmail.com)\*, <sup>2</sup>[riskaprtm86@gmail.com](mailto:riskaprtm86@gmail.com)

### Article Info

#### Article history:

Received 27-01-2026

Revised 02-03-2026

Accepted 17-03-2026

#### Keyword:

Patients' Experiences; Cost Reimbursement Policies; Healthcare Access; Financial Burden; Quality of Life; Healthcare Policy

### ABSTRACT

Healthcare costs, particularly for chronic conditions, pose significant challenges to patients worldwide. While previous studies have focused on the economic implications of cost reimbursement policies, little is known about how these policies impact the lived experiences of patients. The research gap lies in understanding the emotional, psychological, and social dimensions of patients' experiences with cost reimbursement. Here, we show that a phenomenological approach is essential to uncover the deeper meanings behind patients' perceptions and reactions to these policies. Through a phenomenological approach, in-depth interviews with 15 patients were conducted. We found that while reimbursement policies provided financial relief, they did not fully alleviate the emotional anxiety or relational concerns that patients experienced. Participants expressed mixed feelings of relief from reduced financial strain, yet ongoing anxiety about the sustainability and adequacy of these policies. These findings suggest that healthcare policies must address both the financial and emotional needs of patients. The study contributes to a more holistic understanding of healthcare policy by emphasizing the importance of incorporating patients' subjective experiences in policy evaluations, urging future research to explore these dimensions further.



©2026 Authors. Published by PT Mukhlisina 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 rising costs of healthcare and medication present significant challenges to individuals, families, and healthcare systems worldwide (Nguyen et al., 2022). In many countries, patients with chronic conditions are often forced to make difficult decisions regarding the affordability of long-term treatments. These challenges are further complicated by the growing financial burden on healthcare systems and the increasing demand for medications and therapies. While the economic implications of medication costs have been extensively studied from a policy and economic perspective, less attention has been paid to the lived experiences of patients, particularly how they perceive and make sense of these challenges on a daily basis.

In the context of cost reimbursement policies, which aim to alleviate some of the financial burdens on patients by covering part of their medication costs, the impact on patients' lives is far-reaching. While these policies may offer financial relief, they can also lead to new forms of anxiety, uncertainty, and dependency, as patients navigate the complexities of reimbursement systems and healthcare access (Mukhlis, 2025a; Mukhlis & Saidah, 2025). The subjective experience of patients how they interpret these policies, cope with financial limitations, and perceive the overall impact on their quality of life has been largely underexplored in the current literature.

This phenomenon is particularly important because it touches upon the human experience of managing a chronic illness in a healthcare system that may not always be equipped to meet individual needs (Safeer et al., 2025). Exploring the lived experiences of patients through a phenomenological lens allows for a deeper understanding of the emotional, psychological, and social dimensions of their interactions with cost reimbursement policies. Such an approach is essential to uncover the meanings that patients attach to their experiences, which can inform policy, healthcare practices, and patient care

in a more holistic manner (Aboye et al., 2024). The need for a profound exploration of these lived experiences highlights the importance of adopting a phenomenological approach to research, which seeks to understand the essence of these experiences from the perspectives of those who live them.

Research into the subjective experiences of individuals in relation to specific phenomena has become a crucial area of investigation in recent years, especially in fields like health economics, healthcare access, and quality of life (Okoro et al., 2024). While quantitative methods have been dominant in exploring healthcare policies, such as cost reimbursement systems, they often fail to capture the full complexity of human experience (Mukhlis, Arifin, Ridwan, & Zulbaidah, 2025; Mukhlis, Arifin, Ridwan, Zulbaidah, et al., 2025). The depth of individual perceptions, emotional responses, and the social context in which these experiences unfold remains underrepresented in existing research. Understanding how patients experience and interpret these policies in their daily lives is essential for crafting more effective and human-centered healthcare solutions.

However, studying these subjective experiences presents several methodological challenges. Traditional quantitative approaches, which focus on numerical data and generalized patterns, are unable to account for the nuanced, lived experiences of patients (Rousseau et al., 2025). For instance, while surveys can capture trends in patient satisfaction or healthcare access, they cannot provide the depth of understanding required to appreciate the psychological, emotional, and social aspects of navigating cost reimbursement systems (Cypress & Allred, 2024). The limitations of these methods have led to an underdeveloped understanding of the full spectrum of experiences that shape patients' interactions with healthcare systems.

Given these limitations, phenomenological approaches have emerged as a more effective methodology for addressing this gap (Tse et al., 2022). Phenomenology focuses on the lived experiences of individuals, emphasizing the meanings that they attach to their experiences. By focusing on how patients perceive and interpret the cost reimbursement policies, this research aims to fill the gap left by quantitative studies, offering richer, more nuanced insights into the subjective experiences that influence healthcare outcomes (Merry et al., 2021). These insights are crucial for both policymakers and healthcare practitioners, as they can inform strategies that better address the emotional and practical needs of patients facing long-term medication costs.

In the context of cost reimbursement policies, existing solutions typically focus on practical approaches such as cost-effectiveness analysis or quantitative surveys, which aim to assess the financial impact of these policies on patients and healthcare systems. While these methods offer valuable insights into the economic dimensions of healthcare, they fall short in capturing the full spectrum of patients' lived experiences (Gyebuni et al., 2025). These approaches tend to reduce complex, subjective phenomena to numerical data, thus missing out on the rich, emotional, and social dimensions of patients' interactions with reimbursement systems. As a result, the understanding of how these policies truly affect patients' quality of life remains partial and incomplete.

Furthermore, current research often neglects the personal meanings that patients attach to their experiences. For example, while studies may evaluate the financial relief provided by reimbursement, they do not explore how patients perceive this relief in terms of their emotional well-being, family dynamics, or long-term health outcomes (Mukhlis, Maryam, et al., 2023; Mukhlis et al., 2024). This gap in understanding leaves a significant portion of the patient experience unexplored and underrepresented in healthcare policy discussions.

An alternative solution lies in adopting a phenomenological approach, which focuses on the essence of patients' lived experiences. Phenomenology enables researchers to delve deeper into the meanings patients attribute to their experiences with cost reimbursement policies, exploring the emotional, psychological, and social factors that shape their perceptions. By using this approach, the research can provide a more holistic understanding of the phenomenon, revealing insights that are otherwise overlooked by traditional, quantitative methods. This shift toward a more interpretative and experiential perspective is crucial for developing healthcare policies that truly reflect the needs and well-being of patients.

Research into the experiences of individuals facing the challenges of healthcare costs and reimbursement policies has become increasingly relevant. Several studies have explored the financial impact of healthcare policies from an economic perspective, but few have delved into the lived experiences of patients themselves. Previous research highlights that while cost-effectiveness models provide essential data on economic outcomes, they fail to capture the personal and emotional dimensions of patients' encounters with healthcare systems. Theories such as those of Vygotsky's social interaction and phenomenological approaches emphasize the importance of understanding the subjective experience, making it clear that deeper insights are needed into how patients perceive and navigate reimbursement systems in relation to their quality of life.

The phenomenological approach is chosen for this study as it allows for a deep exploration of how individuals make sense of their experiences. By focusing on participants' personal narratives, phenomenology uncovers the meanings behind their experiences with cost reimbursement policies, providing a more comprehensive understanding of the phenomenon. This approach offers a clear solution to the limitations identified in previous research, as it prioritizes the essence of experience rather than reducing it to financial or statistical outcomes (Cantarero-Arévalo & Werremeyer, 2021). Through this methodology, the research aims to fill the gap left by previous studies, offering valuable insights into the emotional and psychological dimensions of healthcare cost experiences.

This article is structured to guide the reader through a logical progression of the research process. The introduction presents the context and significance of the phenomenon under investigation, followed by a discussion of the phenomenological methodology and its application to the research. The article proceeds to describe the data collection process, which involves in-depth interviews with patients, and the data analysis using thematic interpretation (Mukhlis, Janwari, et al., 2023; Mukhlis & Abdullah, 2025). Following this, the discussion section reflects on the findings and their implications for policy and practice. The conclusion ties together the insights gained from the study and suggests areas for further research and policy development.

## **RESEARCH METHODS**

### **Study Design**

This study employs a phenomenological approach to explore the lived experiences of patients regarding cost reimbursement policies and their impact on quality of life. Phenomenology, with its focus on understanding the essence of individuals' lived experiences, is particularly suited for this research as it enables a deep exploration of the meaning and personal significance of a phenomenon (Lutz & Knox, 2014; McNabb, 2015). This approach emphasizes the subjective nature of human experience, allowing for the uncovering of complex, nuanced insights into how patients perceive and respond to the challenges posed by medication costs and reimbursement policies.

In this study, an interpretative phenomenological analysis (IPA) approach was applied. IPA is well-suited for examining how participants make sense of their personal and social worlds, specifically in the context of healthcare and financial constraints. This method facilitates the exploration of how patients interpret and ascribe meaning to their experiences, offering valuable insights into the intersection between policy, healthcare access, and patient well-being.

### **Participants**

Participants were selected through purposive sampling, aiming to include individuals who could provide rich, detailed accounts of their experiences with cost reimbursement policies. Inclusion criteria consisted of adults aged 40–70 years who had been receiving long-term medication for chronic conditions and had direct experience with the cost reimbursement policies in their healthcare system. This age group was chosen because they are more likely to have extensive exposure to long-term healthcare costs and are familiar with the challenges posed by medication expenses.

Exclusion criteria included individuals who were unable to provide informed consent due to cognitive impairments or language barriers, as well as those who had not been enrolled in a reimbursement program for at least six months (Hillman & Radel, 2018; Migdal, 2018). The study

included a total of 15 participants, with a balanced representation of both male and female participants. The average age of participants was 55 years, and they represented a range of chronic conditions, such as diabetes, hypertension, and rheumatoid arthritis, each with distinct experiences of healthcare costs and reimbursement.

### **Data Collection**

Data were collected through in-depth, semi-structured interviews, which provided the flexibility to explore participants' experiences in their own words while ensuring that key themes related to the research question were addressed. Interviews were conducted in a private setting to ensure confidentiality and comfort, allowing participants to share their experiences without the concern of judgment. Each interview lasted approximately 60–90 minutes, and all interviews were audio-recorded with participants' consent.

The interview guide, developed specifically for this study, was based on existing literature on cost reimbursement policies and quality of life (Carreiras & Castro, 2012; Iosifides, 2016). The questions were designed to elicit detailed narratives about the participants' personal experiences with healthcare costs, their emotional and psychological responses, and their perceptions of the impact of reimbursement policies on their lives. The guide was adapted as needed throughout the interviews to follow up on emerging themes or clarifications.

### **Data Analysis**

The data were analyzed using Interpretative Phenomenological Analysis (IPA), a method well-suited to capturing the personal meanings and experiences of individuals within the context of healthcare. IPA involves a systematic process of identifying and interpreting the themes that emerge from participants' accounts, with a focus on the personal and social significance of these themes.

The analysis followed a step-by-step procedure, starting with the transcription of interviews. Each transcript was carefully read and re-read to immerse in the participants' experiences. Initial codes were generated from significant statements and phrases, which were then organized into broader themes (Daly, 2007; Longhofer et al., 2012). These themes were further refined through an iterative process of interpretation, moving from individual cases to a collective understanding of the shared experiences of all participants.

NVivo software was utilized to aid in the organization and coding of data, allowing for efficient management of the qualitative data. However, the focus remained on the interpretative process, with the software serving only as a tool to facilitate the analysis, rather than driving the interpretation itself (Fife, 2020; Kawamura, 2020). The final themes were categorized into three main areas: the impact of cost reimbursement policies on quality of life, emotional and psychological effects, and social and familial implications.

## **RESULTS**

### **Impact of Cost Reimbursement Policies on Patient Quality of Life**

In exploring the experiences of patients regarding cost reimbursement policies, it was found that these policies had a profound impact on their quality of life. Patients shared mixed feelings about how such policies influenced their well-being.

#### **Theme 1: Improved Access to Medications and Health Outcomes**

For some, the reimbursement allowed them to access medications they otherwise could not afford, significantly improving their health outcomes and overall quality of life. One participant, Jane, a 58-year-old patient with a chronic condition, expressed:

"Before the policy, I could barely afford my medication. Now, with the reimbursement, I am able to manage my condition better, and I feel like I have more control over my life. It has brought peace of mind knowing I won't have to choose between buying medicine or paying for daily necessities."

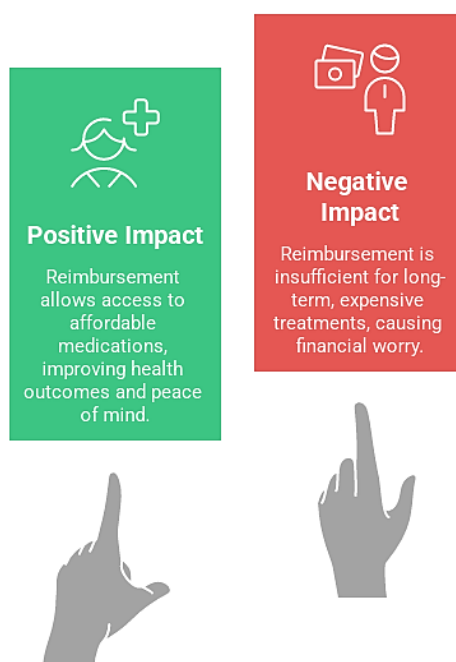
### Financial Burdens and Inadequate Reimbursement

For others, however, the reimbursement policies were less clear-cut. While the policy alleviated financial burdens to some extent, it was still seen as insufficient by patients who required continuous and expensive treatments. Mark, a 65-year-old cancer patient, noted:

"The reimbursement helps, but it's still not enough. The out-of-pocket costs for long-term treatment are still high, and I find myself worrying about whether I can continue my treatment without interruptions."

This theme underscores the nuanced experience of patients, where the reimbursement policies, while helpful, are not always seen as a definitive solution. The experience of relief was often tempered by concerns about the long-term sustainability of the policy and its adequacy in covering all treatment costs.

### How do cost reimbursement policies impact my quality of life?



### Emotional and Psychological Effects of Cost Reimbursement

#### Theme 3: Stress and Anxiety Before the Policy

The emotional toll of managing medication costs before the reimbursement policy was also highlighted by many participants. Several patients reported feeling stressed and anxious about their financial situation, particularly when faced with high treatment costs. Anna, a 45-year-old woman managing diabetes, shared:

"I felt a lot of stress before the reimbursement. Every time I had to refill my prescription, I would wonder if I could afford it. It really affected my mental health, I was constantly worried. But since the policy changed, I feel relieved, though not entirely at peace."

#### Theme 4: Ongoing Anxiety Despite Reimbursement

However, it was also noted that the emotional relief provided by the reimbursement was not always immediate or complete. Patients continued to experience anxiety about potential policy changes or the possibility of unexpected out-of-pocket costs. Sarah, a 39-year-old participant with rheumatoid arthritis, commented:

"While the policy does help, I still feel anxious about the future. What if they change the rules? What if the reimbursements don't cover everything? It's a relief now, but I still worry about the next year."

This theme emphasizes the ongoing psychological impact of the cost burden, even when reimbursement is available. Although it provided relief, it did not entirely eliminate the anxiety associated with long-term medication needs.

### **Social and Familial Implications of Medication Costs**

#### Theme 5: Financial Strain on Families

Beyond the individual impacts, participants also described the social and familial effects of managing medication costs. For many, the cost of treatment extended beyond their own financial burden and affected their families. Several participants reported that the financial strain led to difficult decisions within the household. Tom, a 51-year-old with hypertension, reflected:

"Before the reimbursement, I was always worried about how I would pay for my medication and whether it would take away from my family's needs. I had to cut back on other expenses, like my kids' extracurricular activities. It was a constant balancing act."

#### Theme 6: Relief for Families and Improved Relationships

For others, the reimbursement policy provided a sense of relief not only for themselves but for their families as well. It allowed them to focus more on their familial relationships and well-being, as described by Michelle, a 60-year-old cancer survivor:

"With the help of the reimbursement, I don't have to ask my children for money to pay for my treatment anymore. It has improved my relationship with them because I don't feel like a burden. It's been a huge relief for all of us."

This theme illustrates the ripple effect of medication costs on social and familial dynamics, with cost reimbursement policies serving as a critical factor in alleviating the burden on both individual patients and their families.

The findings reveal that cost reimbursement policies significantly affect patients' quality of life, both positively and negatively. While some patients experience improved access to medications and reduced financial stress, others still face emotional and financial challenges. The emotional relief provided by the reimbursement is not always permanent, and concerns about policy changes persist. Additionally, the social and familial consequences of medication costs highlight the broader impact of these policies on patients' lives. These themes collectively demonstrate the complex and multifaceted nature of patients' experiences with cost reimbursement policies.

## **DISCUSSION**

The main findings of this study highlight the complex and multifaceted nature of patients' experiences with cost reimbursement policies. Participants reported a mixture of relief and continued anxiety, as the reimbursement allowed them to access essential medications but did not fully address the emotional and financial concerns they faced. These experiences align with the research question posed in the introduction, as they emphasize the importance of understanding not only the practical benefits but also the psychological, social, and emotional impacts of these policies on patients' lives.

This study contributes to the literature by revealing the deep emotional and psychological dimensions that quantitative research often overlooks (Nye et al., 2025). While cost-effectiveness models and policy evaluations focus on the financial aspects, this research uncovers how reimbursement policies affect patients' emotional well-being, family relationships, and long-term health outcomes. The findings underscore the significance of incorporating subjective patient experiences into healthcare policy evaluations, showing that financial relief, though critical, is only part of the equation (Kooij et al., 2021). By using a phenomenological approach, this research adds a layer of depth to our understanding of how patients perceive their healthcare journey, emphasizing the need for policies that address both the practical and emotional aspects of healthcare access.

When compared with previous studies, the findings of this research both complement and expand upon existing theories in healthcare economics and patient experience. For example, prior

research on cost reimbursement has primarily focused on financial relief and healthcare access, often neglecting the emotional impact of such policies (Lizarraga et al., 2025). The emotional and psychological effects reported in this study align with findings from Vygotsky's socio-cultural theory, which stresses the importance of understanding how individuals interpret and make sense of their experiences within their social context (Rezaee-Vessal et al., 2025). Furthermore, this study supports the growing recognition in health economics that patient experience, including emotional and relational factors, is critical to evaluating the effectiveness of healthcare policies (Mukhlis, 2025b; Mukhlis, Suradi, et al., 2023). In contrast to the often mechanistic views of healthcare economics, this research highlights the human side of healthcare—showing that the impact of policy extends far beyond financial concerns.

### **Implications of Findings**

The findings of this study have significant implications for both theory and practice. From a theoretical perspective, the research provides a deeper understanding of the emotional and psychological aspects of patients' experiences with cost reimbursement policies. It underscores the importance of viewing healthcare access and financial relief not only through an economic lens but also through the lived experiences of patients (Hall et al., 2025). The social and cultural dimensions of these experiences, such as the emotional relief and ongoing anxiety about healthcare costs, demonstrate that reimbursement policies have far-reaching implications on individuals' lives beyond financial considerations (Nabirye et al., 2025). Practically, the findings suggest that healthcare policymakers should consider not only the direct financial impact of reimbursement policies but also the emotional and relational effects on patients. This could lead to the development of more comprehensive policies that better address the holistic needs of patients, particularly those with long-term conditions.

The findings also have broader relevance, particularly in the context of developing countries or low-income settings where healthcare costs are a significant barrier to access (King et al., 2023). In these settings, the financial burden of medications may have an even more profound impact on patients' quality of life. Understanding the nuanced experiences of patients in these environments can inform strategies to create more inclusive healthcare policies that extend beyond financial relief to address the emotional and psychological well-being of individuals. By recognizing these dimensions, healthcare systems can better align with the needs of the populations they serve, creating policies that foster greater overall well-being.

### **Study Limitations**

Despite the valuable insights gained from this study, there are several limitations that must be acknowledged. First, the study's sample size was relatively small, consisting of only 15 participants. While this allowed for in-depth exploration of individual experiences, it limits the generalizability of the findings to larger populations (Kim et al., 2022). Additionally, the study focused on patients in a specific demographic (adults aged 40-70 with chronic conditions), which may not fully represent the diversity of experiences across different age groups, health conditions, or socioeconomic backgrounds. Furthermore, while the phenomenological approach provided rich, qualitative data, it is inherently subjective and dependent on the participants' self-reported experiences (Chen et al., 2021). This means that the findings are context-specific and may not be applicable to all healthcare settings or cultural contexts. Future studies could expand on these limitations by including a larger, more diverse sample and examining how cultural factors influence the experience of cost reimbursement policies.

### **Future Research Directions**

This study paves the way for future research on the intersection of healthcare policies and patient experiences, particularly within the field of health economics and patient-centered care. Given the rich, qualitative nature of the data, further research could explore how different reimbursement models affect patients across a range of chronic conditions and diverse demographic groups (Guest et al., 2025). Additionally, future studies could examine the role of healthcare providers in mediating the impact of reimbursement policies, as well as the potential for integrating emotional and psychological support into reimbursement systems. Further exploration of these factors could contribute to the

development of more patient-centered policies that address both the financial and emotional needs of patients, ultimately leading to improved quality of life and better health outcomes.

## CONCLUSION

This study explored the lived experiences of patients navigating cost reimbursement policies and their impact on quality of life. The findings revealed that while reimbursement policies offered financial relief, they did not fully alleviate the emotional and psychological burdens faced by patients. Patients experienced a sense of relief, but also ongoing anxiety about the adequacy and sustainability of the policies. The research fills a gap in previous studies by highlighting the importance of incorporating subjective, emotional experiences into the evaluation of healthcare policies, which is often overlooked in economic models. Based on these findings, it is recommended that healthcare policies should integrate emotional support mechanisms alongside financial assistance. Specifically, policies should consider the inclusion of psychological counseling services or stress-relief programs as part of reimbursement packages. Such integration could help reduce the anxiety and emotional strain patients experience, ensuring that the policies provide more comprehensive support for their well-being. These insights suggest that future healthcare policies should not only focus on financial aspects but also address the emotional well-being of patients. Healthcare providers and policymakers should collaborate to develop systems that balance financial and emotional support to improve overall patient outcomes. Future research could further explore how these policies impact diverse patient groups and evaluate the effectiveness of emotional support interventions within reimbursement systems.

## CONFLICT OF INTEREST

The authors declare no conflict of interest related to this study.

## REFERENCES

- Aboye, G. T., Simegn, G. L., & Aerts, J.-M. (2024). Assessment of the Barriers and Enablers of the Use of mHealth Systems in Sub-Saharan Africa According to the Perceptions of Patients, Physicians, and Health Care Executives in Ethiopia: Qualitative Study. *Journal of Medical Internet Research*, 26(1). Scopus. <https://doi.org/10.2196/50337>
- Cantarero-Arévalo, L., & Werremeyer, A. (2021). Community involvement and awareness raising for better development, access and use of medicines: The transformative potential of photovoice. *Research in Social and Administrative Pharmacy*, 17(12), 2062–2069. Scopus. <https://doi.org/10.1016/j.sapharm.2021.05.017>
- Carreiras, H., & Castro, C. (2012). *Qualitative methods in military studies: Research experiences and challenges* (p. 194). Taylor and Francis; Scopus. <https://doi.org/10.4324/9780203099223>
- Chen, F., Zang, Y., Liu, Y., Wang, X., & Lin, X. (2021). Dispatched nurses' experience of wearing full gear personal protective equipment to care for COVID-19 patients in China—A descriptive qualitative study. *Journal of Clinical Nursing*, 30(13–14), 2001–2014. Scopus. <https://doi.org/10.1111/jocn.15753>
- Cypress, B. S., & Allred, S. (2024). Building family resilience: Qualitative perspectives from a multisite experimental study in intensive care units. *Family Relations*, 73(1), 154–170. Scopus. <https://doi.org/10.1111/fare.12893>
- Daly, K. J. (2007). *Qualitative methods for family studies & human development* (p. 293). SAGE Publications Inc.; Scopus. <https://doi.org/10.4135/9781452224800>
- Fife, W. (2020). *Counting as a Qualitative Method: Grappling with the Reliability Issue in Ethnographic Research* (p. 140). Springer International Publishing; Scopus. <https://doi.org/10.1007/978-3-030-34803-8>

- Guest, B., Aichison, K., Bascombe, K., Chakraborty, T., Gnanapragasam, V., Haider, B., Hickman, B., Louis, C., & McCann, L. (2025). Does Student and Staff Gender Affect Physician Associate Student Experience on Clinical Rotations? *Journal of Physician Assistant Education*, 36(1), 89–95. Scopus. <https://doi.org/10.1097/JPA.0000000000000640>
- Gyebuni, P., Salifu, Y., & Lasong, J. (2025). Clinicians' experience with quinine-based treatment of malaria in the first trimester of pregnancy in Ghana: A phenomenological study. *Malaria Journal*, 24(1). Scopus. <https://doi.org/10.1186/s12936-025-05342-5>
- Hall, S. M., Ballard, M., Smith, R. P., Mitchell, H., Packard, S., Major, S., Kennerley, M., & Walker, B. (2025). Deaf patient perspectives of healthcare provider cultural competency: Strategies for improvement across affective, cognitive, and behavioral dimensions. *SSM - Qualitative Research in Health*, 8. Scopus. <https://doi.org/10.1016/j.ssmqr.2025.100630>
- Hillman, W., & Radel, K. (2018). *Qualitative methods in tourism research: Theory and practice* (p. 294). Channel View Publications; Scopus. <https://www.scopus.com/inward/record.uri?eid=2-s2.0-85050434848&partnerID=40&md5=7ea1e3f0b2027993b53f6a795804ee51>
- Iosifides, T. (2016). *Qualitative Methods in Migration Studies: A Critical Realist Perspective* (p. 266). Taylor and Francis; Scopus. <https://doi.org/10.4324/9781315603124>
- Kawamura, Y. (2020). *DOING RESEARCH IN FASHION AND DRESS: An Introduction to Qualitative Methods, 2nd edition* (p. 166). Bloomsbury Publishing Plc.; Scopus. <https://www.scopus.com/inward/record.uri?eid=2-s2.0-85188589040&partnerID=40&md5=b3db406659cd1ea5b20e05664bec39a3>
- Kim, S., Jung, J.-Y., Yang, C.-M., Lee, Y.-K., & Kim, J.-J. (2022). Development of an Ergonomic Writing Assistive Device for Finger Pain Reduction in the Elderly. *Applied Sciences (Switzerland)*, 12(3). Scopus. <https://doi.org/10.3390/app12030993>
- King, V. L., Siegel, G., Priesmeyer, H. R., Siegel, L. H., & Potter, J. S. (2023). Development and Evaluation of a Digital App for Patient Self-Management of Opioid Use Disorder: Usability, Acceptability, and Utility Study. *JMIR Formative Research*, 8. Scopus. <https://doi.org/10.2196/48068>
- Kooij, L., Vos, P. J. E., Dijkstra, A., & van Harten, W. H. (2021). Effectiveness of a mobile health and self-management app for high-risk patients with chronic obstructive pulmonary disease in daily clinical practice: Mixed methods evaluation study. *JMIR mHealth and uHealth*, 9(2). Scopus. <https://doi.org/10.2196/21977>
- Lizarraga, K. J., Zizzi, C., Chunga, N., Quispe-Moore, L. M., Risco, J., Valdovinos, B., Fernandez Macedo, V., Camargo Salazar, I., & Jozefowicz, R. (2025). Cross-cultural learning during an international exchange program in medical education: A qualitative study. *BMC Medical Education*, 25(1). Scopus. <https://doi.org/10.1186/s12909-025-07763-x>
- 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>
- Lutz, W., & Knox, S. (2014). *Quantitative and qualitative methods in psychotherapy research* (p. 448). Taylor and Francis; Scopus. <https://doi.org/10.4324/9780203386071>
- McNabb, D. E. (2015). *Research methods for political science: Quantitative and qualitative methods: Second edition* (p. 426). Taylor and Francis; Scopus. <https://doi.org/10.4324/9781315701141>
- Merry, L., Vissandjée, B., & Verville-Provencher, K. (2021). Challenges, coping responses and supportive interventions for international and migrant students in academic nursing programs in major host countries: A scoping review with a gender lens. *BMC Nursing*, 20(1). Scopus. <https://doi.org/10.1186/s12912-021-00678-0>
- Migdal, A. B. (2018). *Qualitative Methods in Quantum Theory* (p. 460). CRC Press; Scopus. <https://doi.org/10.1201/9780429497940>

- 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>
- Nabirye, A. K., Munabi, I. G., Mubuuke, A. G., & Kiguli, S. (2025). Emotional and psychological experiences of nursing students caring for dying patients: An explorative study at a national referral hospital in Uganda. *BMC Medical Education*, 25(1). Scopus. <https://doi.org/10.1186/s12909-025-06708-8>
- Nguyen, K. H., Cembali, A. G., Fields, J. D., Brown, W., Pantell, M. S., & Lyles, C. R. (2022). Applying a socioecological framework to chronic disease management: Implications for social informatics interventions in safety-net healthcare settings. *JAMIA Open*, 5(1). Scopus. <https://doi.org/10.1093/jamiaopen/ooac014>
- Nye, C. M., Livingston, J. A., Sherman, A. D. F., Foltz-Ramos, K., & Hequembourg, A. (2025). Confidence, commitment, and control: Nursing faculty experiences with teaching LGBTQ+ health. *Nurse Education Today*, 151. Scopus. <https://doi.org/10.1016/j.nedt.2025.106736>
- Okoro, O., Friberg, N., & Chiu, T. (2024). Because I see you: Pharmacist social determinants of health as predictor of structural awareness. *Journal of the American Pharmacists Association*, 64(6). Scopus. <https://doi.org/10.1016/j.japh.2024.102225>

- Rezaee-Vessal, S. R., Partouche-Sebban, J., Tolédano, A., Bernhard, F., & Schiavone, F. (2025). Embracing pain in pursuit of growth: A qualitative study of chronically ill patients' mountain climbing experiences. *Journal of Business Research*, 199. Scopus. <https://doi.org/10.1016/j.jbusres.2025.115488>
- Rousseau, C., Ngov, C., Veissiere, S., Desmarais, C., Santavicca, T., & Johnson-Lafleur, J. (2025). Being heard, restoring a social connection and decreasing anger: Adult patients' perceptions of clinical services addressing violent extremism in Montreal, Canada. *SSM - Mental Health*, 7. Scopus. <https://doi.org/10.1016/j.ssmmh.2025.100427>
- Safeer, D., Wijerathne, S., Weerasekara, P., Wickramasinghe, U., Edirisinghe, S., Hewavithana, A., Chandraratne, N., & Jayasinghe, S. (2025). Aspects of patient rights in a developing country: A qualitative study. *BMC Medical Ethics*, 26(1). Scopus. <https://doi.org/10.1186/s12910-025-01232-2>
- Tse, A., Xavier, S., Trollope-Kumar, K., Agarwal, G., & Lokker, C. (2022). Challenges in eating disorder diagnosis and management among family physicians and trainees: A qualitative study. *Journal of Eating Disorders*, 10(1). Scopus. <https://doi.org/10.1186/s40337-022-00570-5>