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ISLAMIC RELIGIOUS EDUCATION AS A MORAL AND SPIRITUAL FOUNDATION FOR HEALTH SCIENCE STUDENTS: A DESCRIPTIVE QUALITATIVE STUDY

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Kata Kunci:	ABSTRAK
Pendidikan Agama Islam; Fondasi Moral; Fondasi Spritual; Mahasiswa Kesehatan; Karakter Profesional	<p>Latar Belakang: Mahasiswa kesehatan memerlukan kompetensi akademik yang disertai orientasi moral, spiritual, dan profesional karena keputusan pelayanan kesehatan berkaitan langsung dengan martabat, keselamatan, dan kepercayaan pasien. Tujuan Penelitian: Penelitian ini bertujuan menganalisis bagaimana mahasiswa kesehatan mempersepsikan peran Pendidikan Agama Islam (PAI) sebagai fondasi moral dan spiritual yang relevan dengan karakter profesional. Metode: Penelitian menggunakan pendekatan kualitatif deskriptif terhadap 16 mahasiswa semester pertama STIKes Mitra RIA Husada Jakarta yang telah mengikuti mata kuliah Pendidikan Agama. Data diperoleh melalui kuesioner terbuka yang memuat 14 pertanyaan substantif mengenai tujuan pembelajaran, pengalaman belajar, nilai karakter, relevansi profesi, perubahan cara pandang moral-etika, urgensi mata kuliah, dan saran pengembangan. Respons dianalisis secara tematik melalui pembacaan berulang, pengodean, pengelompokan kategori, pembentukan tema, dan interpretasi. Frekuensi kemunculan kode pada tingkat partisipan digunakan sebagai indikator deskriptif, bukan sebagai estimasi statistik populasi. Hasil: Hasil menunjukkan bahwa mahasiswa mengaitkan pengalaman PAI dengan toleransi/penghormatan terhadap perbedaan (15/16; 93,8%), tanggung jawab (13/16; 81,3%), kejujuran (12/16; 75,0%), empati (10/16; 62,5%), dan disiplin (8/16; 50,0%). Mahasiswa juga menilai diskusi, studi kasus, refleksi, dan contoh kontekstual membantu menghubungkan nilai agama dengan etika pelayanan kesehatan. Kesimpulan: Temuan menunjukkan bahwa mahasiswa mepersepsikan PAI sebagai ruang internalisasi nilai yang menghubungkan orientasi spiritual dengan tanggung jawab profesional. Karena penelitian berbasis persepsi, hasil tidak ditafsirkan sebagai bukti kausal perubahan karakter.</p>

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Keywords:	ABSTRACTS
Islamic Religious Education; moral foundation; spiritual foundation; health science students; professional character	<p>Background: Health science students require academic competence accompanied by moral, spiritual, and professional orientations because healthcare decisions directly concern patient dignity, safety, and trust.</p> <p>Purpose of the Study: This study examines how health science students perceive Islamic Religious Education (IRE) as a moral and spiritual foundation relevant to professional character.</p> <p>Methods: A descriptive qualitative design was used with 16 first-semester students at STIKes Mitra RIA Husada Jakarta who had completed the Religious Education course. Data were obtained through an open-ended questionnaire containing 14 substantive questions covering learning purposes, learning experiences, character values, professional relevance, perceived changes in moral-ethical perspectives, curricular urgency, and suggestions for improvement. Responses were analyzed thematically through repeated reading, coding, category development, theme construction, and interpretation. Participant-level code frequencies were used only as descriptive indicators, not as population estimates.</p> <p>Results: Students associated their IRE experiences with tolerance/respect for differences (15/16; 93.8%), responsibility (13/16; 81.3%), honesty (12/16; 75.0%), empathy (10/16; 62.5%), and discipline (8/16; 50.0%). They also perceived discussion, case studies, reflection, and contextual examples as useful for connecting religious values with healthcare ethics.</p> <p>Conclusions: The findings indicate that students perceive IRE as a space for value internalization that connects spiritual orientation with professional responsibility. Because the study is based on self-reported perceptions, the findings should not be interpreted as causal evidence of character change.</p>

A. INTRODUCTION

Health sciences higher education is responsible not only for developing scientific knowledge and technical competence but also for preparing future professionals to act with integrity, empathy, responsibility, fairness, and respect for human dignity. Professionalism in healthcare involves values, attitudes, and behaviours that sustain public trust and safe, patient-centred practice. Recent evidence shows that professionalism education can influence professional values and behaviours, although the sustainability of educational effects depends on how learning is designed and reinforced over time (Sadeq et al. 2025). Empathy is similarly relevant to clinical competence, especially communication, while its cognitive dimension has been associated with lower burnout and greater personal accomplishment among medical students (Chen et al. 2024). These findings underline that professional preparation has an ethical and humanistic dimension in addition to its technical dimension (Sadeq et al. 2025).

Recent higher-education research likewise places value internalisation, religious character, tolerance, social care, and religious moderation among important concerns of Islamic Religious Education in Indonesian universities. Empirical work at Universitas Muhammadiyah Semarang further reports associations between IRE learning and students' spiritual and social qualities, including ethical awareness, empathy, and social participation (Imron et al. 2025). Recent reflective-learning research also emphasises spiritual and social values as integral to character-focused IRE learning (Suhartini et al. 2025). In the target journal, recent studies likewise describe PAI as a vehicle for moral guidance and character formation, including honesty,

responsibility, discipline, respect, and ethical conduct (Ginanjar et al., 2025; Haerudin, 2025).

Four concepts provide the conceptual centre of this article. Recent Islamic-education literature similarly conceptualises Islamic education as a moral-spiritual foundation rather than merely a vehicle for cognitive transmission (Sasmita et al. 2024). First, a moral foundation refers to the value orientation used to judge appropriate and inappropriate conduct and to guide responsibility, honesty, fairness, and care. Second, a spiritual foundation refers to an inner orientation toward God, worship, meaning, self-control, and accountability that gives moral conduct a transcendent dimension. Third, character formation refers here to the process through which values are understood, internalised, repeatedly practised, and gradually expressed as dispositions. Ibn Miskawaih's account of habituation is relevant because it emphasises repeated ethical practice until desirable conduct becomes relatively stable (Candra, Putra, and Erniyati 2021). Fourth, professional character refers to the moral dispositions that students connect with future healthcare roles, including responsibility, honesty, empathy, respect, discipline, and integrity. In health-professions education, the development and internalisation of professional values are recognised as integral to preparing students for ethically responsible practice (Li and Li 2024). An international higher-education study also proposes a spirituality-based Islamic education framework for young Muslims, reinforcing the relevance of spirituality as an educational dimension in university settings (Chanifah et al. 2021). In medical education, higher self-reported spirituality has also been associated with higher empathy and resilience among medical students (Moura et al. 2024). A recent medical-education taxonomy likewise links character strengths and virtues, including integrity, responsibility, respect, and self-regulation, with professional identity formation (Post et al. 2024).

The relationship among these concepts can be expressed as a focused analytical pathway: Islamic Religious Education → value internalisation → moral-spiritual orientation → professional character. This pathway does not assume that a single course objectively causes character change. Rather, it provides a framework for examining how students interpret their learning experiences and how they associate religious values with future professional conduct. This distinction is important because the present study uses qualitative self-report data rather than a pre-test/post-test intervention or behavioural observation.

Value internalisation is particularly relevant in health professions education because professional identity develops through interaction between knowledge, learning environments, reflection, socialisation, role models, and experience. A large mixed-methods study found that supportive learning environments were associated with competence, interpersonal skills, and professional identity development among health-professional students (Mukhalalati et al., 2024). A scoping review likewise describes professional identity formation as a complex process shaped by individual, relational, educational, and sociocultural influences (Sarraf-Yazdi et al. 2024). From this perspective, IRE can be examined as one educational context in which students reflect on what kind of professional they intend to become, while recognising that professional identity is shaped by multiple educational and sociocultural influences (Banan Mukhalalati et al., 2024). A comparative review across medicine, dentistry, nursing, and pharmacy similarly identifies professional identity formation as a shared concern across health-professions education (Varun S. Rachakonda et al., 2024).

A recent integrative review of hybrid IRE likewise concludes that cognitive learning does not automatically generate moral or spiritual development; value internalisation requires reflection, modelling, authentic application, and sustained interaction (Basuki & Mujahid, 2026).

In Indonesian higher education, IRE has a distinctive opportunity to connect Islamic moral concepts with academic and professional responsibilities. Studies in higher education show that IRE and related religious-education practices engage with tolerance, religious moderation, spiritual-social values, religious character, and social care (Helmawati et al. 2024). Quantitative evidence from a university context also reports improvements in spiritual and social indicators after IRE learning, although such findings should not be treated as equivalent to the present qualitative perception data (Imron et al. 2025). This higher-education orientation is also consistent with work in Edukasi Islami that positions PAI as a source of spiritual and ethical values for responding to social change (Nahuda 2024).

Previous scholarship, however, often examines these domains separately. Islamic education studies commonly discuss character, habituation, spiritual-social values, and value internalisation, whereas health-professions literature commonly focuses on empathy, professionalism, learning environments, and professional identity. Accordingly, this study positions health-professions literature as the professional context while placing IRE and value internalisation at the centre of its educational framework. This positioning enables the study to connect Islamic moral-spiritual learning with professional character without conflating religious education with clinical professionalism education.

A further empirical gap concerns students in non-religious health higher-education institutions. Limited research has examined how such students interpret PAI as a moral and spiritual resource for their future professional practice. The present study therefore does not claim to measure the effectiveness of PAI in changing character. Its contribution is more specific: it provides empirical evidence of how first-semester health science students describe the purposes, values, learning experiences, professional relevance, and perceived urgency of Religious Education after completing the course.

Accordingly, the research question is: How do health science students perceive the role of Islamic Religious Education in developing moral and spiritual values relevant to their future professional practice? The study aims to identify the values students associate with their learning experiences, examine how they connect those values with healthcare ethics and professionalism, and identify learning approaches they consider meaningful. Theoretically, the study connects IRE-based value internalisation with moral-spiritual and professional character formation. Practically, it offers evidence for designing PAI learning that is reflective, contextual, dialogical, and professionally relevant.

B. METHOD

This study employed a descriptive qualitative design to explore students' perceptions of Islamic Religious Education as a moral and spiritual foundation for future health professionals. The design was selected because the research question concerns how participants interpret learning experiences, values, and professional relevance rather than testing causal effects or estimating population parameters.

The data set consisted of 16 complete questionnaire responses from first-semester students at STIKes Mitra RIA Husada Jakarta. Thirteen participants were enrolled in the Bachelor of Public Health programme and three in the Bachelor of Midwifery programme; 13 were women and three were men. All 16 respondents indicated that they had participated in the Islamic Religious Education (IRE) course. The institutional cohort comprised 25 active first-semester students, but the present analysis is limited to the 16 responses contained in the research data set. No inference is made about the nine students who did not appear in the response file because the available data do not document their reasons for non-participation.

Data were collected through an open-ended questionnaire containing 14 substantive questions. The questions addressed: (1) the perceived purpose of Religious Education in health higher education; (2) its relevance to health-student character; (3) important character values; (4) its perceived importance for attitudes and behaviour; (5) learning experiences; (6) the influence of discussion, case studies, and reflection; (7) memorable values or messages; (8) relevance to health professions; (9) perceived changes in moral and ethical perspectives; (10) values participants felt had developed; (11) perceived influence on attitudes as future health professionals; (12) curricular urgency; (13) anticipated consequences if the course were absent; and (14) suggestions for improvement. The response file contains time stamps ranging from 27 December 2025 to 30 January 2026. These timestamps are reported as the recorded response period and are not interpreted as a separate intervention period.

The questionnaire responses were processed as qualitative textual data. Analysis proceeded through repeated reading of all responses, initial coding of value-related and experience-related expressions, comparison of codes across participants, grouping of related codes into categories, construction of broader themes, and interpretation in relation to the research question. Five overarching themes were retained: (1) IRE as a moral and spiritual foundation; (2) character values associated with the learning experience; (3) relevance to healthcare ethics and professionalism; (4) reflective, dialogical, and contextual learning experiences; and (5) the perceived urgency and curricular implications of IRE.

To make the qualitative pattern transparent, selected value codes were also counted at the participant level. A participant was counted once for a value when that value, or a semantically equivalent expression, appeared in at least one of that participant's substantive responses. These counts are descriptive aids to thematic interpretation; they are not inferential statistics and do not demonstrate objective pre-to-post change. The coded frequencies reported in this article are tolerance/respect for differences 15/16, responsibility 13/16, honesty 12/16, empathy 10/16, and discipline 8/16.

Trustworthiness was approached through traceability between the raw response file, coding categories, theme construction, and the claims presented in the results. The revised manuscript deliberately distinguishes direct participant perceptions from author interpretation and moderates causal language. Frequencies are reported

with their denominators, and interpretations are bounded by the self-reported nature of the data. Because the available research file does not document member checking, independent coding, peer debriefing, or formal researcher triangulation, this manuscript does not claim that those procedures were conducted.

Figure 1. Research Procedure

Research problem → focused literature review → participant identification → open-ended questionnaire (14 questions) → participant responses (n=16) → textual data preparation → initial coding → category development → thematic analysis → interpretation → conclusions

Source: Authors' research procedure based on the documented data set.

C. RESULT AND DISCUSSION

Findings (can be in form of subheading) (1500 – 2500 words)

1. Participant Characteristics

Characteristic	Category	n
Semester	First semester	16
Study programme	Bachelor of Public Health	13
Study programme	Bachelor of Midwifery	3
Gender	Women	13
Gender	Men	3
Completed Islamic Religious Education (IRE)	Yes	16

Source: Open-ended questionnaire response file (n=16).

2. Islamic Religious Education as a Moral and Spiritual Foundation

Across the response set, students consistently described Religious Education in terms of faith, God, morality, ethics, character, respect, or guidance for life. This pattern supports the interpretation that participants did not view the course merely as an academic requirement. Instead, they described it as a learning space that gives moral direction and spiritual meaning to conduct. One participant, for example, described the purpose of the course as forming an individual with noble character and harmonious relationships with God, oneself, other people, and the surrounding world. Another emphasised trust in God's guidance. These responses show that moral and spiritual meanings were intertwined in students' accounts (Nurbaeti and Suharyat 2024).

This interpretation is also consistent with a qualitative case study in Islamic higher education that identified honesty, responsibility, and empathy as salient character values associated with Islamic education (Khasanah, 2023). Related work in Islamic educational settings also identifies justice, compassion, and communal responsibility as moral-spiritual values that can function as ethical foundations for educational practice (Hasanah, 2026).

Importantly, the data justify a perceptual rather than causal conclusion. The students associated their course experiences with moral and spiritual orientation; the study did not independently observe behavioural change. This methodological

distinction strengthens rather than weakens the contribution because it identifies how learners themselves make meaning of IRE within a health-professional educational context.

3. Character Values Associated with the Learning Experience

Character value	Participants mentioning value	Percentage
Tolerance/respect for differences	15/16	93.8%
Responsibility	13/16	81.3%
Honesty	12/16	75.0%
Empathy	10/16	62.5%
Discipline	8/16	50.0%

Source: Participant-level thematic coding of the open-ended questionnaire. A participant was counted once per value.

Tolerance and respect for difference formed the most widespread coded value (15/16; 93.8%). This result is especially visible in responses describing interaction with classmates from different religious backgrounds. A participant from the Midwifery programme recounted working in a group on an Islamic topic and feeling that peers were understanding when she made mistakes in words or pronunciation. She also described becoming more respectful toward another religion after having had little previous experience of interfaith friendship. This evidence gives the tolerance theme a concrete interpersonal basis rather than treating it as an abstract virtue.

Responsibility appeared in 13 of 16 participants (81.3%). Students connected responsibility with completing assignments, accepting consequences, acting carefully, and preparing for duties that affect other people. In a health-professional context, responsibility was frequently linked with the seriousness of future service. Honesty appeared in 12 participants (75.0%) and was associated with truthful academic conduct, integrity, accurate communication, and trust. These two values form a bridge between general moral education and professional accountability.

This finding is professionally relevant because empathy is related to communication and clinical competence in health-professions education (Chen et al. 2024), while recent nursing research found positive relationships among empathy, spiritual health, and moral sensitivity (Baghcheghi et al., 2024). From an Islamic-education perspective, recent higher-education evidence likewise connects IRE with ethical awareness, empathy, and social development (Imron et al. 2025). Related nursing research has also examined ethical sensitivity as an important mechanism connecting empathy with professional values (Fan et al. 2025).

Discipline was identified in eight participants (50.0%), often in relation to punctuality, assignments, self-control, and consistency. The lower frequency compared with tolerance or responsibility should not be interpreted as lesser importance; the open-ended design allowed participants to emphasise values most salient to them rather than select from a fixed scale. Taken together, the five values illustrate the value-internalisation pathway proposed in this article: students interpreted religious learning through concrete moral dispositions that they considered relevant to academic and professional life. This interpretation is compatible with qualitative evidence that

nursing students understand personal and professional values as foundational guides for professional development and quality care (Şık, Günüşen, and Serçe Yüksel 2025).

4. Relevance to Healthcare Ethics and Professionalism

These responses indicate that students use religious values as a moral vocabulary for interpreting professional obligations. This is compatible with evidence that moral reasoning, moral sensitivity, academic ethical awareness, and professional values are important and interrelated concerns in the education of future health professionals (Nazari et al. 2024). Recent evidence among nursing students also shows meaningful relationships among attitudes toward ethical principles, ethical sensitivity, and caring behaviours (Danacı and Erdoğan 2025).

This interpretation is compatible with current health-professions scholarship. Professionalism education concerns values and behaviours required for safe and trustworthy care (Sadeq et al. 2025), while professional identity formation involves how learners gradually come to think, act, and feel as members of a profession (Sarraf-Yazdi et al. 2024). The student responses suggest that IRE may contribute to this broader educational process by helping learners connect personal moral commitments with future professional roles; however, the present study does not claim that IRE independently produces professional identity.

The finding is also strengthened by the diversity-related responses. Respect for different religions was not described merely as social politeness; participants linked it to peaceful interaction and non-discriminatory attitudes. In healthcare, this orientation is relevant to patient-centred practice because professionals encounter people with different religious, cultural, and personal backgrounds. Thus, the strongest empirical contribution is not that religious education objectively produces professionalism, but that students perceive Islamic religious learning as compatible with and supportive of ethical professional expectations.

5. Reflective, Dialogical, and Contextual Learning Experiences

Participants frequently referred to discussion, case studies, reflection, real-life examples, and opportunities to hear different perspectives. Recent medical-education research similarly identifies reflection as relevant to professional development (Heydari and Beigzadeh 2024). Evidence from empathy-portfolio research further suggests that reflective activities can be meaningfully connected with empathy and professional identity, although short interventions may not by themselves produce measurable change (Baseer et al. 2024). In IRE specifically, recent scholarship supports reflective-contextual learning: hybrid-learning synthesis emphasises reflection, modelling, authentic application, and sustained interaction (Basuki & Mujahid, 2026).

This finding aligns with broader evidence that structured reflective and perspective-taking activities can support humanistic learning. For example, a multi-session story-reading intervention improved general empathy and perspective-taking among medical students (Mahmoudi et al. 2024). Reflective IRE research similarly emphasises students' interpretation of spiritual and social learning experiences (Suhartini et al. 2025). These studies do not establish equivalence with the present course, but they support the pedagogical rationale for moving beyond one-way transmission toward reflective and contextual learning. A multicentre Indonesian study

similarly developed a learning framework aimed at nurturing humanism and professionalism among clinical students (Mustika et al. 2024).

Students' suggestions reinforce this interpretation. They asked for more health-related cases, practical examples, interactive learning, and applications of ethics and empathy. For curriculum development, this suggests that PAI for health science students should retain its Islamic normative foundation while deliberately contextualising discussion around professional situations such as confidentiality, informed consent, stigma, fairness, end-of-life issues, community responsibility, and respect for religious diversity. Longitudinal qualitative evidence in medical education likewise shows that reflective expressions can reveal developing professional identity through reflexivity, communication, empathy, and decision-making (Avargil, Saleh, and Kerem 2025).

6. Perceived Urgency and Implications for Health Higher Education

All respondents regarded Religious Education as important, although the depth and wording of their explanations varied. Participants anticipated that without such learning students might have weaker moral guidance, empathy, responsibility, respect, or spiritual orientation. These statements should be interpreted as perceptions of curricular importance rather than predictions validated through comparison groups. Three implications follow. First, content should explicitly connect Islamic moral-spiritual concepts with professional responsibilities familiar to health students. Second, pedagogy should combine discussion, ethical cases, reflection, role modelling, and contextual examples in a coherent sequence. Third, assessment should not rely exclusively on factual religious knowledge. Reflective writing, ethical case analysis, learning portfolios, and community-based tasks can provide evidence of students' reasoning and value articulation, while avoiding the claim that a single assessment proves stable character change. This recommendation is consistent with recent IRE scholarship that frames religious education as extending beyond cognitive transmission toward spiritual self-regulation, disciplined responsibility, and character formation (Ridwan et al., 2026). This curricular direction is reinforced by evidence that nursing students' professional values are positively associated with their perceptions of spiritual care (Saadet Erzincanlı and Liknur Goksin 2026). It is also consistent with evidence of a positive relationship between spiritual intelligence and adherence to professional values among nursing students (Sevda Korkut 2025).

The study has clear limitations. It involved 16 respondents from one institution, used an open-ended questionnaire rather than interviews or behavioural observation, and relied on self-reported perceptions. The frequency counts indicate how widely themes appeared in this response set but are not population-level estimates. The available data also do not document non-respondents' reasons, long-term behavioural outcomes, or independent corroboration of perceived changes. Future research should therefore use multi-institution samples, interviews or focus groups, longitudinal designs, and where appropriate mixed methods that can distinguish perceived value internalisation from observable behavioural development.

Figure 2. Thematic Framework

Islamic Religious Education (IRE) → Value Internalisation → Moral-Spiritual Orientation → Professional Character → Ethical Healthcare Practice

Interpretive pathway based on participant perceptions; arrows do not represent experimentally established causal effects.

CONCLUSION

The findings indicate that health science students perceive Islamic Religious Education as an important moral and spiritual foundation for interpreting their future professional responsibilities. In the 16-participant response set, tolerance/respect for differences was the most widely identified value (93.8%), followed by responsibility (81.3%), honesty (75.0%), empathy (62.5%), and discipline (50.0%). Students connected these values with academic conduct, relationships across religious differences, patient-centred attitudes, integrity, and responsibility in healthcare. They also considered discussion, case studies, reflection, and contextual examples useful for linking religious values with professional situations. The study therefore supports a focused conceptual pathway in which IRE provides a context for value internalisation, moral-spiritual orientation, and the interpretation of professional character. Because the evidence consists of self-reported qualitative perceptions, the study does not establish that IRE objectively caused character change. Future research should examine these relationships longitudinally, across institutions, and through interviews, observation, or mixed methods that can compare perceived development with behavioural evidence.

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Data availability: The data supporting the findings of this study are available from the corresponding author upon reasonable request, subject to appropriate considerations regarding participant confidentiality and the use of research data.

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