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Exploring the Limits of Religious Coping: A Phenomenological Study of Medical Students in an Islamic-Based Medical School

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ABSTRACT

Burnout is common among medical students. Although religious coping is widely incorporated into Islamic-based medical education as a strategy to reduce stress, evidence from a prior phase of this research indicates that it does not significantly improve burnout among medical students. Guided by these findings, this study aimed to explore medical students' perceptions of the factors underlying the perceived lack of effectiveness of religious coping within an Islamic-based medical faculty. Using a phenomenological qualitative design, in-depth interviews were conducted with 11 purposively selected medical students, balanced by gender and prior burnout levels. Data were collected through semi-structured interviews, audio-recorded, transcribed verbatim, and thematically analysed using NVivo 12 Plus in accordance with COREQ guidelines. Five themes emerged: (a) strong prior religious backgrounds creating perceived ceiling effects; (b) religious learning perceived as lacking depth and relevance to professional identity formation; (c) religious activities experienced primarily as academic requirements; (d) academic workload dominating contributors to burnout; and (e) religious coping perceived as habitual rather than transformative. These findings suggest that religious coping among medical students is a context-dependent, meaning-driven process shaped by prior religious experiences, curriculum design, and individual engagement, which may limit its effectiveness in mitigating burnout in Islamic-based medical education.

Keywords: *Burnout, Religious coping, Phenomenology, Medical students, Qualitative research*

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INTRODUCTION

Burnout is widely recognised as a critical occupational syndrome among medical students characterised by emotional exhaustion, depersonalisation, and a reduced sense of personal accomplishment. Studies across different medical education settings have reported a high prevalence of burnout among medical students, with estimates of approximately 28%–44%, depending on the population and assessment instrument used (1,2). In Indonesia, recent

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investigations have similarly reported high levels of burnout among medical students, with study-related factors among the most frequently reported sources of stress (3). To mitigate burnout, medical faculties often incorporate stress management interventions, including programs grounded in religious values in Islamic-based medical schools.

In this study, the term Islamic-based medical school is used consistently to refer to a medical education institution in which Islamic values and teachings are formally embedded within institutional vision, curriculum, and student development activities. These values are integrated to support professional identity formation, ethical conduct, and students' psychological and spiritual well-being.

Religious coping, defined as the use of cognitive and behavioural strategies grounded in religious beliefs to manage stressful experiences, may serve as an adaptive psychological resource; in particular, positive religious coping has been associated with lower psychological distress and greater psychological adaptation and resilience (4). Positive religious coping, such as spiritual support and benevolent religious reappraisal, is linked to improved mental health outcomes, while negative religious coping, such as punishing God reappraisal and spiritual discontent, can worsen stress and anxiety (5).

Within Islamic-based medical schools, religious teachings are commonly integrated into medical training through multiple avenues, including formal curricular content, such as Islamic medical ethics, spirituality in healthcare, and professionalism modules; institutional culture, such as collective prayers, faith-based norms, and religious symbolism; and expectations of professional behaviour that emphasise moral responsibility, compassion, and spiritual resilience. These institutional practices are intended to encourage students to draw upon religious values as coping resources when facing academic and clinical stressors.

Despite the theoretical benefits of religious coping, direct empirical evidence specifically examining its relationship with burnout among Indonesian medical students remains scarce. Evidence from related health-professions and medical student populations nevertheless suggests that religious and spiritual resources may contribute to adaptive psychological functioning. Among nursing students in Bandung, Indonesia, religious coping was significantly and positively associated with academic resilience (rho = 0.415, $p < 0.05$), suggesting that greater use of religious coping may support students' capacity to adapt to academic challenges (6). Similarly, a recent multicentre study involving 1,370 medical students from six medical schools found that students with higher levels of spirituality had significantly greater resilience than those with lower spirituality ($p < 0.001$) (7). However, religious coping and spirituality are related but distinct constructs, and resilience does not directly represent burnout. Therefore, these findings cannot be directly generalised to the relationship between religious coping and burnout among Indonesian medical students, highlighting the need for context-specific investigation in medical education.

However, previous findings in medical education contexts have suggested that religious coping among medical students does not demonstrate a significant improvement in Islamic-based medical education. Guided by these findings, the present qualitative study was designed to specifically explore the factors underlying the perceived lack of effectiveness of religious coping rather than to reassess its effectiveness. To date, no qualitative inquiry has examined how medical students enrolled in Islamic medical schools perceive the limitations of religious coping in mitigating burnout. This represents a critical research gap, as medical students experience distinct stressors—such as a high academic load, professional identity formation, and emotionally taxing clinical rotations—that differ from those of other student populations (1,3). Moreover, although Islamic-based medical schools formally integrate

religious teachings into professional training, it remains unclear whether this integration consistently translates into personally meaningful and adaptive religious coping experiences for students, or whether religious practices are sometimes experienced as institutional expectations rather than genuine psychological relief.

METHODS AND ANALYSIS

Study Design

This qualitative study utilised a phenomenological approach to explore medical students' lived experiences and perceptions regarding the lack of meaningfulness in their religious coping strategies when facing burnout. Phenomenology was deemed appropriate for uncovering the essence of participants' experiences and the meanings they assigned to religious coping in their medical training context (8).

Research Team and Reflexivity

The authors acknowledge that their academic interests in student well-being and religious coping may have influenced their interpretation of the data. The research team views religious coping as a complex, context-dependent phenomenon that may function adaptively or maladaptively, depending on individual experiences and institutional expectations. To reduce potential analytical bias, peer debriefing was conducted through iterative discussions with coauthors to review coding frameworks and thematic interpretations. Reflexive discussions were used to examine the researchers' assumptions and to ensure that analytic decisions were consistently aligned with the data throughout the research process.

The study was conducted by a female researcher (first author) with a background in health profession education and formal qualitative research training. She had no academic or supervisory relationship with the participants, thereby reducing power imbalance and social desirability bias. A reflexive field journal was maintained to document assumptions, emerging interpretations, and potential biases during data collection and analysis (9).

Participants and Sampling

A total of 11 undergraduate medical students from a faith-based faculty of medicine in Indonesia participated in this study. Participants were recruited through purposive sampling and selected from a prior quantitative phase based on their burnout levels to ensure relevance to the study aim (10). The final sample size was determined by the achievement of data saturation after 11 participants. Inclusion criteria were: (a) currently enrolled as a medical student; (b) having completed the previous burnout assessment; and (c) willing to participate and share experiences openly. To achieve maximum variation and enhance credibility, sampling ensured a balance of gender (six females and five males) and representation from both preclinical and clinical study phases (11).

Data Collection

Data were collected between March and April 2025 through semi-structured, in-depth face-to-face interviews conducted in a private meeting room on the faculty premises to ensure confidentiality. Interviews with preclinical students (n = 9) lasted between 26 and 84 minutes, reflecting the diverse depth of responses and availability among participants. In contrast, the interviews with clinical students (n = 2) ranged from 28 to 37 minutes, primarily due to their limited time availability amid clinical rotations. An interview guide with open-ended questions was developed based on the literature and study objectives, covering topics that included (a) experiences of stress and burnout during medical training; (b) religious coping strategies used and their perceived effectiveness; and (c) factors contributing to the meaningfulness or lack thereof in religious coping. Probing questions were used to deepen understanding and clarify emerging issues. All interviews were audio-recorded with the participants' consent and transcribed verbatim. Field notes were also taken to capture nonverbal cues, environmental context, and researcher reflections (12). Data collection continued until data saturation, evidenced by the absence of new themes in the final interviews (13), was reached.

Data Analysis

The data were analysed using phenomenological thematic analysis, following Colaizzi's (14) method to capture the essence of students' experiences regarding the perceived lack of meaning of religious coping. The analysis process involved the following steps:

a. Reading and rereading transcripts to gain familiarity with the data.
b. Extracting significant statements, for example:

   "Back in junior high school, I also went to a boarding school, so when I entered an Islamic environment again in university, it didn't really surprise me." (R1); and

   "In the Islamic studies classes at university, it feels like the system is just about getting grades, so what we're aiming for is just the score itself." (R7).

c. Formulating meanings from each significant statement. For instance, one such statement was formulated as follows: "Previous formal Islamic education experience reduces the novelty of religious learning in medical school, and students perceive religious learning activities as merely academic requirements rather than meaningful spiritual development."
d. Clustering formulated meanings into themes.
e. Developing an exhaustive description of each theme to illustrate the shared experience among participants.
f. Identifying the fundamental structure of the phenomenon in which religious coping is perceived as non-meaningful. This arises from prior familiarity with religious education, an instrumental academic orientation towards religious learning, and the overshadowing of high academic burdens and burnout challenges.
g. Member checking was conducted by returning the preliminary themes to selected participants to validate the team's interpretations.

To ensure trustworthiness, coding and theme development were discussed with two qualitative research experts for peer debriefing (15). The data were systematically managed and organised in NVivo 14 to facilitate coding consistency.

RESULTS

The participants (n = 11) consisted of six females and five males, aged 17–25 years. The sample included students from both preclinical (n = 9) and clinical (n = 2) phases. Most participants lived in shared boarding accommodations, while two resided with their parents. Most had graduated from Islamic-based schools (Islamic boarding schools, Madrasah Aliyah, or Islamic senior high school), while several others had come from general multireligious high schools. Most participants reported increased burnout during periods of intensive academic activities, including dense block schedules and frequent examinations, particularly during the preclinical phase. A smaller number of participants reported decreased burnout, which they described as occurring during periods when academic demands were perceived as less intensive or when daily routines became more manageable.

Table 1: Participant characteristics

Name	Study year	Burnout	Gender	Residence	Age	High school
R1	2024	Increase	Male	Boarding with friends	17–25	Islamic boarding school/Madrasah Aliyah (boarding)/Integrated Islamic Senior High School (SMAIT) (boarding)
R2	2021	Increase	Female	Boarding with friends	17–25	General high school (multi-religious)
R3	2024	Increase	Female	Own house with parents	17–25	Islamic high school/SMAIT/ Madrasah Aliyah (non-boarding)
R4	2023	Decrease	Male	Boarding with friends	17–25	Islamic high school/SMAIT/ Madrasah Aliyah (non-boarding)
R5	2022	Decrease	Female	Boarding with friends	17–25	General high school (multi-religious)
R6	2021	Decrease	Male	Boarding with friends	17–25	General high school (multi-religious)
R7	2023	Increase	Male	Boarding with friends	17–25	General high school (multi-religious)
R8	2023	Increase	Female	Boarding with friends	17–25	Islamic boarding school/Madrasah Aliyah (boarding)/SMAIT (boarding)
R9	2022	Increase	Male	Boarding with friends	17–25	Islamic boarding school/Madrasah Aliyah (boarding)/SMAIT (boarding)
R10	2024	Increase	Female	Boarding with friends	17–25	Islamic high school/SMAIT/ Madrasah Aliyah (non-boarding)
R11	2024	Increase	Female	Own house with parents	17–25	General high school (multi-religious)

The findings from Table 1 revealed four key themes explaining why religious coping interventions were often seen as ineffective in reducing burnout. These themes include students' strong prior religious background, perceptions of superficial and less relevant content, viewing religious courses mainly for grades, and the heavy academic workload that remained the main cause of stress. Each theme is presented with supporting student quotes.

Prior Religious Backgrounds Shaping Engagement with Religious Learning

Most participants reported having extensive religious education from elementary to secondary school. They described long-term exposure to Islamic teachings through formal schooling and routine religious activities prior to entering medical school. Within the medical school context, religious learning was therefore perceived as familiar and aligned with their prior experiences.

Several participants indicated that their prior religious background reduced the perceived burden of religious learning during medical school. One participant stated that, "I already had some Qur'an memorised, so it wasn't a burden" (R1). Another participant similarly explained, "Since elementary school I studied in madrasah *ibtidaiyah,* so Islamic subjects still feel relatable" (R6).

Other participants described early and sustained involvement in religious activities, such as regular participation in Qur'an recitation programs since childhood. Overall, participants entered medical school with established religious knowledge and practices, which shaped how they engaged with religious learning during their medical education.

Perception of Islamic Learning as Superficial and Less Relevant

Several students perceived the provided Islamic courses to be lacking depth and insufficiently relevant to their professional context. They viewed the material as predominantly basic, cognitive, and focused on memorisation, with limited integration into their medical training. One student opined that, "The material is very basic; it only serves as a reminder, not something that truly motivates me" (R1). Another regarded Muhammadiyah Studies as comparable to political history, stating that, "Muhammadiyah Studies feels like political history; we just study it for our grade point average (GPA)" (R7).

Some students also noted that although the material itself was good, its delivery failed to engage them, leading to boredom. One student stated that, "The material is good, but the way it's delivered doesn't reach me. It's boring" (R9).

These reflections indicate that the perceived disconnect between course content and students' psychological needs shaped their experience of integrating religiosity into their academic settings.

Religious Learning Seen Mainly as a Means to Improve Academic Grades

Some students viewed religious courses primarily as a way to boost their final grades rather than as a medium to strengthen spirituality or develop coping mechanisms. One student explicitly stated that, "Religious classes don't really affect me. They just help improve my grades" (R8). Another indicated that the material did not connect meaningfully with their medical studies, explaining that students studied religious content only for assessment requirements and academic credits.

These accounts reveal how religious learning was often experienced as a normative academic duty, reflecting the influence of institutional expectations and assessment structures on how students engaged with religious content.

High Academic Workload as the Dominant Factor in Burnout

Students described heavy academic demands as the main contributor to their feelings of burnout. They reported being overwhelmed by dense block materials, tight remedial schedules, and closely spaced evaluations. One student shared that, "Towards the end of the semester, there was just so much material" (R1).

Another described the evaluation block as particularly burdensome, stating that, "*Evaluasi Belajar* was the hardest. I studied so much but my grades didn't match my expectations" (R3). Some students even experienced decreased motivation towards becoming a doctor, with one expressing that, "I once thought of just becoming a farmer instead. I was tired of studying but only getting mediocre grades" (R9).

These experiences suggest that burnout was primarily shaped by academic demands, while religious learning—although present in daily routines—was not always experienced as a meaningful form of relief. Instead of assessing its effectiveness, these narratives illuminate how students interpreted and gave meaning to their religious engagement amid the realities of medical training.

DISCUSSION

This study found that medical students' lived experiences of religious coping reflected nuanced and sometimes ambivalent meanings rather than consistently positive psychological outcomes. This finding extends previous literature showing that religious and spiritual engagement may support psychological well-being and resilience among medical students, while the effects of religious coping are not uniformly protective and may vary according to the form of coping employed and individual or contextual characteristics (16–18). Consistent with recent cross-cultural and institutional studies, our results highlight that the perceived role of religious coping varies across cultural, institutional, and individual contexts (19,20). Similar findings in nursing and allied health education have shown that when spirituality is approached primarily as a formal or institutional requirement, its personal relevance may diminish (18). Taken together, these findings extend the existing understanding by positioning religious coping as a subjective, meaning-driven experience rather than a predictable psychological outcome.

Several theoretical perspectives may help explain these experiential patterns. First, from a meaning-based coping framework, coping may be particularly adaptive when it facilitates the reinterpretation of stressful experiences and supports the construction or restoration of personal meaning (5,21). Students who entered medical school with strong prior religious backgrounds may already have integrated religious meanings into their worldviews, limiting opportunities for further meaning construction through institutional religious activities. This may produce a "ceiling effect," in which repeated exposure to familiar religious content fails to generate new cognitive or emotional resources for coping.

Second, theories of professional identity formation suggest that learning experiences are particularly meaningful when they help learners integrate evolving professional roles and responsibilities with the challenges and defining experiences encountered during medical training (18,22). When Islamic courses or religious activities are perceived as basic,

repetitive, or insufficiently aligned with students' psychological needs and professional identity development, their potential role as adaptive coping resources may be constrained rather than enhanced.

Third, consistent with research in faith-based health education, the institutionalisation of spirituality as an academic requirement may attenuate its reflective and personal dimensions (18). Under such conditions, religious learning may be experienced as an obligation rather than a reflective practice, limiting its capacity to support adaptive coping. At the same time, academic workload remained the dominant contributor to burnout, reinforcing evidence that structural and curricular pressures are central determinants of medical student distress (2,23). This suggests that individual coping strategies, including faith-based approaches, may have a limited impact when systemic stressors remain unaddressed.

Finally, participants' descriptions of religious practices as habitual rather than contemplative align with established distinctions between routine religious behaviour and reflective or transformative religious coping (5, 24–26). Prior research indicates that the psychological benefits of religious coping depend less on the frequency of religious activities and more on the depth of engagement and authenticity of spiritual reflection (21,27). Taken together, these interpretations suggest that strong prior religiosity may inadvertently function as a barrier to adaptive coping when institutional religious practices do not facilitate deeper reflection, professional relevance, or personal meaning-making.

The findings suggest that religious training in Islamic-based medical education may benefit from approaches that are more reflective, contextually relevant, and responsive to students' diverse religious backgrounds. Rather than relying on uniform or repetitive religious activities, faculties should consider integrating religious values in ways that support professional identity formation and psychological well-being, while recognising that faith-based coping should complement, rather than replace, broader structural efforts to address academic workload and student burnout.

This study has several limitations that should be considered when interpreting the findings. The small sample size (n = 11) and single-institution setting may limit transferability to other medical education contexts. As the data were based on self-reported interviews, social desirability bias cannot be fully excluded. In addition, the study may have more prominently captured the perspectives of students who perceived religious coping as less effective or ambivalent, while those who experienced stronger positive benefits may have been underrepresented. Despite these limitations, the study provides meaningful insights into the context-dependent nature of religious coping in Islamic-based medical education.

CONCLUSION

This study highlights that medical students' experiences of religious coping within Islamic-based medical education are complex, subjective, and context-dependent. We found that religious coping was often experienced ambivalently rather than uniformly protective, shaped by prior religious background, curricular design, and the intensity of academic demands. These findings underscore the importance of understanding religious coping as a meaning-driven process rather than as a guaranteed stress-reducing mechanism. Future research may further explore how religion can be more meaningfully integrated into medical training to support student well-being across diverse educational contexts.

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ETHICAL APPROVAL

Ethical approval was obtained from the Institutional Review Board of Gadjah Mada University (KE/FK/0603/EC/2024). Written informed consent was secured from all participants after explaining the study's purpose, voluntary nature, confidentiality measures, and right to withdraw without penalty. Pseudonyms were used in the transcripts and reports to ensure anonymity.

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